

# 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)

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

<b>A For the 2011 calendar year, or tax year beginning</b>		<b>and ending</b>	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> MEDECINS SANS FRONTIERES USA, INC.		<b>D Employer identification number</b>  13-3433452
	Doing Business As DOCTORS WITHOUT BORDERS USA, INC.		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 333 SEVENTH AVENUE 2ND FL		<b>E Telephone number</b>  (212) 679-6800
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10001-5004		
	F Name and address of principal officer: MATTHEW SPITZER SAME AS C ABOVE		<b>G Gross receipts \$</b> 193,415,441.
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> ▶ WWW.DOCTORSWITHOUTBORDERS.ORG		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1987	
		<b>M State of legal domicile:</b> NY	
<b>Part I Summary</b>			

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>TO ASSIST VICTIMS OF DISASTERS &amp; CONFLICTS WORLDWIDE.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	584
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	340
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	264,471,272.	180,815,198.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,015,312.	10,108,688.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	381,257.	474,359.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,187.	48,349.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	273,934,028.	191,446,594.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	165,903,069.	137,098,926.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	14,587,254.	15,900,712.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,636,178.	6,131,378.	5,395,564.
<b>Expenses</b>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,861,842.	19,828,952.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	202,483,543.	178,224,154.
	19	Revenue less expenses. Subtract line 18 from line 12	71,450,485.	13,222,440.
	<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>
21		Total liabilities (Part X, line 26)	188,227,319.	176,790,595.
22		Net assets or fund balances. Subtract line 21 from line 20	33,611,971.	9,698,898.
			154,615,348.	167,091,697.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ MAUREEN BURNLEY, DIRECTOR OF FINANCE				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARTIN MAUCH		08/13/12		P00764633
	Firm's name ▶ TAIT, WELLER & BAKER LLP	Firm's EIN ▶ 23-1144520			
	Firm's address ▶ 1818 MARKET STREET; SUITE 2400 PHILADELPHIA, PA 19103-3659	Phone no. (215) 979-8800			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: PROVIDES INDEPENDENT MEDICAL HUMANITARIAN EMERGENCY AID TO PEOPLE AFFECTED BY ARMED CONFLICT, EPIDEMICS, MALNUTRITION, NATURAL DISASTERS AND EXCLUSION FROM HEALTH CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code: ) (Expenses \$ 141,791,520. including grants of \$ 137,098,926. ) (Revenue \$ 2,046,188. ) TO SUPPORT RELIEF PROJECTS, INCLUDING EMERGENCY MEDICAL RELIEF PROJECTS, CONDUCTED PRIMARILY BY THE INTERNATIONAL MEDECINS SANS FRONTIERES NETWORK, WHEREVER IN THE WORLD MEDICAL AND PUBLIC HEALTH CRISES MAY EXIST.

4b (Code: ) (Expenses \$ 3,247,441. including grants of \$ ) (Revenue \$ ) TO CARRY OUT PUBLIC EDUCATION PROJECTS TO INCREASE PUBLIC AWARENESS OF POPULATIONS AT RISK.

4c (Code: ) (Expenses \$ 8,206,217. including grants of \$ ) (Revenue \$ 8,062,500. ) TO FACILITATE THE RECRUITMENT OF VOLUNTEER MEDICAL AND OTHER PROFESSIONALS FROM THE UNITED STATES TO PARTICIPATE IN VARIOUS MEDICAL AND OTHER EMERGENCY RELIEF PROJECTS.

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

4e Total program service expenses 153,245,178.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
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 "Yes," complete Schedule C, Part II</i> .....		X
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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MAUREN BURNLEY - (212) 736-5791
333 SEVENTH AVENUE, 2ND FL., NEW YORK, NY 10001

