

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.

A For the 2012 calendar year, or tax year beginning 07/01/12 , **and ending** 06/30/13

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

C Name of organization: Medical Teams International
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address): 14150 SW Milton Ct
 City, town or post office, state, and ZIP code: Tigard OR 97224

D Employer identification number: 93-0878944

E Telephone number: 503-624-1000

G Gross receipts: \$ 102,369,244

F Name and address of principal officer:
Jeffrey Pinneo
14150 SW Milton Ct
Tigard OR 97224

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) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ http://www.medicalteams.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1979

M State of legal domicile: OR

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</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	<u>14</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>14</u>
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	<u>118</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>2509</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b Net unrelated business taxable income fr	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>148,711,210</u>	<u>98,843,257</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,196,736</u>	<u>1,265,468</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>123,273</u>	<u>154,941</u>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>337,082</u>	<u>381,942</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>150,368,301</u>	<u>100,645,608</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>132,104,411</u>	<u>86,267,406</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>9,325,764</u>	<u>9,407,400</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,797,004</u>	<u>28,298</u>	<u>22,658</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>11,377,276</u>	<u>7,103,754</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>152,835,749</u>	<u>102,801,218</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-2,467,448</u>	<u>-2,155,610</u>	
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)	<u>26,194,640</u>	<u>24,224,522</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,127,816</u>	<u>1,183,585</u>
		<u>25,066,824</u>	<u>23,040,937</u>

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: Pamela Blikstad Date: _____
 Type or print name and title: CFO

Paid Preparer Use Only

Print/Type preparer's name: Fritz S. Duncan Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00036435

Firm's name: Jones & Roth, P.C. Firm's EIN: 93-0819646
 Firm's address: P.O. Box 10086 Eugene, OR 97440 Phone no.: 541-687-2320

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 [X]

1 Briefly describe the organization's mission:

See Schedule O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 99,311,132 including grants of \$ 86,267,406) (Revenue \$ 1,265,468)

See Schedule O

PUBLIC COPY

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 99,311,132

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	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? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	14
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14
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?	2	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OR, CA, CT, IL, LA, MD, MI, MN, MS, NJ, WA, UT, FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Medical Teams International 14150 SW Milton Ct. Tigard OR 97224**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) Paul Hathaway Director	1.00 0.00								0	0
(2) Dr. Todd Ulmer Director	1.00 0.00	X						0	0	0
(3) Ron King Director	1.00 0.00	X						0	0	0
(4) Patricia Reser Director	1.00 0.00	X						0	0	0
(5) Ann Klein Vice Chair	1.00 0.00	X		X				0	0	0
(6) Phil Lane Secretary	1.00 0.00	X		X				0	0	0
(7) Nate Miles Director	1.00 0.00	X						0	0	0
(8) Dr. Nancy Wilgenbusch Director	1.00 0.00	X						0	0	0
(9) Jin Park Director	1.00 0.00	X						0	0	0
(10) Shari Jackson Monson Director	1.00 0.00	X						0	0	0
(11) Mark Dodson Chair	1.00 0.00	X		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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Dr. John Gollhofer Director	1.00 0.00	X						0	0	0
(13) Doug Martinez Director	1.00 0.00	X						0	0	0
(14) Dr. Jeff Rideout Treasurer	1.00 0.00	X		X				0	0	0
(15) Bastian Vanderzalm President	40.00 0.00			X				160,601	0	65,644
(16) Jeffrey Pinneo CEO	40.00 0.00			X				131,307	0	13,986
(17) William Essig VP In't Prog	40.00 0.00			X				124,711	0	26,266
(18) Linda Ranz VP Marketing & Dev	40.00 0.00								0	5,891
(19) Pamela Blikstad VP/CFO	40.00 0.00			X				109,555	0	16,354
1b Sub-total								644,588		128,141
c Total from continuation sheets to Part VII, Section A								115,547		37,178
d Total (add lines 1b and 1c)								760,135		165,319

PUBLIC COPY

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 **5**

	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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Steve Vickers VP of Admin	40.00 0.00			X				92,431	0	30,336
(13) R Marlene Minor VP of Commun	40.00 0.00			X				23,116	0	6,842
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								115,547		37,178
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

