

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 2009 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 MEDICAL STUDENTS FOR CHOICE
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 P.O. BOX 40188
 City or town, state or country, and ZIP + 4
 PHILADELPHIA, PA 19106

D Employer identification number
 20-5263777

E Telephone number
 (215) 625-0800

F Name and address of principal officer: LOIS BACKUS
 SAME AS C ABOVE

G Gross receipts \$ 1,340,889.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: WWW.MEDICALSTUDENTSFORCHOICE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation 2007 **M State of legal domicile** PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CREATING TOMORROW'S ABORTION PROVIDERS AND PRO-CHOICE PHYSICIANS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of employees (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	622,230.	650,403.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,426.	24,192.
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11e)	42,278.	46,971.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	719,934.	719,101.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,805.	27,117.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	17,363.	13,203.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	600,557.	568,609.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 141,596.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	701,462.	511,379.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,361,187.	1,120,308.	
19 Revenue less expenses Subtract line 18 from line 12	<641,253.>	<401,207.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,709,104.	2,340,466.
	22 Net assets or fund balances. Subtract line 21 from line 20	54,458.	56,744.
		2,654,646.	2,283,722.

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 officer: Lois Backus
 Date: 8-16-2010
 Type or print name and title: LOIS BACKUS, EXEC. DIRECTOR

Paid Preparer's Use Only
 Preparer's signature: [Signature]
 Date: _____
 Check if self-employed:
 Preparer's identifying number (see instructions): Pcc14324
 Firm's name (or yours if self-employed), address, and ZIP + 4: SHECHTMAN MARKS DEVOR PC
2000 MARKET STREET, SUITE 500
PHILADELPHIA, PA 19103
 EIN ▶ _____
 Phone no ▶ 215-496-9200

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

SCA (11-1) 8/12/2010

G16

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission. MSFC RECOGNIZES THAT ONE OF THE GREATEST OBSTACLES TO SAFE AND LEGAL ABORTION IS THE ABSENCE OF TRAINED PROVIDERS. AS MEDICAL STUDENTS AND RESIDENTS, WE ARE WORKING TO MAKE REPRODUCTIVE HEALTH CARE, INCLUDING ABORTION, A STANDARD PART OF MEDICAL EDUCATION AND RESIDENCY TRAINING.

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

4a (Code:) (Expenses \$ 91,034. including grants of \$) (Revenue \$) THE REPRODUCTIVE HEALTH EXTERNSHIP (RHE) PROGRAM PROVIDED FINANCIAL SUPPORT TO OVER 60 MEDICAL STUDENTS WHO SOUGHT OPPORTUNITIES NOT AVAILABLE WITHIN THEIR MEDICAL SCHOOL FOR FIRST-HAND ABORTION TRAINING. AN ANALYSIS OF THE 2009 EVALUATION DATA FOR THE PROGRAM FOUND A STATISTICALLY SIGNIFICANT INCREASE IN THE MEDICAL STUDENTS' KNOWLEDGE OF FAMILY PLANNING AND INTENTION TO PROVIDE ABORTION AS A RESULT OF THE EXTERNSHIP EXPERIENCE.

4b (Code:) (Expenses \$ 107,004. including grants of \$ 27,117.) (Revenue \$ 24,192.) NEARLY 400 MEDICAL STUDENTS ATTENDED THE 2009 MSFC ANNUAL MEETING WHERE THEY RECEIVED MEDICAL EDUCATION FROM NATIONAL EXPERTS IN FAMILY PLANNING AND ABORTION. STUDENTS PARTICIPATED IN CLINICAL SKILLS WORKSHOPS, ABORTION PROVIDER PANEL DISCUSSIONS AND LECTURES ON CLINICAL ISSUES, HEALTH CARE DISPARITIES AND PUBLIC POLICY.