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MATTHEW SPITZER PRESIDENT	12.00	X		X				39,354.	0.	0.
(2) JOHN PLUM TREASURER	5.00	X		X				0.	0.	0.
(3) BRET ENGELKEMIER TREASURER	5.00	X		X				0.	0.	0.
(4) DAVID SHEVLIN SECRETARY	5.00	X		X				0.	0.	0.
(5) BRIGG REILLEY DIRECTOR	5.00	X						0.	0.	0.
(6) DR. JONATHAN FISHER DIRECTOR	5.00	X						0.	0.	0.
(7) DR. MARIE-PIERRE ALLIE DIRECTOR	5.00	X						0.	0.	0.
(8) DR. MARY ANN HOPKINS DIRECTOR (SEE SCHEDULE O)	5.00	X						0.	0.	0.
(9) DR. DEANE MARCHBEIN VICE PRESIDENT (SEE SCHEDULE O)	7.50	X		X				0.	0.	0.
(10) SUERIE MOON DIRECTOR	5.00	X						0.	0.	0.
(11) KELLY GRIMSHAW DIRECTOR	5.00	X						0.	0.	0.
(12) ANDRE HELLER (SEE SCHEDULE O) DIRECTOR	5.00	X						0.	0.	0.
(13) DR. ADITYA NADIMPALLI DIRECTOR (SEE SCHEDULE O)	5.00	X						0.	0.	0.
(14) DR. MICHAEL NEWMAN (SEE SCHEDULE O) DIRECTOR	5.00	X						0.	0.	0.
(15) NABIL AL-TIKRITI DIRECTOR	5.00	X						0.	0.	0.
(16) AMY SEGAL (SEE SCHEDULE O) DIRECTOR	5.00	X						0.	0.	0.
(17) SOPHIE DELAUNAY EXECUTIVE DIRECTOR	40.00			X				137,664.	0.	16,247.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVEN SOLINSKY FINANCE DIR	40.00			X			77,764.	0.	9,704.	
(19) MAUREEN BURNLEY FINANCE DIR	40.00			X			28,100.	0.	8,173.	
(20) DAVID OLSON MEDICAL ADVISOR	40.00				X		113,733.	0.	33,747.	
(21) JENNIFER TIERNEY DEVELOPMENT DIRECTOR	40.00				X		117,528.	0.	15,915.	
(22) NICHOLAS LAWSON FIELD HR DIRECTOR	40.00				X		117,386.	0.	16,438.	
(23) DUNCAN MCLEAN DESK MANAGER	40.00				X		112,180.	0.	32,153.	
(24) JASON CONE COMMUNICATIONS DIRECTOR	40.00				X		111,220.	0.	32,217.	
<b>1b Sub-total</b>							854,929.	0.	164,594.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							854,929.	0.	164,594.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
A.B. DATA 600 A.B. DATA DRIVE, MILWAUKEE, WI 53217	DIRECT MARKETING, FUNDRAISING, CONSULTAN	12,232,757.
DUBUQUE BANK & TRUST 1398 CENTRAL AVENUE, DUBUQUE, IA 52001	EMPLOYEE PENSION SERVICES	1,658,584.
CIGNA INTERNATIONAL 590 NAAMANS ROAD, CLAYMONT, DE 19703	EMPLOYEE HEALTH (FIELD)	1,382,444.
NAMES IN THE NEWS, 180 GRAND AVENUE, STE 1545, OAKLAND, CA 94612	DIRECT MARKETING, FUNDRAISING, LIST SERV	1,379,337.
MUTATULI, PLANTAGE MIDDENLAAN 16, AMSTERDAM, NETHERLANDS 1018 DD	AIR TRAVEL	1,352,006.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **34**