PUBLIC COPY

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

	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	3	
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	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	29,444			
	1b Membership dues				
	1c Fundraising events	2,070,275			
	1d Related organizations				
	1e Government grants (contributions)	1,582,449			
	1f All other contributions, gifts, grants, and similar amounts not included above	95,161,089			
	g Noncash contributions included in lines 1a-1f: \$	84,119,654			
	h Total. Add lines 1a-1f	98,843,257			
Program Service Revenue	2a Program Service Revenue	1,265,468	1,265,468		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	1,265,468			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	70,652			70,652
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents				
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	1,044,507	87,033		
	b Less: cost or other basis & sales exps	968,458	78,793		
	c Gain or (loss)	76,049	8,240		
	d Net gain or (loss)	84,289	8,240		76,049
	8a Gross income from fundraising events (not including \$ 2,070,275 of contributions reported on line 1c). See Part IV, line 18	861,792			
b Less: direct expenses	676,385				
c Net income or (loss) from fundraising events	185,407				
9a Gross income from gaming activities. See Part IV, line 19	116,200				
b Less: direct expenses					
c Net income or (loss) from gaming activities	116,200			116,200	
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue					
11a Other revenue	80,335	80,335			
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	80,335				
12 Total revenue. See instructions.	100,645,608	1,354,043	0	262,901	

PUBLIC COPY

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	49,053,228	49,053,228		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	37,214,178	37,214,178		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	921,199	273,738	381,319	266,142
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	6,803,282	5,305,014	668,983	829,285
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	269,682	228,819	17,426	23,437
9 Other employee benefits	966,216	759,448	94,278	112,490
10 Payroll taxes	447,021	295,229	63,356	88,436
11 Fees for services (non-employees):				
a Management				
b Legal	22,804	19,938	1,853	1,013
c Accounting	66,262	57,935	5,383	2,944
d Lobbying				
e Professional fundraising services. See Part IV, line 11g				22,658
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	991,830	707,110	71,068	213,652
12 Advertising and promotion	272,250	10,122	1,491	260,637
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	883,382	784,609	31,545	67,228
17 Travel	762,314	697,861	28,635	35,818
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	677,154	540,071	136,672	411
23 Insurance	208,643	162,300	46,343	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	1,276,237	1,100,413	11,418	164,406
b Vehicles	1,033,323	1,026,342	1,094	5,887
c Other	680,104	315,436	71,491	293,177
d Utilities	521,159	443,804	50,245	27,110
e All other expenses	-291,708	315,537	10,482	-617,727
25 Total functional expenses. Add lines 1 through 24e	102,801,218	99,311,132	1,693,082	1,797,004
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

PUBLIC COPY

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Includes sub-rows 10a and 10b for land/equipment and 10c for depreciation.

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	100,645,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,801,218
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,155,610
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,066,824
5	Net unrealized gains (losses) on investments	5	129,723
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,040,937

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight or committee, explain in Schedule O.	X	
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?	X	
3b	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	X	

PUBLIC COPY

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012 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 Teams International; Employer identification number: 93-0878944

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 [X] 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—Non-functionally integrated
e By checking this box, I certify that the organization has no disqualified persons other than foundation managers and other persons 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?

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii) regarding gifts from controlled persons.

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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 monetary support. Rows (A) through (E) and Total.

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, 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						

PUBLIC COPY

12 Gross receipts from related activities, etc. (see instructions) **12**

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. 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—2011. 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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 4 columns: (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Percentage, Value. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 99.94%. Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 16 99.87%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, Value. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 %. Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 18 %.

19a 33 1/3% support tests—2012. 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—2011. 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. 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).

PUBLIC COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Medical Teams International

93-0878944

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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-8 regarding 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.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,182,689	1,222,671	1,194,299	1,052,498	1,299,156
b Contributions	11,897	7,463	5,000	5,000	12,500
c Net investment earnings, gains, and losses	179,430	-17,910	87,723	136,801	-259,158
d Grants or scholarships					
e Other expenditures for facilities and programs		29,555	64,351		
f Administrative expenses					
g End of year balance	1,374,016	1,182,689	1,222,671	1,194,299	1,052,498

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ 100.00 %
 - c** Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,737,277		1,737,277
b Buildings		6,871,337	1,778,907	5,092,430
c Leasehold improvements				
d Equipment		4,659,207	4,131,187	528,020
e Other		1,651,220	472,228	1,178,992
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				8,536,719

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>Mutual Funds</u>	2,403,675	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,403,675	

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

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

PUBLIC COPY

Part IX Other Assets. See Form 990, Part X, line 14.