4c (Code:) (Expenses \$ 576,486. including grants of \$) (Revenue \$) THE STUDENT ORGANIZING PROGRAM SUPPORTED THE EDUCATIONAL ACTIVITIES ON MORE THAN 130 MEDICAL SCHOOL CAMPUSES. OVER 900 EDUCATIONAL EVENTS WERE HELD LAST YEAR. THE EVENTS INCLUDED LECTURES, PANEL DISCUSSIONS AND FILM SCREENINGS ON THE TOPICS OF ABORTION AND CONTRACEPTION.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 95,190. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 869,714.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	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).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter.		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MSFC - (215) 625-0800 P.O. BOX 40188, PHILADELPHIA, PA 19106

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SANTINA WHEAT TREASURER	1.00	X						0.	0.	0.
CLAIRE HESLOP SECRETARY	1.00	X						0.	0.	0.
MIRANDA BALKIN PRESIDENT ELECT & PRESID	1.00	X						0.	0.	0.
MEGAN EVANS PRESIDENT-ELECT	1.00	X						0.	0.	0.
LOUISE PYLE PRESIDENT AND PAST-PRESI	1.00	X						0.	0.	0.
LYDIA PACE PAST-PRESIDENT	1.00	X						0.	0.	0.
NOAH RINDOS TREASURER	1.00	X						0.	0.	0.
MERRITT EVANS DIRECTOR	1.00	X						0.	0.	0.
RACHAEL PHELPS DIRECTOR	1.00	X						0.	0.	0.
RACHEL GOUGH DIRECTOR	1.00	X						0.	0.	0.
SARAH AVERBACH DIRECTOR	1.00	X						0.	0.	0.
STEPHANIE GIRTON DIRECTOR	1.00	X						0.	0.	0.
ANNE DESMOND WARDEN DIRECTOR	1.00	X						0.	0.	0.
ELISE SCHUSTER DIRECTOR	1.00	X						0.	0.	0.
JANET SINGER DIRECTOR	1.00	X						0.	0.	0.
JESSICA GONZALEZ-ROJAS DIRECTOR	1.00	X						0.	0.	0.
KIMBERLY INSEL DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LISA G. HOFLER DIRECTOR	1.00	X						0.	0.	0.
ROBYN SCHRYER FEHRMAN DIRECTOR	1.00	X						0.	0.	0.
SADIA HAIDER DIRECTOR	1.00	X						0.	0.	0.
SHANNON CONNOLLY DIRECTOR	1.00	X						0.	0.	0.
SUSAN PODOLSKY DIRECTOR	1.00	X						0.	0.	0.
AUDREY MERRIAM DIRECTOR	1.00	X						0.	0.	0.
FLYNN LAROCHELLE DIRECTOR	1.00	X						0.	0.	0.
MEREDITH HIRSHFELD DIRECTOR	1.00	X						0.	0.	0.
TARA CESSFORD DIRECTOR	1.00	X						0.	0.	0.
JULIA MCDONALD DIRECTOR	1.00	X						0.	0.	0.
1b Total								125,138.	0.	13,203.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	650,403.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			650,403.			
	Program Service Revenue	2 a	MEETING REGISTRATIONS	Business Code 611710	24,192.	24,192.		
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			24,192.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		56,572.	56,572.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	(i) Real	(ii) Personal					
		Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	(i) Securities	(ii) Other					
		Gross amount from sales of assets other than inventory		607,163.				
		Less: cost or other basis and sales expenses		616,764.				
		Gain or (loss)		<9,601.>				
	d	Net gain or (loss)			<9,601.>	<9,601.>		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less: direct expenses		b				
Net income or (loss) from fundraising events								
9 a	Gross income from gaming activities. See Part IV, line 19		a					
	Less: direct expenses		b					
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		a	2,559.				
	Less: cost of goods sold		b	5,024.				
	Net income or (loss) from sales of inventory				<2,465.>	<2,465.>		
Miscellaneous Revenue			Business Code					
11 a								
	All other revenue							
	Total. Add lines 11a-11d							
12	Total revenue. See instructions			719,101.	68,698.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	27,117.	27,117.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	13,203.	13,203.		
5 Compensation of current officers, directors, trustees, and key employees	125,138.	96,356.	18,771.	10,011.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	329,646.	228,424.	43,195.	58,027.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,606.	17,560.	3,573.	5,473.
9 Other employee benefits	46,069.	30,883.	6,061.	9,125.
10 Payroll taxes	41,150.	30,562.	4,236.	6,352.
11 Fees for services (non-employees)				
a Management				
b Legal	1,704.		1,704.	
c Accounting	13,250.		13,250.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	10,850.	7,772.	2,918.	160.
12 Advertising and promotion				
13 Office expenses	43,906.	10,917.	14,880.	18,109.
14 Information technology				
15 Royalties				
16 Occupancy	64,415.	46,189.	8,115.	10,111.
17 Travel	91,838.	70,126.	19,500.	2,212.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	114,989.	99,196.	15,690.	103.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,080.		4,080.	
23 Insurance	6,594.		6,594.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a EXTERN STIPENDS	52,828.	52,828.	0.	0.
b GENERAL AND ADMINISTRATIVE	45,548.	82,893.	<56,464.>	19,119.
c STUDENT EXPENSES	43,204.	43,204.	0.	0.
d EQUIPMENT RENTAL	15,203.	10,434.	2,595.	2,174.
e MISCELLANEOUS EXPENSE	2,970.	2,050.	300.	620.
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	1,120,308.	869,714.	108,998.	141,596.
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	206,558.
	2 Savings and temporary cash investments	1,922,842.	2	1,830,763.
	3 Pledges and grants receivable, net	552,643.	3	50,000.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	25,953.	7	24,678.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,972.	9	12,621.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 27,356.		
	b Less: accumulated depreciation	10b 17,021.	10c	10,335.
	11 Investments - publicly traded securities	160,445.	11	195,777.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	9,734.	15	9,734.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,709,104.	16	2,340,466.	
Liabilities	17 Accounts payable and accrued expenses	54,458.	17	56,744.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	54,458.	26	56,744.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,573,069.	27	1,940,192.
	28 Temporarily restricted net assets	1,081,577.	28	343,530.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,654,646.	33	2,283,722.	
34 Total liabilities and net assets/fund balances	2,709,104.	34	2,340,466.	

