

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2007 calendar year, or tax year beginning**

**and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input checked="" type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization</b>  <b>DOCTORS WITHOUT BORDERS USA, INC.</b>  <b>MEDECINS SANS FRONTIERES USA, INC.</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>333 SEVENTH AVENUE 2ND FL</b></p> <p>City or town, state or country, and ZIP + 4  <b>NEW YORK, NY 10001-5004</b></p>	<p><b>D Employer identification number</b>  <b>13-3433452</b></p> <p><b>E Telephone number</b>  <b>(212) 679-6800</b></p> <p><b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No  
(If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶ **WWW.DOCTORSWITHOUTBORDERS.ORG**

**J Organization type** (check only one)  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I Group Exemption Number** ▶ **N/A**

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **162,630,164.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

	<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>150,234,288.</b>	
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	<b>1,902,116.</b>	
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>		
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>152,136,404.</b> noncash \$ )	<b>1e</b>	<b>152,136,404.</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>5,519,317.</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>3,216,451.</b>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>450,397.</b>	
<b>Revenue</b>	<b>6 a</b>	Gross rents	<b>6a</b>		
	<b>b</b>	Less: rental expenses	<b>6b</b>		
	<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
	<b>7</b>	Other investment income (describe )	<b>7</b>		
	<b>8 a</b>			(A) Securities	(B) Other
				<b>1,221,677.</b>	<b>8a</b>
				<b>1,183,926.</b>	<b>8b</b>
				<b>37,751.</b>	<b>8c</b>
	<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>	<b>37,751.</b>	
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10 a</b>			<b>10a</b>		
			<b>10b</b>		
			<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>85,918.</b>		
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>161,446,238.</b>		
<b>Expenses</b>	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>133,695,129.</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>1,739,997.</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>17,575,590.</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>153,010,716.</b>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>8,435,522.</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>84,950,185.</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	<b>20</b>	<b>-208,101.</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>93,177,606.</b>	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 4</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ ##### noncash \$ 0) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	123,074,640.	123,074,640.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	174,611.	125,696.	18,993.	29,922.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	6,924,757.	4,928,249.	775,213.	1,221,295.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	626,903.	446,172.	70,175.	110,556.
<b>28</b> Employee benefits not included on lines 25a - 27	1,570,142.	1,117,741.	175,660.	276,741.
<b>29</b> Payroll taxes	593,215.	422,293.	66,366.	104,556.
<b>30</b> Professional fundraising fees	748,780.			748,780.
<b>31</b> Accounting fees	30,000.	7,404.	13,547.	9,049.
<b>32</b> Legal fees	49,379.	12,186.	22,297.	14,896.
<b>33</b> Supplies	62,745.	32,509.	8,857.	21,379.
<b>34</b> Telephone	202,351.	143,256.	29,970.	29,125.
<b>35</b> Postage and shipping	4,644,604.	200,087.	8,422.	4,436,095.
<b>36</b> Occupancy	831,990.	434,265.	107,145.	290,580.
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	6,826,326.	485,184.	6,044.	6,335,098.
<b>39</b> Travel	1,323,718.	1,116,879.	152,578.	54,261.
<b>40</b> Conferences, conventions, and meetings	93,090.	66,230.	13,717.	13,143.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	193,029.	98,683.	25,376.	68,970.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 3</b>	5,040,436.	983,655.	245,637.	3,811,144.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	153,010,716.	133,695,129.	1,739,997.	17,575,590.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	Program Service Expenses
<b>TO ASSIST VICTIMS OF DISASTERS AND CONFLICTS WORLDWIDE.</b>  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a TO SUPPORT RELIEF PROJECTS, INCLUDING EMERGENCY MEDICAL RELIEF PROJECTS, CONDUCTED PRIMARILY BY THE INTERNATIONAL MEDECINS SANS FRONTIERES NETWORK, WHEREVER IN THE WORLD MEDICAL AND PUBLIC HEALTH CRISES MAY EXIST.</b>	
(Grants and allocations \$ 123,074,640. ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	126,276,039.
<b>b TO CARRY OUT PUBLIC EDUCATION PROJECTS TO INCREASE PUBLIC AWARENESS OF POPULATIONS AT RISK.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,052,501.
<b>c TO FACILITATE THE RECRUITMENT OF VOLUNTEER MEDICAL AND OTHER PROFESSIONALS FROM THE UNITED STATES TO PARTICIPATE IN THE VARIOUS PROJECTS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4,366,589.
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	133,695,129.