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

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

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

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	104,303,787
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	129,723
b	Donated services and use of facilities	2b	2,852,071
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	676,385
e	Add lines 2a through 2d	2e	3,658,179
3	Subtract line 2e from line 1	3	100,645,608
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	100,645,608

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

1	Total expenses and losses per audited financial statements	1	106,329,674
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,852,071
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	676,385
e	Add lines 2a through 2d	2e	3,528,456
3	Subtract line 2e from line 1	3	102,801,218
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	102,801,218

Part XIII Supplemental Information

Complete this part to provide the descriptions required by Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other
 Reclassification of fundraising event expenses \$ 676,385

Part XII, Line 2d - Expense Amounts Included in Financials - Other
 Reclassification of fundraising event expenses \$ 676,385

Part XIII Supplemental Information (continued)

PUBLIC COPY

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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

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

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

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

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Rows include Central America and the Caribbean, East Asia and the Pacific, Europe, Middle East and North Africa, North America, Russia and the Newly Independent States, South Asia, and Sub-Saharan Africa.

PUBLIC COPY

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and Caribbean	Help those in need	15,000	Wire Transfer			
(2)			Central America and Caribbean	Help those in need			728,762	Med & Med supp	WAC
(3)			Central America and Caribbean	Help those in need			262,379	Med & Med supp	WAC
(4)			Central America and Caribbean	Help those in need	28,000	Wire Transfer			
(5)			Middle East and North Africa	Help those in need			714,721	Medicine	WAC
(6)			Sub-Saharan Africa	Help those in need	7,333	Wire Transfer			
(7)			Central America and Caribbean	Help those in need	10,000	Wire Transfer			
(8)			Central America and Caribbean	Help those in need			6,000	Medical supply	WAC
(9)			Sub-Saharan Africa	Help those in need			733,274	Medical supply	WAC
(10)			East Asia and Pacific	Help those in need			92,337	Medicine	WAC
(11)			Sub-Saharan Africa	Help those in need			7,500	Medical supply	WAC
(12)			Central America and Caribbean	Help those in need			359,540	Medicine	WAC
(13)			Middle East and North Africa	Help those in need			745,419	Medical supply	WAC
(14)			Middle East and North Africa	Help those in need			844,232	Medical supply	WAC
(15)			Russia and Newly Independent States	Help those in need	9,996	Wire Transfer			
(16)			Europe	Help those in need			3,433,024	Medical supply	WAC

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

31

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Help those in need	18,800	Wire Transfer		Medicine	WAC
(2)			Middle East and North Africa	Help those in need			316,345	Medicine	WAC
(3)			Central America and Caribbean	Help those in need			2,503,599	Medicine	WAC
(4)			Sub-Saharan Africa	Help those in need	145,113	Wire Transfer			
(5)			Sub-Saharan Africa	Help those in need			2,576,230	Med & Med supp	WAC
(6)			East Asia and Pacific	Help those in need	27,476	Wire Transfer			
(7)			Russia and Newly Independent States	Help those in need	22,000	Cash			
(8)			Russia and Newly Independent States	Help those in need			4,422,209	Med & Med supp	WAC
(9)			Central America and Caribbean	Help those in need			4,219,654	Medicine	WAC
(10)			Central America and Caribbean	Help those in need			32,569	Medical supply	WAC
(11)			Sub-Saharan Africa	Help those in need			8,421	Medical supply	WAC
(12)			Central America and Caribbean	Help those in need			615,621	Medical supply	WAC
(13)			Middle East and North Africa	Help those in need			13,710,131	Medical supply	WAC
(14)			East Asia and Pacific	Help those in need			5,400	Medical supply	WAC
(15)			Sub-Saharan Africa	Help those in need	15,000	Wire Transfer			
(16)			Central America and Caribbean	Help those in need			157,914	Medical supply	WAC

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

3 Enter total number of other organizations or entities

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Europe	Help those in need			420,179	Medical supply	WAC
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

