

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEDICAL STUDENTS FOR CHOICE		D Employer identification number 20-5263777
	Doing Business As		E Telephone number (215) 625-0800
	Number and street (or P O box if mail is not delivered to street address) PO BOX 40188	Room/suite	G Gross receipts \$ 2,294,819
	City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19106		
F Name and address of principal officer LOIS BACKUS PO BOX 40188 PHILADELPHIA, PA 19106		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MEDICALSTUDENTSFORCHOICE.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 CREATING TOMORROW'S ABORTION PROVIDERS AND PRO-CHOICE PHYSICIANS			
	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)	30	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	12	
	6	Total number of volunteers (estimate if necessary)	530	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	650,403	2,230,129
	9	Program service revenue (Part VIII, line 2g)	24,192	36,462
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,971	26,605
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,465	8
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	719,101	2,293,204
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,117	50,963
	14	Benefits paid to or for members (Part IX, column (A), line 4)	13,203	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	568,609	612,638
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>133,364</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	511,379	324,142
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,120,308	987,743
19	Revenue less expenses Subtract line 18 from line 12	-401,207	1,305,461	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	2,340,466	3,662,555
	21	Total liabilities (Part X, line 26)	56,744	50,468
	22	Net assets or fund balances Subtract line 21 from line 20	2,283,722	3,612,087

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	2011-07-26 Date
	LOIS BACKUS EXEC DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DENISE MCKNIGHT	Preparer's signature DENISE MCKNIGHT	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name SHECHTMAN MARKS DEVOR PC				Firm's EIN
	Firm's address 2000 MARKET STREET SUITE 500 PHILADELPHIA, PA 19103				Phone no (215) 496-9200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 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 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 \$ 74,555 including grants of \$ 36,044) (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 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 \$ 94,021 including grants of \$ 14,919) (Revenue \$ 36,470)

OVER 400 MEDICAL STUDENTS ATTENDED THE 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 \$ 511,685 including grants of \$) (Revenue \$)

THE STUDENT ORGANIZING PROGRAM SUPPORTED EDUCATIONAL ACTIVITIES ON MORE THAN 130 MEDICAL SCHOOL CAMPUSES OVER 950 EDUCATIONAL EVENTS WERE HELD LAST YEAR THE EVENTS INCLUDED LECTURES, PANEL DISCUSSIONS AND FILM SCREENINGS ON THE TOPICS OF ABORTION AND CONTRACEPTION MSFC CONTINUED TO IMPLEMENT NEW STRATEGIES SURROUNDING CURRICULUM REFORM AND PROVIDED SUPPORT TO STUDENT GROUPS EXPRESSING INTEREST IN TACKLING REFORM ON THEIR CAMPUSES THE STAFF WORKED WITH STUDENTS AT 70 MEDICAL SCHOOLS TO ASSIST IN THE CURRICULUM REFORM EFFORTS UNDERWAY ON THEIR VARIOUS CAMPUSES, AND 40% OF STUDENT GROUPS REPORTED CURRICULUM CHANGES ON THEIR CAMPUS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 92,316 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 772,577

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 92,316 including grants of \$) (Revenue \$)
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

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)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
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>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
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-24d and complete Schedule K. If "No," go to line 25</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
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>	26	No
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>	27	No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
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>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
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>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
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>	34	No
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
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	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	6		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	12		
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 (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
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?		No
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?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds 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.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed PA , NY , CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 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. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MSFC
 PO BOX 40188
 PHILADELPHIA, PA 19106
 (215) 625-0800