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	2,009,018.					
	<b>b</b> Membership dues .....	<b>1b</b>	20,400.					
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	178,785,780.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		3,210,409.					
	<b>h Total.</b> Add lines 1a-1f .....			180,815,198.				
	<b>Program Service Revenue</b>			<b>Business Code</b>				
<b>2 a</b> SECONDED STAFF GRANTS .....			900099	8,062,500.	8,062,500.			
<b>b</b> MSF REIMBURSEMENTS .....			900099	2,046,188.	2,046,188.			
<b>c</b> .....								
<b>d</b> .....								
<b>e</b> .....								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....			10,108,688.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			307,807.			307,807.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....						
		<b>c</b> Gain or (loss) .....						
		<b>d</b> Net gain or (loss) .....				166,552.		166,552.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> MISC OTHER REVENUE .....			900099	48,349.	48,349.			
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....				48,349.			
<b>12 Total revenue.</b> See instructions. ....				191,446,594.	10,157,037.	0.	474,359.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	137,098,926.	137,098,926.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	352,322.	264,025.	31,248.	57,049.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	10,402,017.	7,795,110.	922,586.	1,684,321.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	879,513.	659,093.	78,007.	142,413.
<b>9</b> Other employee benefits	3,435,557.	2,574,553.	304,710.	556,294.
<b>10</b> Payroll taxes	831,303.	622,966.	73,731.	134,606.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	187,694.	12,150.	47,023.	128,521.
<b>c</b> Accounting	63,000.	4,079.	15,783.	43,138.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	5,395,564.			5,395,564.
<b>f</b> Investment management fees	98,364.		98,364.	
<b>g</b> Other	2,533,917.	655,311.	147,442.	1,731,164.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	13,460,797.	1,086,268.	106,019.	12,268,510.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	960,389.	495,305.	125,099.	339,985.
<b>17</b> Travel	1,912,710.	1,622,581.	231,737.	58,392.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	112,605.	72,835.	28,575.	11,195.
<b>20</b> Interest	4,505.	2,362.	1,477.	666.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	101,705.	51,995.	13,371.	36,339.
<b>23</b> Insurance	78,976.	20,927.	41,116.	16,933.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> RECRUITING & RELOCATION	184,820.	143,150.	35,745.	5,925.
<b>b</b> FINANCIAL SERVICES	111,263.	58,348.	36,476.	16,439.
<b>c</b> DUES AND SUBSCRIPTIONS	18,207.	5,194.	4,289.	8,724.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	178,224,154.	153,245,178.	2,342,798.	22,636,178.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	157,906,521.	<b>2</b>	144,075,568.
	<b>3</b> Pledges and grants receivable, net .....	18,594,721.	<b>3</b>	19,293,615.
	<b>4</b> Accounts receivable, net .....	2,961,922.	<b>4</b>	3,294,676.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,228,564.	<b>9</b>	1,012,929.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,874,930.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,851,162.	451,359.	<b>10c</b> 1,023,768.
	<b>11</b> Investments - publicly traded securities .....	7,083,527.	<b>11</b>	8,089,391.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	705.	<b>12</b>	648.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	188,227,319.	<b>16</b>	176,790,595.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,115,453.	<b>17</b>	6,966,813.
	<b>18</b> Grants payable .....	27,496,518.	<b>18</b>	2,732,085.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	33,611,971.	<b>26</b>	9,698,898.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	141,421,602.	<b>27</b>	159,440,654.
	<b>28</b> Temporarily restricted net assets .....	13,193,746.	<b>28</b>	7,651,043.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	154,615,348.	<b>33</b>	167,091,697.	
<b>34</b> Total liabilities and net assets/fund balances .....	188,227,319.	<b>34</b>	176,790,595.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	191,446,594.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	178,224,154.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	13,222,440.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	154,615,348.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-746,091.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	167,091,697.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization <b>MEDECINS SANS FRONTIERES USA, INC.</b>	Employer identification number <b>13-3433452</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	152,136,404.	151,536,056.	135,383,999.	264,471,272.	180,815,198.	884,342,929.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	152,136,404.	151,536,056.	135,383,999.	264,471,272.	180,815,198.	884,342,929.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,856,634.
<b>6 Public support.</b> Subtract line 5 from line 4.						881,486,295.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	152,136,404.	151,536,056.	135,383,999.	264,471,272.	180,815,198.	884,342,929.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,666,848.	1,959,763.	446,268.	320,444.	307,807.	6,701,130.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	85,918.	190,867.	127,278.	66,187.	48,349.	518,599.
<b>11 Total support.</b> Add lines 7 through 10						891,562,658.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	38,928,541.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.87	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	98.28	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**

MEDECINS SANS FRONTIERES USA, INC.