PUBLIC COPY

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

3 Enter total number of other organizations or entities ▲

Part IV Foreign Forms

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

PUBLIC COPY

Schedule F (Form 990) 2012

Part V Supplemental Information

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

MTI monitors the use of grant funds to other organizations and partners through the Project Proposal Summary (PPS) process. Each partner organization completes a PPS before an award is given by MTI for the project. The PPS includes an implementation logframe (goals, objectives, indicators, activities) as well as a program timeframe and reporting mechanism. Depending on the size of the grant, an MTI staff member may be assigned to monitor and evaluate the quality and outcomes of a partner's project.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
Central America and the Caribbean	\$ 50,481,436	\$ 0
East Asia and the Pacific	\$ 16,155,389	\$ 0
Europe (including Iceland and Greenland)	\$ 3,433,024	\$ 0
Middle East and North Africa	\$ 1,813,066	\$ 0
North America	\$ 32,569	\$ 0
Russia and the Newly Independent States	\$ 4,763,593	\$ 0
South Asia	\$ 14,554,363	\$ 0
Sub-Saharan Africa	\$ 16,934,948	\$ 0

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Gateway Communications 1 16805 NE Mason Court Portland OR 97230	Soliciting		X	70,280	22,658	47,622
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				70,280	22,658	47,622

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

Oregon, California, Connecticut, Illinois, Louisiana, Maryland, Michigan, Minnesota, Mississippi, New Jersey, Washington, Pennsylvania

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2012
**Open to Public
Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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? Yes No

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Haiti Foundation of Hope PO Box 61941 Vancouver WA 98666	20-3169728	3	20,000				Help people in need
(2)	Life in Abundance 1605 E Elizabeth #U-7B Pasadena CA 91104	02-0587875	3	45,000				Help people in need
(3)	Morning Star Development PO Box 62327 Colorado Springs CO 80962	54-2086318	3	58,000				Help people in need
(4)	Christian & Missionary Alliance PO Box 35000 Colorado Springs CO 80935	13-1623940	3	15,000				Help people in need
(5)	Access of West Michigan 1700 28th Street SE Great Rapids MI 49508	38-3195190	3		105,383	FMV	Hygeine and OTC	Help people in need
(6)	Birch Community Services 17780 NE San Rafael Portland OR 97230	93-1186020	3		1,270,209	FMV	Hygeine and OTC	Help people in need
(7)	Blanchet House 340 NW Glisan Portland OR 97208	93-6031009	3		12,907	FMV	Hygeine and OTC	Help people in need
(8)	Bridges to Change 207 7th Street Oregon City OR 97045	76-0751239	3		10,184	FMV	Hygeine and OTC	Help people in need
(9)	Central City Concern 309 SW 4th Portland OR 97204	93-0728816	3		49,996	FMV	Hygeine and OTC	Help people in need

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 51

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2012
**Open to Public
Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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? Yes No

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Christian Aid Ministries PO Box 360 Berlin OH 44610-0360	34-1344364	3		4,017,045	FMV	Meds/Med Supply	Help people in need
(2)	Clackamas Women's Services 704 Main Street, #200 Oregon City OR 97045	93-0900119	3		8,835	FMV	Meds/Med Supply	Help people in need
(3)	Domestic Violence Resource Center PO Box 494 Hillsboro OR 97123	93-0665804	3		16,945	FMV	Hygeine and OTC	Help people in need
(4)	Eastgate Bible Chapel Food Pantry PO Box 16118 Portland OR 97292-0118	93-0492215	3		7,460	FMV	Hygeine and OTC	Help people in need
(5)	Feeding America 35 E Wacker Drive Chicago IL 60601	36-3673599	3		33,593	FMV	Hygeine and OTC	Help people in need
(6)	Free Clinic of SW Washington 4100 Plomondon Street Vancouver WA 98661	91-1707542	3		24,142	FMV	Hygeine and OTC	Help people in need
(7)	Good Neighbor Center 11130 SW Greenburg Road Tigard OR 97223	93-1269989	3		7,389	FMV	Hygeine and OTC	Help people in need
(8)	Grace Community Church 5504 E 146th Avenue Noblesville IN 46062	35-1837386	3		34,650	FMV	Meds/Med Supply	Help people in need
(9)	House of Zion 1430 E Cleveland Woodburn OR 97071	93-0871543	3		58,302	FMV	Hygeine and OTC	Help people in need