Part XI Financial Statements and Reporting

- 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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- 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 in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **MEDICAL STUDENTS FOR CHOICE** Employer identification number **20-5263777**

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			3980496.	622,230.	650,403.	5253129.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			3980496.	622,230.	650,403.	5253129.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						634,362.
6 Public support. Subtract line 5 from line 4						4618767.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			3980496.	622,230.	650,403.	5253129.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			38,140.	77,923.	56,572.	172,635.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						5425764.
12 Gross receipts from related activities, etc (see instructions)					12	79,663.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MEDICAL STUDENTS FOR CHOICE

Employer identification number

20-5263777

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		27,356.	17,021.	10,335.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				10,335.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	719,101.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,120,308.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<401,207.>
4	Net unrealized gains (losses) on investments	4	30,283.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	30,283.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<370,924.>

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

1	Total revenue, gains, and other support per audited financial statements	1	762,580.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	30,283.
b	Donated services and use of facilities	2b	8,172.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	38,455.
3	Subtract line 2e from line 1	3	724,125.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<5,024.>
c	Add lines 4a and 4b	4c	<5,024.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	719,101.

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

1	Total expenses and losses per audited financial statements	1	1,133,504.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,172.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	8,172.
3	Subtract line 2e from line 1	3	1,125,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<5,024.>
c	Add lines 4a and 4b	4c	<5,024.>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,120,308.

Part XIV Supplemental Information

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

PART XII, LINE 4B AND PART XIII, LINE 4B

COST OF GOODS SOLD INCLUDED WITH TOTAL REVENUE ON FORM 990, PART VIII.

