

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: MEDECINS SANS FRONTIERES USA, INC. D Employer identification number: 13-3433452 E Telephone number: (212) 679-6800 G Gross receipts \$: 664,106,246. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.DOCTORSWITHOUTBORDERS.ORG K Form of organization: L Year of formation: 1987 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... TO ASSIST VICTIMS OF DISASTERS AND CONFLICTS WORLDWIDE. 2-7a Summary statistics. 8-12 Revenue (Total revenue: 649,355,353). 13-19 Expenses (Total expenses: 599,980,286). 20-22 Net Assets or Fund Balances (Total assets: 471,142,331).

Part II Signature Block

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

Sign Here: Signature of Cameron Wrigley, Director of Finance, dated Jul 30, 2022.

Paid Preparer Use Only: Preparer name PAUL HAMMERSCHMIDT, Date 7/28/2022, Firm name BDO USA, LLP, Firm address 100 PARK AVENUE, NEW YORK, NY 10017-5001.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO PROVIDE 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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program
services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 502,052,550. including grants of \$ 486,495,329.) (Revenue \$ 5,990,318.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 6,639,555. including grants of \$ NONE) (Revenue \$ 6,354,361.)
MSF-USA FACILITATES THE RECRUITMENT OF VOLUNTEER MEDICAL AND OTHER
PROFESSIONALS FROM THE UNITED STATES TO PARTICIPATE IN VARIOUS
MEDICAL EMERGENCY RELIEF PROJECTS. 200 AID WORKERS WERE DISPATCHED
BY MSF-USA ON A TOTAL OF 252 FIELD MISSIONS IN 48 COUNTRIES IN
2021.

4c (Code:) (Expenses \$ 4,272,736. including grants of \$ NONE) (Revenue \$ NONE)
SEE SCHEDULE O

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

4e Total program service expenses 512,964,841.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		<input checked="" type="checkbox"/>
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 and XII is optional.</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 541		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CAMERON WRIGLEY, 40 RECTOR STREET, NEW YORK, NY 10006

212-679-6800

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AVRIL BENOIT EXECUTIVE DIRECTOR	35.00 NONE			X				234,802.	NONE	6,051.
(2) NORTHAN HURTADO HERIERA MEDICAL ADVISOR	35.00 NONE					X		192,349.	NONE	44,002.
(3) MICHAEL GOLDFARB (THRU 10/21) DIRECTOR OF COMMUNICATIONS	35.00 NONE					X		189,280.	NONE	44,408.
(4) CARRIE TEICHER DIRECTOR OF PROGRAMS	35.00 NONE				X			186,797.	NONE	44,002.
(5) DAVID EPSTEIN DIRECTOR OF DOMESTIC HR	35.00 NONE					X		192,449.	NONE	30,326.
(6) REBEKAH VARELA DEPUTY EXECUTIVE DIRECTOR	35.00 NONE			X				172,613.	NONE	25,651.
(7) KIM GOLDSMITH N'DIAYE DIRECTOR OF DEVELOPMENT	35.00 NONE				X			181,769.	NONE	15,715.
(8) SUZANNE CERESKO DIRECTOR OF FIELD HR	35.00 NONE					X		163,754.	NONE	15,314.
(9) GEORGE PILLIPECH (THRU 7/21) DIRECTOR OF FINANCE	35.00 NONE					X		113,731.	NONE	26,326.
(10) AFRICA STEWART PRESIDENT	25.00 NONE	X		X				75,433.	NONE	NONE
(11) KASSIA ECHAVARRI-QUEEN VICE PRESIDENT (THRU 5/21)	7.50 NONE	X		X				NONE	NONE	NONE
(12) PATRICIA CARRICK VICE PRESIDENT, AS OF 5/21	7.50 NONE	X		X				NONE	NONE	NONE
(13) JOHN WETHERINGTON TREASURER	7.50 NONE	X		X				NONE	NONE	NONE
(14) SHERONDA ROCHELLE SECRETARY	7.50 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MEGO TERZIAN, MD PRESIDENT, MSF FRANCE	7.50 NONE	X		X				NONE	NONE	NONE
(16) ELEN COSTIGAN DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(17) JANE COYNE DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(18) ANDRE HELLER (THRU 5/21) DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(19) ADRIENNE HURST DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(20) RASHA KHOURY DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(21) JOHN LAWRENCE DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(22) MARK LEVIN DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(23) BRIGG REILLY DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(24) PHILLIP SACKS DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(25) CRAIG SPENCER DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,702,977.	NONE	251,795.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,702,977.	NONE	251,795.

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 ▶ 68

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	1,193,295.				
	b	Membership dues	1b	11,523.				
	c	Fundraising events	1c	2,938,715.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	619,243,909.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 51,258,366.				
	h	Total. Add lines 1a-1f ▶			623,387,442.			
	Program Service Revenue	2a	SECONDED FIELD STAFF GRANTS	Business Code	900099	6,354,361.	6,354,361.	
b		MSF NETWORK GRANTS		900099	5,990,318.	5,990,318.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			12,344,679.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			4,970,434.		4,970,434.	
	4	Income from investment of tax-exempt bond proceeds . ▶			NONE			
	5	Royalties ▶				NONE		
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					30,000.			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	30,000.	NONE			
	d	Net rental income or (loss) ▶				30,000.	30,000.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					23,683,803.			
	b	Less: cost or other basis and sales expenses . .	7b	14,416,307.				
	c	Gain or (loss)	7c	9,267,496.				
d	Net gain or (loss) ▶				9,267,496.	9,267,496.		
8a	Gross income from fundraising events (not including \$ 2,938,715. of contributions reported on line 1c). See Part IV, line 18	8a		NONE				
			8b	334,586.				
			8c	Net income or (loss) from fundraising events ▶			-334,586.	-334,586.
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
			9b	NONE				
			9c	Net income or (loss) from gaming activities ▶			NONE	
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
			10b	NONE				
			10c	Net income or (loss) from sales of inventory ▶			NONE	
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	-310,112.		-310,112.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶				-310,112.		
12	Total revenue. See instructions ▶				649,355,353.	12,344,679.	13,623,232.	