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2012
**Open to Public
Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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? Yes No

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Housing Transitions 2740 SE Powell Blvd #6 Portland OR 97202	93-0386801	3		5,807	FMV	Hygeine and	Help people in need
(2)	InAct, Inc. 727 NE 24th Avenue Portland OR 97204	51-0145008	3		6,846	FMV	Hygeine and	Help people in need
(3)	JOIN 3338 SE 17th Avenue Portland OR 97202	93-1090003	3		10,999	FMV	Hygeine and	Help people in need
(4)	Kingsway Charities 1119 Commonwealth Avenue Bristol VA 24201	54-1668650	3		33,153,309	FMV	Meds/Med Supply	Help people in need
(5)	Life for Relief & Development 17300 W 10 Mile Road Southfield MI 48075	95-4402149	3		107,150	FMV	Meds/Med Supply	Help people in need
(6)	Lifeworks 14600 NW Cornell Portland OR 97229	93-0502822	3		10,320	FMV	Meds/Med Supply	Help people in need
(7)	Love, Inc. 209 S Main Street Newberg OR 97132	26-0068805	3		31,746	FMV	Hygeine and	Help people in need
(8)	Marion Polk Food Share 1660 Salem Industrial Drive NE Salem OR 97301	94-3034161	3		387,880	FMV	Meds/Med Supply	Help people in need
(9)	Merlo Station HS CEYP 1841 SW Merlo Drive Beaverton OR 97006	93-6001065	3		11,485	FMV	Meds/Med Supply	Help people in need

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2012
**Open to Public
Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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? Yes No

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Messengers of Mercy 25 W Geneva Road Carol Streams IL 60188	36-4203666	3		31,769 FMV	FMV	Hygeine and	Help people in need and OTC
(2)	My Fathers House 5424 SW Palatine Street Portland OR 97219	87-0798687	3		11,058 FMV	FMV	Hygeine and	Help people in need and OTC
(3)	National Relief Charities 500 E Peyton Street Sherman TX 75090	58-1888256	3		1,411,788 FMV	FMV	Hygeine and	Help people in need and OTC
(4)	New Avenues for Youth (NAFY) 1220 SW Columbia Avenue Portland OR 97201	93-0910213	3		17,175 FMV	FMV	Hygeine and	Help people in need and OTC
(5)	North By Northeast CHC 3030 NE MLK Blvd Portland OR 97212	72-1618287	3		21,059 FMV	FMV	Hygeine and	Help people in need and OTC
(6)	Northwest Mission Bible Training 2724 N Ainsworth Portland OR 97217	23-7071094	3		11,499 FMV	FMV	Hygeine and	Help people in need and OTC
(7)	Old Town Clinic 727 W Burnside Portland OR 97209	93-0728816	3		35,386 FMV	FMV	Hygeine and	Help people in need and OTC
(8)	Portland Rescue Mission 111 W Burnside Portland OR 97209	93-0429004	3		9,221 FMV	FMV	Hygeine and	Help people in need and OTC
(9)	Raphael House of Portland 4110 SE Hawthorne #503 Portland OR 97214	93-0710963	3		10,973 FMV	FMV	Hygeine and	Help people in need and OTC

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2012
**Open to Public
Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Real Hope for Haiti PO Box 23 Elwood IN 46036	20-5603302	3		299,629	FMV	Hygeine and	Help people in need and OTC
(2)	Rosehaven 1808 NW Irving Portland OR 97209	93-1212633	3		11,052	FMV	Hygeine and	Help people in need and OTC
(3)	Salvadoran American Humanitarian Fo 2050 Coral Way, Ste 600 Miami FL 33145	59-2339140	3		697,698	FMV	Hygeine and	Help people in need and OTC
(4)	Snow Cap Community Charities PO Box 160 Fairview OR 97024	93-7121915	3		18,854	FMV	Hygeine and	Help people in need and OTC
(5)	Sonrise Church 6701 NE Campus Way Hillsboro OR 97124	93-0785442	3		12,894	FMV	Hygeine and	Help people in need and OTC
(6)	Southwest Community Health Center 7754 SW Capitol Hwy Portland OR 97219	70-3050497	3		10,476	FMV	Meds/Med Supply	Help people in need
(7)	Trinity Lutheran Church 5520 NE Killingsworth Street Portland OR 97218	93-0479868	3		25,141	FMV	Hygeine and	Help people in need and OTC
(8)	Union Gospel Mission 15 NW 3rd Street Portland OR 97209	93-0401258	3		22,077	FMV	Hygeine and	Help people in need and OTC
(9)	Virginia Garcia Memorial Health Cen 85 N 12th Street Cornelius OR 97113	93-0717997	3		13,473	FMV	Hygeine and	Help people in need and OTC