PART XI, LINE 4 AND PART XII, LINE 2A

GAIN NOT YET REALIZED.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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
ANNUAL MEETING SCHOLARSHIPS	131	27,117.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2:
 SCHOLARSHIPS: REQUIRES AN APPLICATION TO BE COMPLETED AND APPROVED AND THEN
 THE APPLICANT MUST PROVIDE RECEIPTS TO SUPPORT.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

MEDICAL STUDENTS FOR CHOICE

Employer identification number
20-5263777

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE OUTREACH AND COMMUNICATIONS PROGRAM ENABLED MSFC TO BROADEN ITS
CONNECTION WITH THE GREATER MEDICAL COMMUNITY THROUGH PUBLICATIONS,
PRESENTATIONS AND PARTICIPATION IN RELATED ORGANIZATION EVENTS.
EFFORTS WITHIN THE PROGRAM ENHANCED MSFC'S VISIBILITY THROUGH
TRADITIONAL AND ONLINE MEDIA.

EXPENSES \$ 95190. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 DRAFT, PREPARED BY MSFC'S
ACCOUNTANTS AFTER APPROVAL OF THE AUDITED FINANCIAL STATEMENT BY MSFC'S
BOARD OF DIRECTORS, IS SENT VIA EMAIL BY THE DIRECTOR OF FINANCE TO THE
PRESIDENT AND TREASURER FOR REVIEW AND COMMENT. PRESIDENT AND TREASURER
APPROVE. EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE REVIEW AND ASK
ACCOUNTANTS TO GO TO FINAL. UPON COMPLETION, THE 990 IS EMAILED TO ALL
MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE NEW BOARD MEMBER
ORIENTATION, MEMBERS SIGN A STATEMENT OF THEIR COMMITMENT TO THEIR
RESPONSIBILITIES. THE DISCLOSURE WORDING FOLLOWS.
MEMBERS MUST SAFEGUARD THE CREDIBILITY AND INTEGRITY OF THE ORGANIZATION BY
MAKING A GOOD FAITH EFFORT TO PLACE THE WELFARE OF THE ORGANIZATION BEFORE
PERSONAL BENEFIT. BOARD MEMBERS WHO SUSPECT THEY MAY HAVE A POTENTIAL
CONFLICT OF INTEREST BETWEEN BOARD RESPONSIBILITIES AND INDIVIDUAL
OBLIGATION MUST DISCLOSE THIS TO THE BOARD AND ABSTAIN FROM DISCUSSION AND
VOTING REGARDING THAT ISSUE. OPEN, HONEST AND PROFESSIONAL DISCUSSION OF
POTENTIAL CONFLICTS OF INTEREST IS EXPECTED OF ALL BOARD MEMBERS. THE BOARD

SCHEDULE.O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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VALUES THE RANGE OF PERSPECTIVES BROUGHT TO BOARD DISCUSSIONS BY
INDIVIDUALS WITH DIVERSE ORGANIZATIONAL EXPERIENCE AND PROFESSIONAL
RELATIONSHIPS; POTENTIAL CONFLICTS MAY BE EXPECTED. THESE GUIDELINES WILL
ENSURE THAT THE INTERESTS OF MSFC WILL BE PARAMOUNT IN THE DECISION-MAKING
ROLE OF THE BOARD.

POTENTIAL CONFLICTS OF INTEREST INCLUDE, BUT ARE NOT LIMITED TO:

A) AN ORGANIZATION WITH WHICH YOU HAVE A RELATIONSHIP IS BEING CONSIDERED
FOR A CONTRACTUAL RELATIONSHIP WITH MSFC.

B) YOU, OR AN ORGANIZATION WITH WHICH YOU HAVE A RELATIONSHIP, MAY BENEFIT
FROM RESEARCH UTILIZING MSFCS EVALUATION DATA.

C) YOUR KNOWLEDGE OF MSFC'S DONORS MAY ASSIST ANOTHER ORGANIZATION.