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	20,815.	1	20,815.
	2 Savings and temporary cash investments	110,982,340.	2	118,921,597.
	3 Pledges and grants receivable, net	55,180,574.	3	40,266,022.
	4 Accounts receivable, net	9,130,819.	4	4,512,568.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	22,088,420.	7	22,088,420.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	7,096,590.	9	4,852,260.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,585,324.		
	b Less: accumulated depreciation	10b 13,771,006.		
		55,079,725.	10c	54,814,318.
	11 Investments - publicly traded securities	132,097,342.	11	225,666,331.
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	NONE	15	NONE	
16 Total assets. Add lines 1 through 15 (must equal line 33)	391,676,625.	16	471,142,331.	
Liabilities	17 Accounts payable and accrued expenses	12,670,135.	17	19,381,956.
	18 Grants payable	64,492,909.	18	97,376,584.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	8,356,409.	23	7,658,987.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	23,344,817.	25	22,358,248.
	26 Total liabilities. Add lines 17 through 25	108,864,270.	26	146,775,775.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	259,515,787.	27	283,904,931.
	28 Net assets with donor restrictions	23,296,568.	28	40,461,625.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	282,812,355.	32	324,366,556.
33 Total liabilities and net assets/fund balances	391,676,625.	33	471,142,331.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	649,355,353.
2	Total expenses (must equal Part IX, column (A), line 25)	2	599,980,286.
3	Revenue less expenses. Subtract line 2 from line 1	3	49,375,067.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	282,812,355.
5	Net unrealized gains (losses) on investments	5	-8,652,413.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	831,547.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	324,366,556.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

MEDECINS SANS FRONTIERES USA, INC.

Employer identification number

13-3433452

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

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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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 99.06%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 99.01%; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS REVENUE	270,817.	NONE	7,302.	209,050.	-310,112.	177,057.
TOTALS	270,817.	NONE	7,302.	209,050.	-310,112.	177,057.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

MEDECINS SANS FRONTIERES USA, INC.

13-3433452

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">MEDECINS SANS FRONTIERES USA, INC.</p>	Employer identification number <p style="text-align: center;">13-3433452</p>
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 12,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

PART II-B, LINE 1D:

MAILINGS TO MEMBERS OF CONGRESS ON KEY COMMITTEES, ASKING THEM TO ADVANCE LEGISLATION TO INCREASE TRANSPARENCY INTO THE COSTS OF BIOMEDICAL RESEARCH AND DEVELOPMENT IN ORDER TO BOLSTER ADVOCACY FOR AFFORDABLE PRICING OF RESULTING MEDICAL TOOLS. MAILINGS ALSO TO ADMINISTRATION OFFICIALS SUGGESTING ADMINISTRATIVE ACTION TO SIMILARLY INCREASE TRANSPARENCY. COMMUNICATIONS WITH MEMBERS OF CONGRESS AND ADMINISTRATION OFFICIALS IN THE INTEREST OF EXPANDING GLOBAL ACCESS TO COVID-19 MEDICAL TOOLS.

PART II-B, LINE 1E:

LOBBYING ACTIVITIES RELATED TO PUBLICATIONS OR PUBLISHED OR BROADCAST STATEMENTS INCLUDE THE FOLLOWING ACTIVITIES:

PUBLIC COMMUNICATIONS INCLUDED CAMPAIGN WEB PAGES, PRESS RELEASES/STATEMENTS AND SOCIAL MEDIA REGARDING EXPANDING ACCESS TO COVID-19 MEDICAL TOOLS GLOBALLY AND TRANSPARENCY INTO THE COSTS OF BIOMEDICAL RESEARCH AND DEVELOPMENT.

Part IV Supplemental Information (continued)

PART II-B, LINE 1G:

LOBBYING ACTIVITIES RELATED TO DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY INCLUDE THE FOLLOWING ACTIVITIES:

MEETINGS AND SUBMISSIONS TO MEMBERS OF CONGRESS AND GOVERNMENT OFFICIALS RELATING TO INCREASING TRANSPARENCY IN BIOMEDICAL RESEARCH AND DEVELOPMENT AND EXPANDING GLOBAL ACCESS TO COVID-19 MEDICAL TOOLS.

PART II-B, LINE 1H:

LOBBYING ACTIVITIES RELATED TO RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR ANY SIMILAR MEANS INCLUDE THE FOLLOWING ACTIVITIES:

PARTICIPATION IN SEVERAL PUBLIC DEMONSTRATIONS AND DELIVERY OF SEVERAL PUBLIC SPEECHES AND LECTURES IN MEETINGS ABOUT GLOBAL ACCESS TO COVID-19 MEDICAL TOOLS AND TRANSPARENCY IN BIOMEDICAL RESEARCH AND DEVELOPMENT.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

MEDECINS SANS FRONTIERES USA, INC.