**Employer identification number**

13-3433452

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,622,468.	1,504,260.	886,258.	1,210,390.	
b Contributions	1,000,000.		450,000.		
c Net investment earnings, gains, and losses	103,058.	134,136.	179,464.	-310,398.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	133,292.	15,928.	11,462.	13,734.	
g End of year balance	2,592,234.	1,622,468.	1,504,260.	886,258.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  43.04 %
- b Permanent endowment  %
- c Temporarily restricted endowment  56.96 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		922,174.	225,136.	697,038.
d Equipment		1,854,136.	1,626,026.	228,110.
e Other		98,620.		98,620.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,023,768.

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

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

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

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

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

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

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

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

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	191,446,594.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	178,224,154.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,222,440.
4	Net unrealized gains (losses) on investments	4	-339,137.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-406,954.
9	Total adjustments (net). Add lines 4 through 8	9	-746,091.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	12,476,349.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	193,015,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-339,137.
b	Donated services and use of facilities	2b	2,413,778.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-406,954.
e	Add lines 2a through 2d	2e	1,667,687.
3	Subtract line 2e from line 1	3	191,348,230.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,364.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	98,364.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	191,446,594.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	180,539,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,413,778.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,413,778.
3	Subtract line 2e from line 1	3	178,125,790.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,364.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	98,364.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	178,224,154.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

PART X, LINE 2: MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF

THE OPEN TAX YEARS (2008-2010) OR EXPECTED TO BE TAKEN IN MSF USA'S 2011

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 -406,954.

**Part XIV** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ACTUARIAL LOSS ON ANNUITY OBLIGATIONS -406,954.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization <b>MEDECINS SANS FRONTIERES USA, INC.</b>	Employer identification number 13-3433452
---	--

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA & THE CARIBBEAN	0	49	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	546,821.
EAST ASIA & THE PACIFIC	0	27	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	670,930.
EUROPE	0	6	PROGRAM SERVICES GRANTS TO RECIPIENTS	HUMANITARIAN MEDICAL ASSISTANCE	137,365,174.
MIDDLE EAST & NORTH AFRICA	0	41	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	429,596.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	16	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	240,993.
SOUTH AMERICA	0	7	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	82,890.
SOUTH ASIA	0	38	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	486,941.
SUB-SAHARAN AFRICA	0	323	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	5,328,714.
<b>3 a</b> Sub-total .....	0	507			145,152,059.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	507			145,152,059.

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

Schedule F (Form 990) 2011

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	8,805,000.	WIRE TRANSFER	0.		
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	13,419,937.	WIRE TRANSFER	0.		
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	17,725,712.	WIRE TRANSFER	0.		
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	10,968,653.	WIRE TRANSFER	0.		
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	82,214,721.	WIRE TRANSFER	0.		
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	3,964,903.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2011



**Part V Supplemental Information**

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

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

**Part V Supplemental Information**

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

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 MSF ENTITIES. 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

**Part V Supplemental Information**

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

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 MSF F 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.

MSF F SUBMITS 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

**Part V Supplemental Information**

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

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.

-MSF F 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.

-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

**Part V Supplemental Information**

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

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

**Part V Supplemental Information**

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

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 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 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

**Part V Supplemental Information**

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

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.

**Part V Supplemental Information**

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

- 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 FOR THE UPCOMING YEAR (GENERAL



**Part V Supplemental Information**

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

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 OC IMMEDIATELY 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 ALLOCATED 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

**Part V Supplemental Information**

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

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

**Part V Supplemental Information**

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

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

**Part V Supplemental Information**

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

ALLOCATION OF THE GRANTS AFTER THE CLOSE OF THE FISCAL YEAR.