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45
	46 Savings and temporary cash investments .....	18,206,521.	46 70,640,565.
	47 a Accounts receivable .....	47a 1,500,134.	
	b Less: allowance for doubtful accounts .....	47b	47c 1,500,134.
	48 a Pledges receivable .....	48a 20,454,500.	
	b Less: allowance for doubtful accounts .....	48b	48c 20,454,500.
	49 Grants receivable .....		49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable .....	51a	
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....	227,857.	53 253,514.
	54 a Investments - publicly-traded securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	46,356,319.	54a 4,090,549.
	b Investments - other securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	594,601.	54b 398,132.
	55 a Investments - land, buildings, and equipment: basis <b>STMT 5</b> .....	55a	
b Less: accumulated depreciation .....	55b	55c	
56 Investments - other .....		56	
57 a Land, buildings, and equipment: basis .....	57a 1,935,974.		
b Less: accumulated depreciation <b>STMT 7</b> .....	57b 1,480,294.	57c 455,680.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> .....		58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	89,326,701.	59 97,793,074.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	4,364,016.	60 4,560,475.
	61 Grants payable .....	12,500.	61 54,993.
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe <input type="checkbox"/> .....		65
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	4,376,516.	66 4,615,468.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	77,272,949.	67 85,888,174.
	68 Temporarily restricted .....	7,677,236.	68 7,289,432.
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) .....	84,950,185.	73 93,177,606.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	89,326,701.	74 97,793,074.	

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<b>Part VI Other Information</b> <i>(continued)</i>		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	<b>82a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....	<b>82b</b>	
	616,495.		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	<b>83b</b>	<input checked="" type="checkbox"/>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>	<input type="checkbox"/>
	N/A		
<b>85 a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	<b>85a</b>	<input type="checkbox"/>
	N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>	<input type="checkbox"/>
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members .....	<b>85c</b>	<input type="checkbox"/>
	N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures .....	<b>85d</b>	<input type="checkbox"/>
	N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>	<input type="checkbox"/>
	N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>	<input type="checkbox"/>
	N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>	<input type="checkbox"/>
	N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	<b>85h</b>	<input type="checkbox"/>
	N/A		
<b>86</b>	501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>	<input type="checkbox"/>
	N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>	<input type="checkbox"/>
	N/A		
<b>87</b>	501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>	<input type="checkbox"/>
	N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b>	<input type="checkbox"/>
	N/A		
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	<b>88a</b>	<input checked="" type="checkbox"/>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	<b>88b</b>	<input checked="" type="checkbox"/>
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0. ....		
<b>b</b>	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	<b>89b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		
	0.		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
	0.		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	<b>89e</b>	<input checked="" type="checkbox"/>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	<b>89f</b>	<input checked="" type="checkbox"/>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>89g</b>	<input checked="" type="checkbox"/>
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> <b>SEE STATEMENT 11</b> .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 .....	<b>90b</b>	<input type="checkbox"/>
	88		
<b>91 a</b>	The books are in care of <input type="checkbox"/> <b>STEVE SOLINSKY, DIRECTOR OF FINANCE</b> Telephone no. <input type="checkbox"/> (212) 679-6800 Located at <input type="checkbox"/> <b>333 SEVENTH AVENUE, 2ND FL., NEW YORK, NY</b> ZIP + 4 <input type="checkbox"/> 10001 .....		
<b>b</b>	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)? .....	<b>91b</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country <input type="checkbox"/> <b>N/A</b> .....		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

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**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>SECONDED FIELD STAFF</u>					
b <u>GRANTS</u>					4,319,821.
c <u>MSF REIMBURSEMENTS</u>					1,199,496.
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...			14	3,216,451.	
96 Dividends and interest from securities .....			14	450,397.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....			18	37,751.	
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a <u>MISC OTHER REVENUE</u>					85,918.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		3,704,599.	5,605,235.
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) .....					9,309,834.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 12