13-3433452

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2021

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,664,090.	3,257,492.	2,819,739.	2,968,499.	2,231,182.
b Contributions			26,267.	252,400.	470,011.
c Net investment earnings, gains, and losses	305,229.	427,721.	442,669.	-145,271.	267,306.
d Grants or scholarships					
e Other expenditures for facilities and programs	46,445.	21,123.	31,183.	255,889.	
f Administrative expenses					
g End of year balance	3,922,874.	3,664,090.	3,257,492.	2,819,739.	2,968,499.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 54.9300 %
 - b** Permanent endowment ▶ 45.0700 %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,878,293.		18,878,293.
b Buildings		33,740,809.	4,173,204.	29,567,605.
c Leasehold improvements		35,245.	12,587.	22,658.
d Equipment		6,260,523.	4,128,480.	2,132,043.
e Other		9,670,454.	5,456,735.	4,213,719.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,814,318.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	19,088,601.
(3) REVOCABLE ENDOWMENT	3,250,000.
(4) CAPITALIZED LEASE OBLIGATION	19,647.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,358,248.

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

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE INTENDED TO PROVIDE A STREAM OF RETURNS THAT WOULD BE UTILIZED TO FUND VARIOUS PROGRAMS. THE ENDOWMENT FUNDS ARE INVESTED IN VEHICLES SUCH AS MONEY MARKET FUNDS, EQUITIES, FIXED INCOME AND REAL ESTATE IN ACCORDANCE WITH THE ORGANIZATION'S INVESTMENT POLICY STATEMENT.

PART X, LINE 2:

UNDER ASC 740, INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON MEDECINS SANS FRONTIERES USA, INC.'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE REQUIRED TO DO SO. FOR THE YEAR ENDED DECEMBER 31, 2021, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. THE ORGANIZATION IS SUBJECT TO A ROUTINE AUDIT BY A TAXING AUTHORITY. FOR THE YEAR ENDED DECEMBER 31, 2021 THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D:

ACTUARIAL GAIN ON ANNUITY AND TRUST OBLIGATIONS.....\$ 860,687.
 FUNDRAISING EXPENSES.....\$ 334,586.
 LOSS ON FOREIGN EXCHANGE.....\$ (29,140.)

 TOTAL \$1,166,133.

PART XII, LINE 2D:

FUNDRAISING EXPENSES.....\$334,586.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

MEDECINS SANS FRONTIERES USA, INC.

13-3433452

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN		17	PROGRAM SERVICES	MEDICAL ASSISTANCE	379,111.
(2) EAST ASIA AND THE PACIFIC		12	PROGRAM SERVICES	MEDICAL ASSISTANCE	410,917.
(3) EUROPE		8	PROGRAM SERVICES	MEDICAL ASSISTANCE	266,286.
(4) MIDDLE EAST AND NORTH AFRICA		15	PROGRAM SERVICES	MEDICAL ASSISTANCE	410,361.
(5) NORTH AMERICA		1	PROGRAM SERVICES	MEDICAL ASSISTANCE	7,706.
(6) RUSSIA/INDEPENDENT STATES		11	PROGRAM SERVICES	MEDICAL ASSISTANCE	356,830.
(7) SOUTH AMERICA		9	PROGRAM SERVICES	MEDICAL ASSISTANCE	161,579.
(8) SOUTH ASIA		23	PROGRAM SERVICES	MEDICAL ASSISTANCE	706,211.
(9) SUB-SAHARAN AFRICA		150	PROGRAM SERVICES	MEDICAL ASSISTANCE	4,012,845.
(10) EAST ASIA AND THE PACIFIC			GRANTMAKING	SEE PART V FOR DETAILS	4,250.
(11) EUROPE			GRANTMAKING	SEE PART V FOR DETAILS	484,966,504.
(12) NORTH AMERICA			GRANTMAKING	SEE PART V FOR DETAILS	106,250.
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal		246.			491,788,850.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		246.			491,788,850.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	MEDICAL ASSISTANCE	221,013,181.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	MEDICAL ASSISTANCE	81,769,273.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	MEDICAL ASSISTANCE	64,545,519.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	MEDICAL ASSISTANCE	57,304,254.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	MEDICAL ASSISTANCE	51,148,416.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	MEDICAL ASSISTANCE	9,185,861.	WIRE			
(7)			NORTH AMERICA	MEDICAL ASSISTANCE	106,250.	WIRE			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____ 7

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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3:

MSF-USA AWARDED GRANTS FOR EMERGENCY AND MEDICAL RELIEF PROJECTS TO
 MEDECINS SANS FRONTIERES INTERNATIONAL MEMBERS FOR OVERSEAS OPERATIONS IN
 61 COUNTRIES.

IN 2021 THESE GRANT FUNDS WERE ALLOCATED TO THE FOLLOWING REGIONS:

CENTRAL AMERICA AND THE CARIBBEAN.....	\$ 25,388,254.
EAST ASIA AND THE PACIFIC.....	\$ 5,831,070.
EUROPE.....	\$ 15,829,554.
MIDDLE EAST AND NORTH AFRICA.....	\$ 89,045,196.
NORTH AMERICA.....	\$ 2,963,434.
RUSSIA AND THE NEWLY INDEPENDENT STATES.....	\$ 2,490,038.
SOUTH AMERICA.....	\$ 7,571,463.
SOUTH ASIA.....	\$ 36,654,895.
SUB-SAHARAN AFRICA.....	\$299,303,100.
	=====
TOTAL.....	\$485,077,004.