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) SANTINA WHEAT TREASURER	1 00	X						0	0	0
(2) CLAIRE HESLOP TREASURER	1 00	X						0	0	0
(3) MIRANDA BALKIN PRESIDENT & PAST PRESIDENT	1 00	X						0	0	0
(4) MEGAN EVANS PRESIDENT-ELECT & PRESIDENT	1 00	X						0	0	0
(5) LOUISA PYLE PAST-PRESIDENT	1 00	X						0	0	0
(6) DUSTIN MAY PRESIDENT-ELECT	1 00	X						0	0	0
(7) ELISE SCHUSTER DIRECTOR	1 00	X						0	0	0
(8) JANET SINGER DIRECTOR	1 00	X						0	0	0
(9) JESSICA GONZALEZ-ROJAS DIRECTOR	1 00	X						0	0	0
(10) KIMBERLY INSEL DIRECTOR	1 00	X						0	0	0
(11) LISA G HOFLER DIRECTOR	1 00	X						0	0	0
(12) SUSAN PODOLSKY DIRECTOR	1 00	X						0	0	0
(13) AUDREY MERRIAM DIRECTOR	1 00	X						0	0	0
(14) FLYNN LAROCHELLE DIRECTOR	1 00	X						0	0	0
(15) MEREDITH HIRSHFELD DIRECTOR	1 00	X						0	0	0
(16) TARA CESSFORD DIRECTOR	1 00	X						0	0	0

Additional Data

Software ID:
Software Version:
EIN: 20-5263777
Name: MEDICAL STUDENTS FOR CHOICE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 TREASURER	1 00	X						0	0	0
MIRANDA BALKIN PRESIDENT & PAST PRESIDENT	1 00	X						0	0	0
MEGAN EVANS PRESIDENT-ELECT & PRESIDENT	1 00	X						0	0	0
LOUISA PYLE PAST-PRESIDENT	1 00	X						0	0	0
DUSTIN MAY PRESIDENT-ELECT	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
LISA G HOFLER 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
VERONIKA HOLBECK MESHERIAKOVA DIRECTOR	1 00	X						0	0	0
CHRIST-ANN MAGLOIRE DIRECTOR	1 00	X						0	0	0
ANNE DESMOND WARDEN DIRECTOR	1 00	X						0	0	0
SHANNON CONNOLLY DIRECTOR	1 00	X						0	0	0
SADIA HAIDER DIRECTOR	1 00	X						0	0	0
MELISSA WESTON DIRECTOR	1 00	X						0	0	0
DAVID TUROK DIRECTOR	1 00	X						0	0	0
KATIE MATHESON DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MIQUIA HENDERSON DIRECTOR	1 00	X						0	0	0
REGAN GAGE DIRECTOR	1 00	X						0	0	0
SONDRA GOLDSCHHEIN DIRECTOR	1 00	X						0	0	0
REZA SAFAVI DIRECTOR	1 00	X						0	0	0
ERICA PETTIGREW DIRECTOR	1 00	X						0	0	0
LOIS BACKUS EXEC DIRECTOR	40 00			X				127,641	0	6,601

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(17) JULIA MCDONALD DIRECTOR	1 00	X						0	0	0
(18) VERONIKA HOLBECK MESHRIAKOVA DIRECTOR	1 00	X						0	0	0
(19) CHRIST-ANN MAGLOIRE DIRECTOR	1 00	X						0	0	0
(20) ANNE DESMOND WARDEN DIRECTOR	1 00	X						0	0	0
(21) SHANNON CONNOLLY DIRECTOR	1 00	X						0	0	0
(22) SADIA HAIDER DIRECTOR	1 00	X						0	0	0
(23) MELISSA WESTON DIRECTOR	1 00	X						0	0	0
(24) DAVID TUROK DIRECTOR	1 00	X						0	0	0
(25) KATIE MATHESON DIRECTOR	1 00	X						0	0	0
(26) MIQUIA HENDERSON DIRECTOR	1 00	X						0	0	0
(27) REGAN GAGE DIRECTOR	1 00	X						0	0	0
(28) SONDRRA GOLDSCHHEIN DIRECTOR	1 00	X						0	0	0
(29) REZA SAFAVI DIRECTOR	1 00	X						0	0	0
(30) ERICA PETTIGREW DIRECTOR	1 00	X						0	0	0
(31) LOIS BACKUS EXEC DIRECTOR	40 00			X				127,641	0	6,601
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								127,641	0	6,601

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? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a 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	2,230,129				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	2,230,129				
	Program Service Revenue	2a MEETING REGISTRATIONS	Business Code 611710	36,462	36,462	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			36,462			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		28,220		28,220
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses		1,615		
		c Gain or (loss)		-1,615		
	d Net gain or (loss)		-1,615		-1,615	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b						
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		8	8		
Miscellaneous Revenue	Business Code					
11a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		2,293,204	36,470	0	26,605	