D) YOUR PERSONAL RELATIONSHIP WITH A SCHOOL COORDINATOR MAY INFLUENCE THE
DECISION-MAKING PROCESS OF ASSIGNING ORGANIZING FUNDS, SCHOLARSHIPS,
EXTERNSHIP OR AWARDS.

NOTE: ALL BOARD MEMBERS MUST SIGN AND COMPLY WITH THE FOLLOWING INDEPENDENT
VOTING BOARD MEMBER STATEMENT.

INDEPENDENT VOTING BOARD MEMBER STATEMENT

A MEMBER OF THE GOVERNING BODY OF MEDICAL STUDENTS FOR CHOICE IS CONSIDERED
'INDEPENDENT' ONLY IF ALL THREE OF THE FOLLOWING CIRCUMSTANCES APPLIED AT
ALL TIMES DURING THE ORGANIZATION'S TAX YEAR:

1. THE MEMBER WAS NOT COMPENSATED AS AN OFFICER OR EMPLOYEE OF MEDICAL
STUDENTS FOR CHOICE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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2. THE MEMBER DID NOT RECEIVE PAYMENTS EXCEEDING \$10,000 FROM MEDICAL STUDENTS FOR CHOICE AS AN INDEPENDENT CONTRACTOR, OTHER THAN REIMBURSEMENT OF EXPENSES OR REASONABLE COMPENSATION FOR SERVICES PROVIDED IN THE CAPACITY AS A MEMBER OF THE GOVERNING BODY.

3. NEITHER THE MEMBER, NOR ANY FAMILY MEMBER OF THE MEMBER, WAS INVOLVED IN A TRANSACTION WITH MEDICAL STUDENTS FOR CHOICE THAT INCLUDED, BUT WAS NOT LIMITED TO, A LOAN OR GRANT.

THE FAMILY OF AN INDIVIDUAL INCLUDES ONLY HIS OR HER SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER WHOLE OR HALF BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN, AND GRANDCHILDREN.

FORM 990, PART VI, SECTION B, LINE 15: IN DEVELOPING THE MODEL, THE EXECUTIVE COMMITTEE CONSIDERED FACTORS INCLUDING FAIRNESS OF COMPENSATION WITHOUT EXCESSIVE SALARY GROWTH WHILE REWARDING EXCELLENT PERFORMANCE, JUSTIFIABILITY OF THE EXPENSE AS A PROPORTION OF THE ORGANIZATION'S RESOURCES, AS WELL AS INPUT FROM CONSULTANTS AND EXECUTIVE DIRECTORS OF SIMILAR SIZED ORGANIZATIONS. THE CURRENT PROCESS IS INTENDED TO PROVIDE A STEADY MODEL FOR SALARY GROWTH, REQUIRING APPROPRIATE BUT NOT EXCESSIVE ANNUAL TIME INVESTMENT OF THE EXECUTIVE COMMITTEE AND BOARD. WHEN DETERMINING A RAISE, THE EXECUTIVE COMMITTEE AND BOARD MUST FIND A NUMBER THAT IS NOT ONLY APPROPRIATE FOR THE CALIBER OF WORK, BUT ONE THAT IS RESPONSIBLE TO EXTERNAL STAKEHOLDERS. THE SPECIFIC RAISE CAN INCLUDE COLA

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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PLUS A MERIT-BASED PERCENTAGE. AN OVERALL SCORE IS USED TO DETERMINE THE
APPROPRIATE RANGE FOR A MERIT-BASED SALARY INCREASE. THE OVERALL SCORE IS
DETERMINED BY FINDING THE MEAN OF ALL SCORES GIVEN ON THE EXECUTIVE
DIRECTOR ANNUAL EVALUATION BY THE BOARD OF DIRECTORS (BOTH DIRECTORS AND
STAFF COMPLETE EVALUATIONS OF THE EXECUTIVE DIRECTOR AND THE EXECUTIVE
DIRECTOR COMPLETES A SELF-EVALUATION). THE TOTAL RAISE (INCLUDING BOTH
COLA AND MERIT ADJUSTMENT) GENERALLY SHOULD NOT EXCEED 7% IN ANY GIVEN YEAR
AND SHOULD NOT CAUSE THE EXECUTIVE DIRECTORS SALARY TO EXCEED 12% OF THE
ORGANIZATIONS OPERATING BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON
REQUEST, ONLINE THROUGH GUIDESTAR.ORG OR AT MEDICALSTUDENTSFORCHOICE.ORG.