Part V Supplemental Information

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

A DETAILED ACCOUNTING OF GRANT ALLOCATIONS BY COUNTRY AND DESCRIPTIONS OF THE MEDICAL HUMANITARIAN ACTIVITIES SUPPORTED BY MSF-USA GRANTS CAN BE FOUND IN THE 2021 MSF-USA ANNUAL REPORT AT:

[HTTPS://WWW.DOCTORSWITHOUTBORDERS.ORG/WHO-WE-ARE/ACCOUNTABILITY-REPORTING/MSF-USA-ANNUAL-REPORTS](https://www.doctorswithoutborders.org/who-we-are/accountability-reporting/msf-usa-annual-reports)

PART I, LINE 1:

IN MSF USA, THE PROGRAM COMMITTEE (PC) OF THE BOARD OF DIRECTORS IS THE BODY THAT HAS THE PRIMARY RESPONSIBILITY OF OVERSEEING THE DISTRIBUTION OF PRIVATE GRANTS. 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 AND FINANCE DEPARTMENTS OF MSF USA.

Part V Supplemental Information

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

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 MSF OPERATIONAL CENTERS (OCS) FUNDED BY MSF USA, AND TO ATTEND RELEVANT OC OPERATIONAL MEETINGS ON THE PC'S BEHALF. THE GRANTS UNIT (GRANTS OFFICER AND ASSISTANT DIRECTOR OF PROGRAMS) 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. THE GRANTS UNIT, PROGRAMS DIRECTOR, FINANCE DIRECTOR, DIRECTOR OF INTERNAL OPERATIONS AND EXECUTIVE DIRECTOR MEET PERIODICALLY TO FOLLOW THE GRANTS PROCESS. IN THIS CAPACITY, THE GRANTS UNIT MAKES RECOMMENDATIONS TO THE PC ON THE DISTRIBUTION OF PRIVATE GRANTS AND ON OTHER RELATED FUNDING ISSUES, WHICH THE PC TAKES INTO CONSIDERATION WHEN MAKING ITS RECOMMENDATIONS TO THE FULL BOD.

AT THE BEGINNING OF EACH FISCAL YEAR, THE PC SETS ITS GRANT MAKING STRATEGIC ORIENTATIONS AND PRIORITIES OUTLINING THE PC'S FUNDING CRITERIA FOR THE FISCAL YEAR. THE PC APPRAISES GRANTS AND FUNDING REQUESTS BASED

Part V Supplemental Information

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

ON THE STANDING GRANT MAKING STRATEGIC ORIENTATIONS AND PRIORITIES. AT THE BEGINNING OF EACH FISCAL YEAR, THE PC, IN CONJUNCTION WITH THE GRANTS UNIT AND PROGRAM AND FINANCE STAFF, ALSO REVIEWS AND REVISES AS NECESSARY THE PRESENT DOCUMENT, 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.

THIS DOCUMENT INCLUDES PROCEDURES FOR TWO DISTINCT FUNDING PROCESSES: THE MULTIPURPOSE GRANT AND INDIVIDUAL PROJECT GRANTS. GRANTS BASED ON THE MSF RESOURCE SHARING AGREEMENT ARE GENERALLY ADMINISTERED THROUGH THE MULTIPURPOSE GRANT PROCESS. AT THE BEGINNING OF EACH FISCAL YEAR MSF USA INFORMS EACH OF THE OCS OF THE AMOUNT OF THEIR ANNUAL MULTIPURPOSE GRANT ENVELOPE. OTHER FUNDING PROCESSES MAY BE APPLIED IN CONJUNCTION WITH, OR IN LIEU OF, THE MULTIPURPOSE GRANT PROCESS, DEPENDING ON NEEDS AND BOARD PREROGATIVE. FUNDING FOR MSF INTERNATIONAL ENTITIES/PROJECTS (E.G. MSF INTERNATIONAL OFFICE) AND ONE-TIME GRANTS ARE ADMINISTERED THROUGH THE INDIVIDUAL GRANT PROCESS.

Part V Supplemental Information

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

MULTIPURPOSE GRANT PROCESS

- AT THE BEGINNING OF THE YEAR, EACH OC REQUESTING A MULTIPURPOSE GRANT FOR THE YEAR GIVE A PRESENTATION TO THE PC/BOD ON ITS OPERATIONAL PLAN FOR THE YEAR. EACH OC ALSO SUBMITS ITS WRITTEN ANNUAL PLAN AND/OR OPERATIONAL PLAN AS REFERENCE.

- THE OC SUBMITS A LIST OF ALLOCATIONS AND PROJECTS FOR WHICH THEY WILL USE THEIR MULTIPURPOSE GRANT TO MSF USA.

- THE GRANTS UNIT PREPARES A MULTIPURPOSE GRANT APPRAISAL, INCLUDING KEY DETAILS OF THE OC'S ANNUAL AND STRATEGIC PLANS AND THE PROPOSED LIST OF ALLOCATIONS AND PROJECT DETAILS. THE PC AND BOD REVIEW AND VOTE ON THIS LIST, TAKING INTO CONSIDERATION THE OC'S OPERATIONAL PLAN PRESENTATION. THE PC AND BOD MAY DICTATE THAT THE MULTIPURPOSE GRANT NOT BE USED FOR CERTAIN COUNTRIES OR CONTEXTS, E.G. COUNTRIES SUBJECT TO U.S. GOVERNMENT SANCTIONS, ETC.

- MID-YEAR THE OC JOINS A PC MEETING BY PHONE AND GIVES AN UPDATE ON ITS

Part V Supplemental Information

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

OPERATIONS. IF, AT ANY POINT, THE PC OR BOD IS OF THE VIEW THAT THE OC IS DEVIATING FROM THE OPERATIONAL PLAN AS IT WAS PRESENTED, MSF USA CAN REVERT FROM THE MULTIPURPOSE GRANT PROCESS TO AN INDIVIDUAL PROJECT GRANT APPROVAL PROCESS.