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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

<b>Please Sign Here</b>	Signature of officer _____ <b>JOHN E. PLUM, TREASURER</b> Type or print name and title	Date _____		
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 <b>TAIT, WELLER &amp; BAKER LLP</b> <b>1818 MARKET STREET; SUITE 2400</b> <b>PHILADELPHIA, PA 19103</b>	Date <b>08/21/08</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____ Phone no. <b>(215) 979-8800</b>

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization	DOCTORS WITHOUT BORDERS USA, INC. MEDECINS SANS FRONTIERES USA, INC.	Employer identification number	13 3433452
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEVEN SOLINSKY 333 SEVENTH AVE, 2ND FL, NYC, NY 10001	FINANCE DIR 40.00	107,602.	14,894.	
KRISTINA TORGESON 333 SEVENTH AVE, 2ND FL, NYC, NY 10001	COMMUN DIR 40.00	107,119.	14,869.	
ALYSSA HERMAN 333 SEVENTH AVE, 2ND FL, NYC, NY 10001	DEVELOPMENT DIR 40.00	101,940.	27,741.	
DAVID OLSON, MD 333 SEVENTH AVE, 2ND FL, NYC, NY 10001	MED ADVISOR 40.00	92,359.	15,196.	
MAURA FITZGERALD 333 SEVENTH AVE, 2ND FL, NYC, NY 10001	ADMIN DIR 40.00	85,320.	26,853.	
Total number of other employees paid over \$50,000	39			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HARRIS & HARRIS 23241 VENTURA BLVD., WOODLAND HILLS, CA 91364	FUNDRAISING SERVICES	813,731.
LW ROBBINS ASSOCIATES 201 SUMMER ST., PO BOX 5838, HOLISTON, MA 01746	F.R. CONSULTING	683,611.
TAMARA KUPFER 117 MASSASOIT STREET, NORTHAMPTON, MA 01060	CONSULTING, DESIGN & PRODUCTION	85,439.
EMERSON WAJDOWICZ STUDIOS, INC. 1123 BROADWAY, NEW YORK, NY 10010	CONSULTING, DESIGN & PRODUCTION	77,952.
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PRINCE & COMPANY 7735 OLD GEORGETOWN RD., BETHESDA, MD 20814	PRINTING, POSTAGE AND DESIGN SVCS	9495367.
POSTAGE DIRECT LLC 7201 WISCONSIN AVE., SUITE 760, BETHESDA, MD 2081	POSTAGE & MAILING SERVICES	1912018.
PACIFIC LISTS, INC. 100 TAMAL PLAZA, SUITE 50, CORTE MADERA, CA 94952	LIST RENTAL SERVICES	1373235.
OXFORD HEALTH PLANS 48 MONROE TURNPIKE, TRUMBULL, CT 06611	EMPLOYEE HEALTH PLAN	617,745.
CIGNA INTERNATIONAL 13680 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	EMPLOYEE HEALTH PLAN	610,340.
Total number of other contractors receiving over \$50,000 for other services	28	

**Part III** Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ..... SEE STATEMENT 13	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

DOCTORS WITHOUT BORDERS USA, INC.

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	113476757.	137982656.	61,140,151.	54,862,081.	367,461,645.
<b>16</b> Membership fees received	14,750.	9,540.	7,627.	7,710.	39,627.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,328,163.	1,725,420.	236,917.	174,161.	5,464,661.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	86,838.	450,486.	SEE STATEMENT 14 33,708.	81,388.	652,420.
<b>23</b> Total of lines 15 through 22	116906508.	140168102.	61,418,403.	55,125,340.	373,618,353.
<b>24</b> Line 23 minus line 17	116906508.	140168102.	61,418,403.	55,125,340.	373,618,353.
<b>25</b> Enter 1% of line 23	1,169,065.	1,401,681.	614,184.	551,253.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 7,472,367.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 373,618,353.
d Add: Amounts from column (e) for lines: 18 5,464,661. 19 _____ 22 652,420. 26b _____					<b>26d</b> 6,117,081.
e Public support (line 26c minus line 26d total)					<b>26e</b> 367,501,272.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 98.3627%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
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 .....	<b>41</b>	
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**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 instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

**Name of organization**

DOCTORS WITHOUT BORDERS USA, INC.  
MEDECINS SANS FRONTIERES USA, INC.