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2012
**Open to Public
Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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? Yes No

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Volunteers of America 3910 SE Stark Portland OR 97214	13-1692595	3		25,146 FMV		Hygeine and	Help people in need and OTC
(2)	West Women and Children Shelter 2010 NW Kearney Portland OR 97208	94-1156347	3		11,227 FMV		Hygeine and	Help people in need and OTC
(3)	White Shield - Salvation Army 2640 NW Alexandra Avenue Portland OR 97210	93-0386922	3		10,077 FMV		Hygeine and	Help people in need and OTC
(4)	William Temple House 2023 NW Hoyt Street Portland OR 97209	93-0559964	3		6,876 FMV		Hygeine and	Help people in need and OTC
(5)	World Vision 34834 Weyerhaeuser Way Federal Way WA 98001	95-1922279	3		350,000 FMV		Hygeine and	Help people in need and OTC
(6)	Younglife's Washington Family Ranch 1 Muddy Road Antelope OR 97001	84-0385934	3		63,098 FMV		Hygeine and	Help people in need and OTC
(7)								
(8)								
(9)								

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

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

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. Part III can be duplicated if additional space is needed.

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

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

MTI's Local Agency program staff and volunteers conduct periodic site visits to the social service agency recipients. Additionally, confirmation letters outlining the requirements of the program and requesting information on distributing entities are mailed out on an annual basis. Information requested includes: Responsible Executive Director, Manager; functional location/address; contact information, phone, fax, email, etc.; IRS Letter of Determination (501c3); and, compatible mission statement

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Medical Teams International

Employer identification number

93-0878944

Part I Questions Regarding Compensation

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

PUBLIC COPY

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Bastian Vanderzalm President	160,601	0	0	46,453	19,191	226,245	0
2 William Essig VP In't Prog	124,711	0	0	9,151	17,115	150,977	0
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

PUBLIC COPY

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2012

Open To Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Medical Teams International

Employer identification number 93-0878944

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Intellectual property, Securities, etc.

PUBLIC COPY

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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation.

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

PUBLIC COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Form 990 - Organization's Mission or Most Significant Activities

Medical Teams International is a Christian global health organization, helping people affected by disaster, conflict and poverty around the world. We deliver medical and dental care, humanitarian aid, and holistic development programs to all people in need, regardless of religion, nationality, sex, or race. We respond to disasters around the world-and here at home-by sending teams of volunteer medical professionals and medical supplies to care for the sick and injured. We also mobilize long-term health promotion initiatives, collaborating with established partners within each community to ensure that our programs have a sustainable impact.

PUBLIC COPY

Form 990, Part I, Line 6

Volunteers host visitors and tour groups in our multi-sensory exhibit, provide general office assistance, represent the organization in community events, help prepare medical supplies and equipment for shipment to international offices and partners, provide free dental care in the Pacific Northwest and Minnesota, provide health care to people in need in developing countries and disaster-affected areas, and implement emergency preparedness programs.

Form 990, Part III, Line 4a - First Accomplishment

AFRICA

Medical Teams International (MTI) deployed 32 volunteer health care teams to eight countries: Burundi, Cameroon, Gabon, Guinea, Mali, Niger, South

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Sudan, and Uganda. These teams were comprised of a total of 122 volunteers. Teams provided direct medical services and training for African physicians and nurses in the areas of general surgery and surgical training, family practice, pediatrics, internal medicine, dental services and training, obstetrics and gynecology, anesthesiology, midwifery, radiology, ultrasound training, emergency services, and surgical nurse training. MTI also shipped life-saving medicines, supplies and equipment to 15 countries: Burundi, Cameroon, Gabon, Ghana, Kenya, Libya, Mali, Mozambique, Niger, Senegal, Sierra Leone, Somalia, Uganda, Zambia, and Zimbabwe.