- THROUGHOUT THE YEAR MSF USA AND THE OC MAINTAIN ONGOING DISCUSSIONS ON FUNDING ISSUES. THE LIST OF COUNTRIES AND ALLOCATIONS ARE SUBJECT TO CHANGE ACCORDING TO BUDGET REVISIONS, THE NEEDS OF THE FIELD, UNFORESEEN EVENTS, EMERGENCIES, FUNDRAISING NEEDS AND RECEIPT OF EARMARKED FUNDS. THESE CHANGES MUST BE MUTUALLY AGREED UPON BY THE OC AND MSF USA'S PROGRAM AND FINANCE DEPARTMENTS, PURSUANT TO AUTHORITY DELEGATED TO THOSE DEPARTMENTS BY THE PC.

- AT OR AFTER THE END OF THE FISCAL YEAR (WITHIN 60 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.

Part V Supplemental Information

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

- 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.

- WITHIN 90 DAYS OF THE END OF THE FISCAL YEAR, THE OC SUBMITS A FINAL NARRATIVE AND FINANCIAL REPORT, WHICH INCLUDES INFORMATION ON ALL PROJECTS WHICH MSF USA FUNDED. THE GRANTS UNIT 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. 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.

Part V Supplemental Information

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

INDIVIDUAL PROJECT GRANT PROCESS

- MSF USA INFORMS THE GRANTEE OF THE AMOUNT AVAILABLE FOR INDIVIDUAL PROJECTS AND THE GRANTEE SUBMITS A TENTATIVE LIST OF PROJECTS FOR WHICH THEY WILL REQUEST FUNDING.

- FOR EACH PROJECT, THE GRANTEE SUBMITS A NARRATIVE PROPOSAL AND A BUDGET PROPOSAL. THE GRANTS UNIT OF MSF USA REVIEWS THESE AND WRITES AN APPRAISAL OF THE PROJECT, IN CONSULTATION WITH PROGRAM OR MEDICAL STAFF AS NECESSARY. THE APPRAISAL INCLUDES A DESCRIPTION OF THE BASIS FOR THE GRANT REQUEST: FOR EXAMPLE, THE MSF RESOURCE SHARING AGREEMENT.

- 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.

Part V Supplemental Information

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

- THE GRANTEE MUST SUBMIT ALL EXTERNAL AUDITS CONDUCTED ON FIELD PROJECTS OR COUNTRY MISSIONS FUNDED BY MSF USA, AND ANY INTERNAL AUDITS/EVALUATIONS THAT DISCLOSE ADVERSE FINANCIAL OR PROGRAMMATIC FINDINGS.

- AT THE END OF THE YEAR THE GRANTEE SUBMITS A FINAL NARRATIVE AND FINANCIAL REPORT FOR EACH INDIVIDUAL PROJECT GRANT FUNDED WITH MSF USA FUNDS. THE GRANTS UNIT REVIEWS THESE AND THE PC IS INFORMED OF THE RECEIPT AND REVIEW OF EACH FINAL REPORT.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶ 155,262,353.	21,347,970.	133,914,383.

- 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.

AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN,
KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, TX, UT, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		SUMMER GAMES (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	2,938,715.		2,938,715.
	2	Less: Contributions	2,938,715.		2,938,715.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	714.		714.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	333,872.		333,872.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-334,586.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a 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. Provide the explanation 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 provide any additional information (see instructions).

PART I, LINE 2A, COLUMN V:

THE AMOUNT REPORTED ON PART I, LINE 2A, COLUMN V (AMOUNT PAID OR RETAINED BY PROFESSIONAL FUNDRAISER) EXCEEDS THE AMOUNT REPORTED ON PART IX, LINE 11E (PROFESSIONAL FUNDRAISING SERVICES) BECAUSE THE ORGANIZATION IS ABLE TO DISTINGUISH THESE EXPENSES AS AMOUNTS PAID FOR FUNDRAISING EXPENSES SUCH AS DESIGN SERVICES, PRINTING, PAPER, ENVELOPES, POSTAGE, AND MAILING LIST RENTAL. THESE EXPENSES ARE REPORTED ON PART IX, OTHER THAN ON LINE 11E.

- 11 Does the organization conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a 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. Provide the explanation 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 provide any additional information (see instructions).

PART II, LINE 1, COLUMN (A):

SUMMER GAMES WAS A VIRTUAL EVENT. AS A RESULT, THE ENTIRE AMOUNT OF GROSS RECEIPTS REPRESENT CONTRIBUTIONS AS NO GOODS OR SERVICES WERE PROVIDED TO DONORS.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

CHONG & KOSTER, LLC

ADDRESS:

1640 RHODE ISLAND AVENUE NW, SUITE 600
WASHINGTON, DC 20036

ACTIVITY :

DIGITAL FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	23,056,136.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	9,717,018.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	13,339,118.

NAME:

BLUE STATE DIGITAL

ADDRESS:

41 FLATBUSH AVENUE
BROOKLYN, NY 11217

ACTIVITY :

DIGITAL FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	35,445,368.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	3,384,387.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	32,060,981.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

GIVEBRIDGE

ADDRESS:

525 W. MONROE STREET, SUITE 900
CHICAGO, IL 60661

ACTIVITY :

STREET CANVASSING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	2,955,012.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	2,811,646.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	143,366.

NAME:

LAKE GROUP MEDIA, INC.

ADDRESS:

1 BYRAM BROOK PLACE
ARMONK, NY 10504

ACTIVITY :

ACQUISITION LIST BROKER

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	11,931,205.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	2,058,870.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	9,872,335.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES
=====

NAME:

LAUTMAN MASKA NEILL & COMPANY

ADDRESS:

1730 RHODE ISLAND AVENUE NW, SUITE 301
WASHINGTON, DC 20036

ACTIVITY :

STRATEGY & IMPLEMENT.