**Employer identification number**

13-3433452

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

<b>Name of organization</b> DOCTORS WITHOUT BORDERS USA, INC. MEDECINS SANS FRONTIERES USA, INC.	<b>Employer identification number</b> 13-3433452
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BILL GROSS <hr/> C/O MARK PORTERFIELD, PIMCO 840 NEWPORT CENTER DRIVE <hr/> NEWPORT BEACH, CA 92660-6310	\$ 9,136,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT    1

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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS DONATED SECURITIES - DETAILS AVAILABLE UPON REQUEST	1,221,677.	1,183,926.	0.	37,751.
TO FORM 990, PART I, LINE 8	<u>1,221,677.</u>	<u>1,183,926.</u>	<u>0.</u>	<u>37,751.</u>

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN	-14,170.
ACTUARIAL LOSS ON ANNUITY OBLIGATIONS	-193,931.
TOTAL TO FORM 990, PART I, LINE 20	-208,101.

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FORM 990	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANCY AND PROJECT DEVELOPMENT	1,208,499.	468,795.	108,860.	630,844.
OFFICE EXPENSES AND MANAGEMENT	145,904.	65,010.	39,390.	41,504.
OFFICE INSURANCE	476,016.	403,756.	42,890.	29,370.
FINANCIAL SERVICES	107,507.	34,845.	53,106.	19,556.
DUES AND SUBSCRIPTIONS	19,671.	11,249.	1,391.	7,031.
FUNDRAISING SERVICES	3,082,839.			3,082,839.
TOTAL TO FM 990, LN 43	5,040,436.	983,655.	245,637.	3,811,144.

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
EMERGENCY AND MEDICAL RELIEF ANGOLA	300,000.
EMERGENCY AND MEDICAL RELIEF ARMENIA	400,000.
EMERGENCY AND MEDICAL RELIEF BANGLADESH	13,000.
EMERGENCY AND MEDICAL RELIEF BURKINA FASO	2,325,000.
EMERGENCY AND MEDICAL RELIEF CAMBODIA	2,008,520.
EMERGENCY AND MEDICAL RELIEF CENTRAL AFRICA REPUBLIC	2,700,000.
EMERGENCY AND MEDICAL RELIEF CHAD	15,600,000.
EMERGENCY AND MEDICAL RELIEF CHINA	265,000.
EMERGENCY AND MEDICAL RELIEF COLOMBIA	2,020,990.

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EMERGENCY AND MEDICAL RELIEF CONGO (DRC)	11,704,195.
EMERGENCY AND MEDICAL RELIEF ETHIOPIA	926,280.
EMERGENCY AND MEDICAL RELIEF GUATEMALA	945,000.
EMERGENCY AND MEDICAL RELIEF GUINEA	850,000.
EMERGENCY AND MEDICAL RELIEF HAITI	8,000,000.
EMERGENCY AND MEDICAL RELIEF HONDURAS	150,000.
EMERGENCY AND MEDICAL RELIEF INDIA	705,690.
EMERGENCY AND MEDICAL RELIEF IRAQ (KURDISTAN)	2,715,412.
EMERGENCY AND MEDICAL RELIEF IVORY COAST	2,000,000.
EMERGENCY AND MEDICAL RELIEF JORDAN/IRAQ	3,900,000.

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EMERGENCY AND MEDICAL RELIEF KENYA	6,811,005.
EMERGENCY AND MEDICAL RELIEF KYRGYSTAN	600,000.
EMERGENCY AND MEDICAL RELIEF LESOTHO	635,650.
EMERGENCY AND MEDICAL RELIEF LIBERIA	2,857,850.
EMERGENCY AND MEDICAL RELIEF MALAWI	2,762,780.
EMERGENCY AND MEDICAL RELIEF NEPAL	600,000.
EMERGENCY AND MEDICAL RELIEF NIGER	6,500,000.
EMERGENCY AND MEDICAL RELIEF NIGERIA	3,961,646.
EMERGENCY AND MEDICAL RELIEF PAKISTAN	8,000.
EMERGENCY AND MEDICAL RELIEF PALESTINIAN TERRITORIES	1,200,000.