Multiple horizontal lines for data entry.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

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

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** 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?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
A.B. DATA - 600 A.B. DATA DRIVE, MILWAUKEE, WI 53217	CONSULTING ON DIRECT MAIL MARKETING		X	54,280,365.	6,414,794.	47,865,571.
M+R STRATEGIC SERVICES - 2120 L STREET, NW SIXTH FL,	EMAIL MARKETING		X	2,275,418.	114,279.	2,161,139.
DONOR SERVICES GROUP LLC - 509 OLIVE WAY, STE 1407,	OUTBOUND TELEMARKETING		X	1,671,562.	522,427.	1,149,135.
HEWITT & JOHNSTON CONSULTANTS - 215 SPADINA AVENUE, SUITE	EMAIL MARKETING		X	689,739.	19,000.	670,739.
HARRIS DIRECT - 23241 VENTURA BLVD., WOODLAND HILLS, CA	OUTBOUND TELEMARKETING		X	451,862.	835,176.	-383,314.
TRUE NORTH - 630 THIRD AVENUE, 12TH FL, NEW YORK, NY	DIGITAL MEDIA/ADVERTISING		X	66,591.	484,950.	-418,359.
<b>Total</b>				59,435,537.	8,390,626.	51,044,911.

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: A.B. DATA

(I) ADDRESS OF FUNDRAISER: 600 A.B. DATA DRIVE, MILWAUKEE, WI 53217

(I) NAME OF FUNDRAISER: M+R STRATEGIC SERVICES

(I) ADDRESS OF FUNDRAISER:

2120 L STREET, NW SIXTH FL, WASHINGTON, DC 20037

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP LLC

(I) ADDRESS OF FUNDRAISER: 509 OLIVE WAY, STE 1407, SEATTLE, WA 98101

(I) NAME OF FUNDRAISER: HEWITT & JOHNSTON CONSULTANTS

(I) ADDRESS OF FUNDRAISER:

215 SPADINA AVENUE, SUITE 510, TORONTO, CANADA M5T 2C9

(I) NAME OF FUNDRAISER: HARRIS DIRECT

(I) ADDRESS OF FUNDRAISER: 23241 VENTURA BLVD., WOODLAND HILLS, CA 91364

(I) NAME OF FUNDRAISER: TRUE NORTH

(I) ADDRESS OF FUNDRAISER: 630 THIRD AVENUE, 12TH FL, NEW YORK, NY 10017



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

MEDECINS SANS FRONTIERES USA, INC.

Employer identification number

13-3433452

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SOPHIE DELAUNAY	(i)	137,664.	0.	0.	6,880.	9,367.	153,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Transactions With Interested Persons**

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

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

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_

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

**Part II Loans to and/or From Interested Persons.**

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

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

**Total** ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	849	3,210,409.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: DONATED STOCKS ARE TRANSFERRED AND SOLD BY

MORGAN STANLEY SMITH BARNEY AS BROKER.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization MEDECINS SANS FRONTIERES USA, INC.	Employer identification number 13-3433452
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FORM 990, PART I, DOING BUSINESS AS:

DOCTORS WITHOUT BORDERS USA, INC.

FORM 990, PART VI, SECTION A, LINE 6: IN ACCORDANCE WITH THE PROVISIONS

OF SECTION 601(A) OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW

YORK, THE ORGANIZATION SHALL HAVE TWO CLASSES OF MEMBERSHIP: CLASS A AND

CLASS B. CLASS A MEMBERSHIP SHALL BE AVAILABLE TO (I) ANY PERSON WHO IS

GRANTED CLASS A MEMBERSHIP (EITHER VOTING OR NON-VOTING STATUS) BY A VOTE

OF THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF, PURSUANT TO WRITTEN

GUIDELINES AND A SCHEDULE OF DUES ADOPTED FROM TIME TO TIME BY THE BOARD OF

DIRECTORS, AND (II) TO ALL ELECTED AND APPOINTED MEMBERS OF THE BOARD OF

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

CLASS A OR CLASS B DIRECTORS. CLASS B MEMBERSHIP SHALL BE AVAILABLE TO ALL

ELECTED AND APPOINTED MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION

THEN IN OFFICE, REGARDLESS OF THEIR STATUS AS CLASS A OR CLASS B DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: ALL MEMBERS OF THE CORPORATION

SHALL HAVE FULL VOTING RIGHTS, SUBJECT TO THE FOLLOWING LIMITATION THAT ANY

SALARIED STAFF MEMBER NORMALLY EMPLOYED TO WORK IN A HEADQUARTERS OFFICE OF

THE CORPORATION, EXCEPT THE PRESIDENT, SHALL HAVE HIS OR HER VOTING RIGHTS

TEMPORARILY SUSPENDED DURING THE DURATION OF THE EMPLOYMENT RELATIONSHIP;

HOWEVER, WHEN THE EMPLOYEE IS NO LONGER EMPLOYED BY THE CORPORATION IN A

HEADQUARTERS OFFICE, VOTING RIGHTS SHALL BE AUTOMATICALLY REINSTATED SO

LONG AS HE OR SHE OTHERWISE SATISFIES THE CRITERIA TO BE A VOTING CLASS A

MEMBER.