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	50,963	50,963		
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				
5	Compensation of current officers, directors, trustees, and key employees	134,242	103,367	20,136	10,739
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	364,221	271,424	26,294	66,503
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,170	10,691	16,207	3,272
9	Other employee benefits	41,522	19,868	15,628	6,026
10	Payroll taxes	42,483	31,932	3,925	6,626
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	14,000		14,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	5,019	1,620	2,714	685
12	Advertising and promotion	575	575		
13	Office expenses	46,466	12,952	13,737	19,777
14	Information technology				
15	Royalties				
16	Occupancy	65,121	46,181	8,815	10,125
17	Travel	45,752	24,698	20,870	184
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	99,576	85,887	13,689	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,157		5,157	
23	Insurance	5,822		5,822	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STUDENT EXPENSES	36,069	36,069		
b	GENERAL AND ADMINISTRAT	0	75,820	-85,192	9,372
c	MISCELLANEOUS EXPENSE	585	530		55
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	987,743	772,577	81,802	133,364
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	206,558	1	94,379
	2 Savings and temporary cash investments	1,830,763	2	2,851,686
	3 Pledges and grants receivable, net	50,000	3	338,793
	4 Accounts receivable, net	24,678	4	31,335
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,621	9	4,406
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	30,556		
	b Less accumulated depreciation	21,893	10,335	10c 8,663
	11 Investments—publicly traded securities	195,777	11	323,559
	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)	2,340,466	16	3,662,555	
Liabilities	17 Accounts payable and accrued expenses	56,744	17	50,468
	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	56,744	26	50,468
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	1,940,192	27	2,334,541
	28 Temporarily restricted net assets	343,530	28	1,277,546
	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	2,283,722	33	3,612,087	
34 Total liabilities and net assets/fund balances	2,340,466	34	3,662,555	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,293,204
2	Total expenses (must equal Part IX, column (A), line 25)	2	987,743
3	Revenue less expenses Subtract line 2 from line 1	3	1,305,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,283,722
5	Other changes in net assets or fund balances (explain in Schedule O)	5	22,904
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,612,087

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 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									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		3,980,496	622,230	650,403	2,230,129	7,483,258
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		3,980,496	622,230	650,403	2,230,129	7,483,258
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)						2,280,614
6 Public Support. Subtract line 5 from line 4						5,202,644

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4		3,980,496	622,230	650,403	2,230,129	7,483,258
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		38,140	77,923	56,572	28,220	200,855
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)						7,684,113
12 Gross receipts from related activities, etc (See instructions)					12	116,125

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**


14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. 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 **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** 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 **b 10%-facts-and-circumstances test—2009.** 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 **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions



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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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 170(h)(4)(B)(ii)?

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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

	Amount
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 Investment earnings or 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		30,556	21,893	8,663
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				8,663

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,293,204
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	987,743
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,305,461
4	Net unrealized gains (losses) on investments	4	22,904
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 - 8	9	22,904
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,328,365

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	2,316,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	22,904
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	22,904
3	Subtract line 2e from line 1	3	2,293,204
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	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	2,293,204

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

1	Total expenses and losses per audited financial statements	1	987,743
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	987,743
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	987,743

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MSFC HAS ADOPTED THE NEW ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES GUIDANCE ON JANUARY 1, 2009. THE GUIDANCE REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR RESPECTIVE RETURNS. THE ADOPTION OF THAT GUIDANCE BY MSFC RESULTED IN NO CHANGE TO NET ASSETS. AS OF DECEMBER 31, 2010, MSFC BELIEVES THAT THEY HAVE NO UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. MSFC CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS. MSFC FILES AN INFORMATIONAL RETURN IN THE U.S. FEDERAL JURISDICTION AND VARIOUS CHARITABLE REGISTRATION FILINGS. U.S. FEDERAL AND STATE JURISDICTIONS HAVE STATUTES OF LIMITATIONS THAT GENERALLY RANGE FROM THREE TO FIVE YEARS.