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	78,823,214.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	1,231,500.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	77,591,714.

NAME:

SD&A TELESERVICES, INC.

ADDRESS:

5757 W. CENTURY BOULEVARD, SUITE 300
LOS ANGELES, CA 90045

ACTIVITY :

OUTBOUND TELEMARKEt.

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	944,063.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	792,121.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	151,942.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

ASCENTA

ADDRESS:

138 SOUTH 1ST STREET, SUITE 110
LINDENHURST, NY 11757

ACTIVITY :

STREET CANVASSING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	1,317,150.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	383,579.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	933,571.

NAME:

PUBLIC INTEREST COMMUNICATIONS

ADDRESS:

7700 LEESBURG PIKE, SUITE 301
FALLS CHURCH, VA 22043

ACTIVITY :

OUTBOUND TELEMARKE.

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	790,205.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	318,574.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	471,631.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

SEER INTERACTIVE

ADDRESS:

1033 N. 2ND STREET, 2ND FLOOR
PHILADELPHIA, PA 19123

ACTIVITY :

OPTIMIZAT. OUTBOUND

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 363,175.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -363,175.

NAME:

INTEGRAL, LLC

ADDRESS:

1350 CONNECTICUT AVENUE, NW, SUITE 206
WASHINGTON, DC 20036

ACTIVITY :

FUNDRAISING ANALYTICS

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 287,100.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -287,100.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MEDECINS SANS FRONTIERES USA, INC.

Employer identification number

13-3433452

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DRUGS FOR NEGLECTED DISEASES INITIATIVE 40 RECTOR ST, 16TH FL, NEW YORK, NY 10006	20-8774179	501(C)(3)	1,235,601.				MEDICAL ASSISTANCE
(2) PUERTO RICO SALUD, INC 1327 NE 1ST TERRACE, CAPE CORAL, FL 33909	85-3051049	501(C)(3)	160,674.				MEDICAL ASSISTANCE
(3) BROWNSVILLE COMMUNITY DEVELOPMENT CORP. 592 ROCKAWAY AVENUE, BROOKLYN, NY 11212	11-2544630	501(C)(3)	22,050.				MEDICAL ASSISTANCE
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

PLEASE SEE SCHEDULE F FOR GRANT MONITORING PROCEDURES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDECINS SANS FRONTIERES USA, INC.

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

13-3433452

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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 (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" 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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 on 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 aren't 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AVRIL BENOIT EXECUTIVE DIRECTOR	(i)	234,802.	NONE	NONE	1,400.	4,651.	240,853.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 REBEKAH VARELA DEPUTY EXECUTIVE DIRE	(i)	172,613.	NONE	NONE	1,400.	24,251.	198,264.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 NORTHAN HURTADO HERIER MEDICAL ADVISOR	(i)	192,349.	NONE	NONE	1,400.	42,602.	236,351.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 DAVID EPSTEIN DIRECTOR OF DOMESTIC	(i)	192,449.	NONE	NONE	1,400.	28,926.	222,775.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 CARRIE TEICHER DIRECTOR OF PROGRAMS	(i)	186,797.	NONE	NONE	1,400.	42,602.	230,799.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MICHAEL GOLDFARB (THRU DIRECTOR OF COMMUNICA	(i)	153,619.	NONE	35,661.	1,400.	43,008.	233,688.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 KIM GOLDSMITH N'DIAYE DIRECTOR OF DEVELOPME	(i)	181,769.	NONE	NONE	1,400.	14,315.	197,484.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 SUZANNE CERESKO DIRECTOR OF FIELD HR	(i)	163,754.	NONE	NONE	1,400.	13,914.	179,068.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

MICHAEL GOLDFARB, DIRECTOR OF COMMUNICATIONS THRU OCTOBER OF 2021,
RECEIVED SEVERANCE PAYMENTS TOTALING \$35,661, WHICH IS REPORTED ON
SCHEDULE J, PART II, COLUMN (B)(III).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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

Name of the organization

Employer identification number

MEDECINS SANS FRONTIERES USA, INC.

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	2,240	56,404,751.	MARKET QUOTATION
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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

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Part II **Supplemental Information.** 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.

PART I, COLUMN (B):

THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS
RECEIVED.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDECINS SANS FRONTIERES USA, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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Inspection**

Employer identification number

13-3433452

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:

MEMBERS OF THE ORGANIZATION ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE DISPOSITION CLAUSE OF ORGANIZATION'S CERTIFICATE OF INCORPORATION (OR SUBSEQUENT AMENDMENTS) PROVIDES THAT UPON DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, MERGER OR CONSOLIDATION OF THE ORGANIZATION AND DISSOLUTION OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. DRAFT FORM 990 WAS REVIEWED BY THE ORGANIZATION'S FINANCE DEPARTMENT AND THE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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**Open to Public
Inspection**

Employer identification number

ADMINISTRATIVE COMMITTEE OF THE BOARD OF DIRECTORS AND WAS SUBJECT TO PROPOSED AND REVIEWED ADJUSTMENTS. A FINAL DRAFT VIA ELECTRONIC MAIL WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS WITH AN OPPORTUNITY FOR THEM TO COMMENT OR MAKE INQUIRY BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON JOINING THE ORGANIZATION ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT AFTER REVIEWING THE CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY MATTERS REQUIRED TO BE DISCLOSED BY THE POLICY.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE ORGANIZATION MAINTAINS A SALARY SCHEDULE COVERING ALL EMPLOYEES INCLUDING THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES. THE SALARY SCHEDULE CONTAINS NINE GRADES OF SALARY LEVEL WITH SIX SALARY STEPS WITHIN EACH GRADE. THE POLICY OF THE ORGANIZATION, AS APPROVED BY THE BOARD OF DIRECTORS, IS TO ENSURE THAT THE SALARY OF THE EXECUTIVE DIRECTOR AND OTHER MANAGEMENT POSITIONS ARE WITHIN THE LOWER QUARTILE OF SALARIES FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. COMPARABILITY SALARY DATA IS OBTAINED ON A REGULAR BASIS AND PRESENTED TO THE ADMINISTRATIVE COMMITTEE OF THE BOARD.