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EMERGENCY AND MEDICAL RELIEF PERU	766,475.
EMERGENCY AND MEDICAL RELIEF RUSSIA (NORTH CAUCASUS)	3,000,000.
EMERGENCY AND MEDICAL RELIEF RWANDA	1,000.
EMERGENCY AND MEDICAL RELIEF SOMALIA	7,497,270.
EMERGENCY AND MEDICAL RELIEF SOUTH AFRICA	2,000.
EMERGENCY AND MEDICAL RELIEF SRI LANKA	2,257,850.
EMERGENCY AND MEDICAL RELIEF SUDAN	12,663,440.
EMERGENCY AND MEDICAL RELIEF THAILAND	2,008,520.
EMERGENCY AND MEDICAL RELIEF UGANDA	3,000,000.
EMERGENCY AND MEDICAL RELIEF YEMEN	1,500,000.

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EMERGENCY AND MEDICAL RELIEF ZAMBIA	723,635.
EMERGENCY AND MEDICAL RELIEF ZIMBABWE	2,589,420.
EMERGENCY AND MEDICAL RELIEF OTHER COUNTRIES	2,000.
EMERGENCY AND MEDICAL RELIEF ACCESS CAMPAIGN	570,743.
EMERGENCY AND MEDICAL RELIEF DRUGS FOR NEGLECTED DISEASES INITIATIVE	1,503,983.
EMERGENCY AND MEDICAL RELIEF EPICENTRE	430,000.
EMERGENCY AND MEDICAL RELIEF MFS INTERNATIONAL OFFICE	1,092,286.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>123,074,640.</u>

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	FMV	1,913,008.			1,913,008.
PREFERRED STOCK	FMV	27,750.			27,750.
CORPORATE BONDS	FMV		4,817.		4,817.
TO FORM 990, LINE 54A, COL B		1,940,758.	4,817.		1,945,575.



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FORM 990      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      7

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	1,935,974.	1,480,294.	455,680.
TOTAL TO FORM 990, PART IV, LN 57	1,935,974.	1,480,294.	455,680.

FORM 990	OTHER SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MORTGAGE & ASSET BACKED SECURITIES	FMV	948.
CERTIFICATES OF DEPOSITS	FMV	397,184.
TO FORM 990, LINE 54B, COL B		398,132.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
ACTUARIAL LOSS ON ANNUITY OBLIGATIONS	-193,931.
TOTAL TO FORM 990, PART IV-A	-193,931.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 10  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NICOLAS DE TORRENTE CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	EXECUTIVE DIRECTOR 40.00	115,640.	28,426.	0.
DR. DARIN PORTNOY CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	PRESIDENT 10.00	24,597.	1,109.	0.
JOHN PLUM CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	TREASURER 10.00	0.	0.	0.
DAVID SHEVLIN CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	SECRETARY 10.00	0.	0.	0.
JEAN-HERVE BRADOL, MD CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	0.	0.	0.
WILLIAM CONK CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	0.	0.	0.
JONATHAN FISHER, MD CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	0.	0.	0.
REBECCA GOLDEN CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	0.	0.	0.
MARY ANN HOPKINS, MD (SEE STMT 13) CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	1,513.	121.	0.

UNNI KARUNAKARA CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	0.	0.	0.
VIRGINIA RAISSON CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	0.	0.	0.
SHARMILA SHETTY CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	0.	0.	0.
MATT SPITZER, MD (SEE STMT 13) CARE OF DWB, 333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10011	DIRECTOR 10.00	2,968.	237.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>144,718.</u>	<u>29,893.</u>	<u>0.</u>

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN  
PART VI, LINE 90

STATEMENT 11

STATES

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

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 12

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REIMBURSEMENTS FOR AMOUNTS PAID FOR PHYSICIANS AND OTHER PERSONNEL
93A	WORKING ON INTERNATIONAL FIELD PROJECTS.
93B	REIMBURSEMENTS FOR COSTS ASSOCIATED WITH THE OPERATION AND OVERSIGHT
93B	OF PROGRAMS DONE IN THE FIELD AS WELL AS REIMBURSEMENTS FOR COSTS
93B	ASSOCIATED WITH REPRESENTATION AT THE UNITED NATIONS.
103A	MISCELLANEOUS OTHER REVENUE RELATED TO EXEMPT PURPOSES SUCH AS
103A	PUBLICATION SALES, ASSOCIATION MEMBERSHIP DUES, SUBSCRIPTION INCOME
103A	AND OTHER INCOME