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

FORM 990, PART VI, SECTION A, LINE 7B: UNDER NEW YORK LAW, THE CLASS A AND

CLASS B MEMBERS OF MSF-USA MUST APPROVE CERTAIN DECISIONS OF THE BOARD OF

DIRECTORS. THESE DECISIONS INCLUDE CERTAIN AMENDMENTS TO MSF-USA'S

CERTIFICATE OF INCORPORATION, DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF

MSF-USA'S ASSETS, MERGER OR CONSOLIDATION OF MSF-USA, AND DISSOLUTION OF

MSF-USA. ALL CLASS A AND CLASS B MEMBERS ARE ENTITLED TO VOTE TO APPROVE

ANY SUCH ACTION, EXCEPT THAT CLASS B MEMBERS, ACTING ALONE, MAY APPROVE ANY

AMENDMENT BY THE BOARD OF DIRECTORS TO MSF-USA'S CERTIFICATE OF

INCORPORATION THAT DOES NOT AMEND OR CHANGE THE PURPOSES.

FORM 990, PART VI, SECTION B, LINE 11: THE FIRST DRAFT IS REVIEWED WITH

THE ADMINISTRATIVE COMMITTEE OF THE BOARD. AFTER CORRECTIONS ARE MADE, THE

FINAL DRAFT IS REVIEWED BY THE FULL BOARD BEFORE THE 990 IS SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: UPON JOINING MSF-USA, 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.

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

132212  
01-23-12



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

EXECUTIVE DIRECTOR AND OTHER MANAGEMENT POSITIONS ARE WITHIN THE LOWER

QUARTILE OF SALARIES FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS.

COMPARABILITY SALARY DATA IS OBTAINED ANNUALLY AND PRESENTED TO THE

ADMINISTRATIVE COMMITTEE OF THE BOARD. FOR THE EXECUTIVE DIRECTOR, THE

PRESIDENT AND VICE PRESIDENT OF THE BOARD REVIEW THE PERFORMANCE OF THE

EXECUTIVE DIRECTOR AND MAKE A RECOMMENDATION TO THE ADMINISTRATIVE

COMMITTEE OF THE BOARD REGARDING AT WHAT STEP IN THE HIGHEST GRADE LEVEL OF

THE SALARY CHART SHOULD THE EXECUTIVE DIRECTOR FALL. THE ADMINISTRATIVE

COMMITTEE VOTES ON THE GRADE/SALARY STEP FOR THE EXECUTIVE DIRECTOR AND THE

DECISION IS DOCUMENTED IN THE MINUTES OF THE MEETING OF THE ADMINISTRATIVE

COMMITTEE AND THE SALARY IS DOCUMENTED BY THE DIRECTOR OF 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 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 COMMITMENT AS APPROVED BY THE FULL BOARD AND DOCUMENTED IN THE

MINUTES OF THE BOARD MEETING.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, MO, NH, NJ

NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WV, WA, WI

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

132212  
01-23-12

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

OUR GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, OTHER FINANCIAL STATEMENTS OR CONFLICT OF INTEREST POLICY BY PROVIDING EITHER AN ELECTRONIC OR PRINT VERSION OF THE DOCUMENT TO THE REQUESTOR AS SOON AS POSSIBLE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-339,137.
ACTUARIAL LOSS ON ANNUITY OBLIGATIONS	-406,954.
TOTAL TO FORM 990, PART XI, LINE 5	-746,091.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.