THE PRESIDENT AND VICE PRESIDENT OF THE BOARD REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND MAKE A RECOMMENDATION TO THE ADMINISTRATIVE

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

COMMITTEE REGARDING 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 COMMITTEE AND
THE SALARY IS DOCUMENTED BY THE DIRECTOR OF HUMAN RESOURCES AND PROVIDED
TO PAYROLL. SALARIES OF OTHER MANAGEMENT TEAM MEMBERS ARE BASED ON
PERFORMANCE EVALUATIONS, ARE WITHIN THE APPROPRIATE GRADE AND STEP OF THE
SALARY CHART, AND APPROVED BY THE EXECUTIVE DIRECTOR. 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. IN JANUARY 2021 MSF-USA
RETAINED KORN FERRY, A GLOBAL ORGANIZATIONAL CONSULTING FIRM, TO CONDUCT
A COMPENSATION STUDY. THE RESULTS ARE EXPECTED TO BE REVIEWED AND
APPROVED BY THE END OF 2022.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9:

ACTUARIAL GAIN ON ANNUITY AND TRUST OBLIGATIONS.....\$860,687.

LOSS ON FOREIGN EXCHANGE.....\$(29,140.)

TOTAL OTHER CHANGES IN NET ASSETS.....\$831,547.

Name of the organization

MEDECINS SANS FRONTIERES USA, INC.

Employer identification number

13-3433452

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

EMERGENCY AND MEDICAL PROGRAMS - IN 2021, DOCTORS WITHOUT BORDERS/MEDECINS SANS FRONTIERES (MSF) PROVIDED EMERGENCY MEDICAL CARE TO MILLIONS OF PEOPLE CAUGHT IN CRISES IN MORE THAN 90 COUNTRIES AROUND THE WORLD. MSF PROVIDES ASSISTANCE WHEN CATASTROPHIC EVENTS - SUCH AS ARMED CONFLICT, EPIDEMICS, MALNUTRITION, OR NATURAL DISASTERS - OVERWHELM LOCAL HEALTH SYSTEMS, AND OPERATES COMPREHENSIVE, AND IN SOME CASES LONG-STANDING, TREATMENT PROGRAMS FOR PEOPLE LIVING WITH A HOST OF NEGLECTED DISEASES. MSF ALSO ASSISTS PEOPLE WHO FACE DISCRIMINATION OR NEGLECT FROM THEIR LOCAL HEALTH SYSTEMS OR WHEN POPULATIONS ARE OTHERWISE EXCLUDED FROM HEALTH CARE.

FOR A DETAILED DESCRIPTION OF MSF'S USA AND WORLDWIDE ACCOMPLISHMENTS, PLEASE VISIT OUR WEBSITE AT:
[HTTPS://WWW.DOCTORSWITHOUTBORDERS.ORG/WHO-WE-ARE/FINANCES-REPORTING-ACCOUNTABILITY](https://www.doctorswithoutborders.org/who-we-are/finances-reporting-accountability)

LINE 4C, PROGRAM SERVICE

COMMUNICATIONS - BEARING WITNESS TO HUMANITARIAN NEEDS AND SPEAKING OUT FOR THE HEALTH AND WELLBEING OF OUR PATIENTS ARE CENTRAL TO MSF'S FOUNDING PRINCIPLES. THESE ACTIVITIES AIM TO IMPROVE CONDITIONS FOR PEOPLE CAUGHT IN CRISIS OR FACING BARRIERS TO HEALTH CARE. THROUGH ITS COMMUNICATIONS, MSF HELPS RAISE AWARENESS ABOUT MEDICAL AND HUMANITARIAN EMERGENCIES AROUND THE WORLD. THE ORGANIZATION'S REPORTING DRAWS PUBLIC ATTENTION TO SITUATIONS OF EXTREME VIOLENCE, ABUSE, OR NEGLECT. MSF DEMANDS EQUITABLE ACCESS TO MEDICAL CARE AND TO ESSENTIAL MEDICINES, VACCINES, AND OTHER HEALTH PRODUCTS. MSF'S REPORTING IS GROUNDED IN THE DIRECT EXPERIENCES OF STAFF AND PATIENTS. THE ORGANIZATION SHARES NEWS AND STORIES THROUGH PRINT AND DIGITAL CHANNELS, INCLUDING THE WEBSITE AND SOCIAL MEDIA.

MSF SEEKS TO EXPAND ITS REACH THROUGH THE NEWS MEDIA, INCLUDING BY CONDUCTING INTERVIEWS, HOLDING PRESS BRIEFINGS, AND PUBLISHING OPINION COLUMNS. THE ORGANIZATION ALSO PRODUCES LIVE EVENTS AND ONLINE DISCUSSION PROGRAMS ABOUT HUMANITARIAN ISSUES IN ORDER TO INFORM AND ENGAGE WITH THE PUBLIC.

Name of the organization

Employer identification number

MEDECINS SANS FRONTIERES USA, INC.