MEDICAL STUDENTS FOR CHOICE
 FIXED ASSET DEPRECIATION SCHEDULE
 AS OF DECEMBER 31, 2007

Medical Students for Choice
 Fixed Assets and Related Depreciation
 31-Dec-09

Vendor-Item	Date Purchased	Total Fixed Assets	One Year's Depreciation	Beginning balance at 1/1/08	Depr Exp 2008	Total accum Depr 12/31/08	Beginning Balance at 1/1/09	Depr Exp 2009	Total accum Depr 12/31/09
SPSS Evaluation Software (Evaluation)	6/19/03	3,253.82	1,859.33	1,394.49	1,394.49	3,253.82	-	x	3,253.82
Blackbaud Software - Raiser's Edge replaces GiftMaker	3/26/07	2,249.33	321.33	1,928.00	482.00	803.33	1,446.00	482.00	1,285.33
Total Software		5,503.15	2,180.66	3,322.49	1,876.49	4,057.15	1,446.00	482.00	4,539.15
Power Point Projector	11/27/02	209.00	209.00	-	-	209.00	-	-	209.00
ThinkPad T40 (Lois)	5/5/03	443.47	253.42	190.05	190.05	443.47	-	x	443.47
Dell Server for Evaluation (includes setup costs)	9/8/03	245.36	140.19	105.17	105.17	245.36	-	x	245.36
Jen's Laptop Computer	4/2/04	185.60	185.60	-	-	185.60	-	-	185.60
GiftMaker Pro Software (Fundraising)	6/30/04	1,746.33	1,746.33	-	-	1,746.33	-	-	1,746.33
HP Color Fax Machine	2/9/05	215.33	215.33	-	-	215.33	-	-	215.33
HP NC4010 Notebook with external CD Drive	2/11/05	664.02	257.81	492.15	257.81	429.68	234.34	234.34	664.02
Hewlett Packard Computer	10/9/06	466.80	466.80	-	x	-	-	-	-
Phone System - Philadelphia	11/28/06	2,137.50	427.50	1,795.50	513.00	855.00	1,282.50	513.00	1,368.00
Alternative Telecom Server	12/4/06	8,636.25	1,233.75	7,402.50	1,850.63	3,084.38	5,551.87	1,850.63	4,935.01
Conference table, chairs and credenza donated by Singer	3/1/08	5,000.00	1,000.00	5,000.00	1,000.00	1,000.00	4,000.00	1,000.00	2,000.00
Toshiba copier purchase at end of lease	12/30/09	1,900.00	380.00	-	(495.82)	495.82	-	-	495.82
Total Equipment and Furniture		21,849.66	14,985.37	14,985.37	3,420.84	8,909.97	11,068.71	3,597.97	12,507.94
Total Fixed Assets		27,352.81	18,307.86	18,307.86	5,297.33	12,967.12	12,514.71	4,079.97	17,047.09

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 and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization MEDICAL STUDENTS FOR CHOICE	Employer identification number 20-5263777
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 40188	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PHILADELPHIA, PA 19106	

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 |

MSFC

- The books are in the care of ▶ **P.O. BOX 40188 - PHILADELPHIA, PA 19106**
Telephone No ▶ **(215) 625-0800** 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, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

- ▶ calendar year **2009** 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

3a 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.	3a	\$	
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.	3b	\$	
c Balance Due. 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.	3c	\$	N/A

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