FORM 990, PART VI, LINE 1B AND PART VII, SECTION A

COMPENSATION TO BOARD MEMBERS

MSF-USA HAS A SIGNED AGREEMENT WITH THE AFFILIATE MSF ORGANIZATIONS TO

BE RESPONSIBLE FOR MAKING PAYMENTS TO US PERSONS FOR FIELD WORK DONE

THROUGH AN AFFILIATE ORGANIZATION IN A FOREIGN COUNTRY. THE FOREIGN

AFFILIATE RETAINS THE INDIVIDUAL AND REMITS FUNDS TO MSF-USA TO COVER

THE AMOUNTS PAID BY MSF-USA ON BEHALF OF THE AFFILIATE ORGANIZATION.

THE DECISION TO PAY FIELD WORKERS THIS WAY THROUGHOUT THE MSF NETWORK

WAS MADE IN ORDER TO ENSURE PROPER PAYROLL TAXES AND REPORTING. FIVE OF

MSF-USA'S BOARD MEMBERS DID FOREIGN FIELD WORK THROUGH A FOREIGN

AFFILIATE DURING THE 2011 TAX YEAR. DR. DEANE MARCHBEIN WAS PAID \$5,381

BY MSF-BELGIUM FOR HER 21-DAY MISSION AS A PHYSICIAN IN LIBYA AND BY

MSF-FRANCE FOR HER 39-DAY MISSION AS AN ANESTHESIOLOGIST IN SOUTH

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01-23-12

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

SUDAN. DR. ADITYA NADIMPALLI WAS PAID \$3,326 BY MSF-FRANCE FOR HIS 31-DAY MISSION AS A PHYSICIAN IN MALAWI. DR. MICHAEL NEWMAN WAS PAID \$2,212 AS A SURGEON FOR TWO MISSIONS TOTALING 58 DAYS IN NIGERIA FOR MSF-FRANCE. AMY SEGAL WAS PAID \$13,339 BY MSF-FRANCE FOR HER EXPLORATORY WORK ON THE PREVALENCE OF THE NEGLECTED DISEASE, CHAGAS, IN NORTH AMERICA. SIMILARLY, ANDRE HELLER WAS PAID \$6,807 BY MSF-FRANCE FOR HIS 30-DAY MISSION AS HEAD OF MISSION IN YEMEN AND HIS 19-DAY MISSION AS DEPUTY HEAD OF MISSION IN SOUTH SUDAN. THE SALARIES FOR THESE ASSIGNMENTS WERE BASED ON THE INTERNATIONAL SALARY POLICY USED FOR DETERMINING SALARIES FOR ALL INTERNATIONAL, INCLUDING US-BASED, STAFF WORKING ON OVERSEAS PROJECTS. IN THIS REGARD, MSF-USA WAS ACTING PRIMARILY AS A PAYROLL AGENT SINCE IT WAS SIMPLY TRANSMITTING MONEY FROM AFFILIATED ORGANIZATIONS TO THESE INDIVIDUALS FOR WORK DONE FOR THE AFFILIATED ORGANIZATIONS. BASED ON THE DEFINITION OF A RELATED ORGANIZATION PROVIDED IN SCHEDULE R, AFFILIATE ORGANIZATIONS ARE NOT RELATED ORGANIZATIONS. SINCE THE PAYMENTS TO THESE BOARD MEMBERS WERE MADE BY UNRELATED ORGANIZATIONS FOR SERVICES PROVIDED TO THOSE UNRELATED ORGANIZATIONS, THOSE AMOUNTS SHOULD NOT IMPAIR INDEPENDENCE. ADDITIONALLY, SINCE THE PAYMENTS ARE NOT FROM THE ORGANIZATION OR RELATED ORGANIZATIONS, THE AMOUNTS DO NOT NEED TO APPEAR ON PART VII.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	EQUIPMENT	VARIABLE	SSL	5.00	16	2,188,849.			2,188,849.	1,805,849.		383,000.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					2,188,849.		0.	2,188,849.	1,805,849.	0.	383,000.
	* GRAND TOTAL 990 PAGE 10 DEPR					2,188,849.		0.	2,188,849.	1,805,849.	0.	383,000.