13-3433452

FORM 990, PART VI, LINE 17 - STATES
=====

AK, AZ, AR, CA, CO, CT,
DC, FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, TX, UT, WA, WV, WI,

Name of the organization

MEDECINS SANS FRONTIERES USA, INC.

Employer identification number

13-3433452

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
JACKSON RIVER, LLC P.O. BOX 1180 COLUMBUS, GA 31902	FUND TECH & STRATEGY	408,038.
PUBLIC INTEREST COMMUN. A DIVISION 6521 W. 91ST AVENUE WESTMINSTER, CO 80031	TELEFUNDRAISING	303,933.
KELLY ENGLAND CONSULTING LLC 1478 LINCOLN AVENUE SAINT PAUL, MN 55105	FUNDRAISING/CONSULT.	255,750.
VERITAS PRIME LLC 75 MARKET STREET PORTLAND, ME 04101	HCM SRVCS. & CONSULT	140,943.
ADP, LLC ONE ADP BOULEVARD ROSELAND, NJ 07068	PAYROLL SERVICES	113,673.

International Boycott Report

(Rev. December 2010)
Department of the Treasury
Internal Revenue Service

For tax year beginning JANUARY 01, 20 21,
and ending DECEMBER 31, 20 21.
▶ **Controlled groups, see instructions.**

**Attachment
Sequence No. 123**

**Paper filers must file in
duplicate (see When and Where
to File in the instructions)**

Name **MEDECINS SANS FRONTIERES USA, INC. D/B/A DOCTORS WITHOUT BORDERS USA, INC.** Identifying number **13-3433452**

Number, street, and room or suite no. If a P.O. box, see instructions.

40 RECTOR STREET, 16TH FLOOR

City or town, state, and ZIP code

NEW YORK, NY 10006

Address of service center where your tax return is filed

E-FILE

Type of filer (check one):

- Individual
- Partnership
- Corporation
- Trust
- Estate
- Other

1 Individuals—Enter adjusted gross income from your tax return (see instructions)

2 Partnerships and corporations:

a Partnerships—Enter each partner’s name and identifying number.

b Corporations—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.

Name	Identifying number

If more space is needed, attach additional sheets and check this box

c Enter principal business activity code and description (see instructions)

Code	Description
624200	DISASTER/CONFLICT ASSISTANCE

d IC-DISCs—Enter principal product or service code and description (see instructions)

3 Partnerships—Each partnership filing Form 5713 must give the following information:

a Partnership’s total assets (see instructions)

b Partnership’s ordinary income (see instructions)

4 Corporations—Each corporation filing Form 5713 must give the following information:

a Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.) **FORM 990**

b Common tax year election (see instructions)

(1) Name of corporation ▶ _____

(2) Employer identification number _____

(3) Common tax year beginning _____, 20____, and ending _____, 20_____.

c Corporations filing this form enter:

(1) Total assets (see instructions) **471,142,331**

(2) Taxable income before net operating loss and special deductions (see instructions) **N/A**

5 Estates or trusts—Enter total income (Form 1041, page 1)

6 Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a** Foreign tax credit
- b** Deferral of earnings of controlled foreign corporations
- c** Deferral of IC-DISC income
- d** FSC exempt foreign trade income
- e** Foreign trade income qualifying for the extraterritorial income exclusion

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Cameron Wrigley
Signature

Jul 30, 2022
Date

Director of Finance
Title

7a	Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	Yes	No
b	If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		
c	Do you own any stock of an IC-DISC?		✓
d	Do you claim any foreign tax credit?		✓
e	Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		✓
	If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		
f	Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		✓
	If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		
g	Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		✓
h	Are you a partner in a partnership that has reportable operations under section 999(a)?		✓
i	Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		✓
j	Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		✓

Part I Operations in or Related to a Boycotting Country (see instructions)

8	Boycott of Israel —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)	Yes	No
	If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>	✓	

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a IRAQ	13-3433452	624200	DISASTER CONFLICT ASSISTANCE	
b LEBANON	13-3433452	624200	DISASTER CONFLICT ASSISTANCE	
c LIBYA	13-3433452	624200	DISASTER CONFLICT ASSISTANCE	
d SYRIA	13-3433452	624200	DISASTER CONFLICT ASSISTANCE	
e YEMEN	13-3433452	624200	DISASTER CONFLICT ASSISTANCE	
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

9 Nonlisted countries boycotting Israel— Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
	✓

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

10 Boycotts other than the boycott of Israel— Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

Yes	No
	✓

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

11 Were you requested to participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
	✓

12 Did you participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Yes	No
	✓

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part II Requests for and Acts of Participation in or Cooperation With an International Boycott

Requests		Agreements	
Yes	No	Yes	No

13a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):

- (1)** As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—
 - (a)** Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
 - (b)** Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
 - (c)** Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?
 - (d)** Refrain from employing individuals of a particular nationality, race, or religion?
- (2)** As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?

b Requests and agreements—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only— Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								


DWB - 2021 Form 990 Public Inspection Copy signed by preparer

Final Audit Report

2022-07-30

Created:	2022-07-30
By:	Cameron Wrigley (cameron.wrigley@newyork.msf.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAzjgWD0QfQGLbmYrDaCE4haRz20-MONn7

"DWB - 2021 Form 990 Public Inspection Copy signed by preparer" History

-  Document created by Cameron Wrigley (cameron.wrigley@newyork.msf.org)
2022-07-30 - 11:29:11 PM GMT
-  Document e-signed by Cameron Wrigley (cameron.wrigley@newyork.msf.org)
Signature Date: 2022-07-30 - 11:32:22 PM GMT - Time Source: server
-  Agreement completed.
2022-07-30 - 11:32:22 PM GMT