Schedule I (Form 990)

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
MEDICAL STUDENTS FOR CHOICE

Employer identification number
20-5263777

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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 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
(1) ANNUAL MEETING SCHOLARSHIPS	103	14,919			
(2) EXTERN STIPENDS	59	36,044			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
MEDICAL STUDENTS FOR CHOICE

Employer identification number

20-5263777

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS	MSFC VOLUNTEERS PROVIDE LEADERSHIP TO THE ORGANIZATION'S 140 MEDICAL SCHOOL GROUPS. THEIR VOLUNTEER LEADERSHIP FUNCTIONS INCLUDE ORGANIZING EDUCATIONAL EVENTS ON CAMPUS, CONDUCTING FUNDRAISING CAMPAIGNS TO SUPPORT THE SCHOOL GROUPS' EFFORTS, AND ORGANIZING ADVOCACY EFFORTS TO REFORM MEDICAL SCHOOL CURRICULA. EXPERIENCED MEDICAL SCHOOL VOLUNTEERS ALSO SERVE ON A REGIONAL BASIS TO PROVIDE TECHNICAL ASSISTANCE AND ADVICE TO THE STUDENT GROUP LEADERS. THE ESTIMATED NUMBER OF HOURS CONTRIBUTED BY MSFC'S VOLUNTEER MEDICAL STUDENT LEADERS IN 2010 IS 41,330.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 DRAFT, PREPARED BY MSFC'S ACCOUNTANTS AFTER APPROVAL OF THE AUDITED FINANCIAL STATEMENT BY MSFCS 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>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 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 MSFC'S 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 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</p>

Identifier	Return Reference	Explanation
	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 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 ORGANIZATION'S OPERATING BUDGET. THE PROCESS WAS LAST UNDERTAKEN IN MARCH 2010.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST, ONLINE THROUGH GUIDESTAR ORG OR AT MEDICALSTUDENTSFORCHOICE ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15B	<p>MEDICAL STUDENTS FOR CHOICE STRIVES TO COMPENSATE EMPLOYEES FAIRLY AND EQUITABLY, AND TO RECOGNIZE THE CONTRIBUTIONS MADE BY EXISTING EMPLOYEES AS ONE OF ITS HIGHEST PRIORITIES IN BUDGETING EXPENSES. ALL EMPLOYEES RECEIVE A COMPENSATION REVIEW AS PART OF THEIR ANNUAL PERFORMANCE EVALUATION PROCESS, WHICH TAKES PLACE ON OR NEAR THEIR ANNIVERSARY DATE. EMPLOYEES MUST HAVE BEEN EMPLOYED FOR AT LEAST SIX MONTHS TO BE ELIGIBLE FOR AN INCREASE. MEDICAL STUDENTS FOR CHOICE GRANTS SALARY INCREASES ON THE BASIS OF JOB PERFORMANCE AND INCREASES ARE NEVER GUARANTEED. THE PAY-FOR-PERFORMANCE PROGRAM IS DESIGNED AS AN INCENTIVE, TO REWARD OUTSTANDING JOB PERFORMANCE. THE FOLLOWING FACTORS ARE CONSIDERED WHEN DETERMINING A PERFORMANCE-BASED SALARY INCREASE - BUDGET AVAILABLE FOR INCREASES - EMPLOYEE'S OVERALL JOB PERFORMANCE OVER THE PREVIOUS 12 MONTHS - PERFORMANCE OF EMPLOYEE'S ENTIRE DEPARTMENT OR WORK GROUP IN MEETING ANNUAL OBJECTIVES - EMPLOYEE'S SALARY IN RELATION TO COMPARABLE SALARIES IN LIKE POSITIONS INSIDE AND OUTSIDE THE ORGANIZATION. IN ADDITION, STAFF MAY RECEIVE A SALARY INCREASE WHEN PROMOTED OR GIVEN SUBSTANTIALLY NEW RESPONSIBILITIES, OR IF IT IS DETERMINED THAT THE SALARY LEVEL IS NOT EQUITABLE IN COMPARISON WITH THAT OF OTHERS IN LIKE POSITIONS WITH SIMILAR LEVELS OF SENIORITY.</p>

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 22,904