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 13

FAMILY MEMBER EMPLOYED BY MSF-USA - SABRINA PLUM, DAUGHTER OF TREASURER JOHN PLUM WAS EMPLOYED FULL-TIME IN 2007 IN THE POSITION OF PROGRAM ASSOCIATE AND DIRECTOR. MS. PLUM RECEIVED \$48,956.68 IN COMPENSATION AND AN EMPLOYEE BENEFIT PLAN CONTRIBUTION (401(K)) OF \$2,447.83. MS. PLUM WAS FULLY QUALIFIED FOR THE POSITION AND WAS HIRED VIA A COMPETITIVE RECRUITMENT PROCESS OPEN TO INTERNAL AND EXTERNAL CANDIDATES. HER SALARY WAS DETERMINED BASED ON THE EXISTING SALARY GRID USED FOR DETERMINING ALL OFFICE STAFF SALARIES. JOHN PLUM FULLY DISCLOSED TO THE BOARD OF DIRECTORS THAT SABRINA HAD APPLIED FOR THE POSITION AT THE TIME SHE SUBMITTED HER APPLICATION.

## EXPLANATION OF COMPENSATION RECEIVED BY CERTAIN BOARD MEMBERS

DR. MATTHEW (MATT) C. SPITZER - IN 2007 DR. SPITZER RECEIVED \$2,967.83 IN COMPENSATION PLUS AN EMPLOYEE BENEFIT PLAN CONTRIBUTION (401(K)) OF \$237.43. THIS COMPENSATION WAS NOT IN CONNECTION WITH HIS WORK AS A MEMBER OF THE BOARD OF DIRECTORS. DR. SPITZER WORKED IN AN OVERSEAS MSF PROJECT AS A FIELD COORDINATOR, BASED ON HIS PREVIOUS FIELD EXPERIENCE AND HIS QUALIFICATIONS AS A MEDICAL DOCTOR. HIS COMPENSATION WAS IN CONNECTION WITH HIS WORK AS A FIELD COORDINATOR AND HIS SALARY WAS DETERMINED BASED ON THE SALARY GRID USED FOR DETERMINING SALARIES FOR ALL US BASED STAFF WORKING IN OVERSEAS PROJECTS.

DR. MARY ANN HOPKINS - IN 2007 DR. HOPKINS RECEIVED \$1,512.83 IN COMPENSATION PLUS AN EMPLOYEE BENEFIT PLAN CONTRIBUTION (401(K)) OF \$121.03. THIS COMPENSATION WAS NOT IN CONNECTION WITH HER WORK AS A MEMBER OF THE BOARD OF DIRECTORS. DR. HOPKINS WORKED IN AN OVERSEAS MSF PROJECT AS A SURGEON, BASED ON HER PREVIOUS FIELD EXPERIENCE AND HER QUALIFICATIONS AS A MEDICAL DOCTOR. HER COMPENSATION WAS IN CONNECTION WITH HER WORK AS A SURGEON AND HER SALARY WAS DETERMINED BASED ON THE SALARY GRID USED FOR DETERMINING SALARIES FOR ALL US BASED STAFF WORKING IN OVERSEAS PROJECTS.

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISC OTHER REVENUE	86,838.	450,486.	33,708.	81,388.
TOTAL TO SCHEDULE A, LINE 22	86,838.	450,486.	33,708.	81,388.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>DOCTORS WITHOUT BORDERS USA, INC. MEDECINS SANS FRONTIERES USA, INC.</b>	Employer identification number <b>13-3433452</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>333 SEVENTH AVENUE, NO. 2ND FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001-5004</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **STEVE SOLINSKY, DIRECTOR OF FINANCE**  
Telephone No. ▶ **(212) 679-6800** FAX No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2007** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.