Mali: MTI partnered with a Malian organization to support nurse training of Malians. Two nurses were supported in their pursuit of advanced nursing degrees and both successfully passed their final exams in June. Seven other nursing students were supported in their pursuit of their first degree in nursing. The trained nurses will provide quality care for the pediatric and maternal, neo-natal programs of the hospital.

Liberia: In FY 13, MTI implemented the one-year Essential Package of Health Services project in Grand Cape Mount County funded by the Ministry of Health and Social Welfare. MTI worked in partnership with the County Health Team to increase access to and improve quality of basic health care services in 24 health facilities. The project also strengthened 902 Community Health Volunteers (CHVs) and 100 peer educators in ten school health clubs.

Ethiopia: MTI supported a local partner for the final year of a three year community-based project targeting HIV positive mothers who live in Debre

Name of the organization Medical Teams International	Employer identification number 93-0878944
---	--

Birhan, Ethiopia. The goal of the program was to reduce the vertical transmission of HIV from mother to child. During the final year, over 4,000 women participated in HIV/AIDS education and 448 women were mobilized to participate in 27 HIV/AIDS/PMTCT awareness and education sessions. Additionally, 100 church volunteers provided care and support to people living with HIV/AIDSs.

Malawi: In FY 13 MTI, in partnership with a local organization in Malawi, supported a project that improved access to and use of safe potable water for 3000 households and improved latrine facilities and sanitation practices at two schools.

Mozambique: In October, 2012, MTI closed a three-year USAID funded project, "Building Better **PUBLIC COPY** strengthened the work of established indigenous communities and faith-based organizations. During the life of the project 639 orphans and vulnerable children were reached through education and/or vocational training, food and/or nutritional support or general health support services and 1304 chronically ill HIV+ patients were reached through Home Based Care services. 2,362 persons were reached with HIV prevention messages.

South Sudan: In FY 13, MTI supported and provided technical advice to a local organization to improve maternal health in Nzara County, Western Equatoria State of South Sudan. MTI staff provided technical support to the project which directly benefited women of reproductive age. Three certified midwives received training, four supervisors provided oversight and support to 40 community health outreach workers who collectively

Name of the organization Medical Teams International	Employer identification number 93-0878944
---	--

conducted an average of 283 home visits per month and made an average of 51 referrals of women each month for antenatal care and delivery by a skilled attendant at the health facility.

Uganda: MTI is implementing emergency and preventative health care programming through targeted relief and development strategies in the northern and southwestern regions of Uganda.

In North Uganda, MTI continued a four-year USAID supported Child Survival Project. The goal of Child Survival was to reduce child morbidity and mortality in Lira District, in support of Uganda Ministry of Health goals, objectives and strategies. The project directly benefited 21,948 children under age five and 24,624 women of reproductive age.

In Pader district, MTI **PUBLIC COPY** ary Health Care programming in local health facilities and through community outreaches to improve the health status of resettling communities and increase primary health care services to more than 15,000 direct beneficiaries. Our local Ugandan medical staff conducted 67 integrated outreaches in hard to reach and underserved communities and supported the immunization of over 3,500 children. Also in Pader, MTI continued to support children affected by "Nodding Syndrome". MTI worked to orient 415 caregivers on patient care for children living with Nodding and continued to support the provision of medicines for 323 children with Nodding.

MTI managed the Ogur Youth Information and Care Center which provided youth-friendly services to prevent HIV infections, promoted healthy behaviors, and increased access to counseling and testing services, treatments and medicines to prevent HIV & AIDS related opportunistic

Name of the organization Medical Teams International	Employer identification number 93-0878944
---	--

infections. In FY 13, 4,600 children and youth were counseled and tested, and 240 pregnant youth were counseled and tested. Over 3,000 children and youth received spiritual and psychosocial support.

In SW Uganda, with support from the U.S. State Department and UNHCR, MTI is providing medical care to 60,000 refugees crossing and living along the border of southwestern Uganda.

MTI is now staffing six permanent medical facilities in Nakivale with a goal to reduce morbidity and mortality of refugees living in the resettlement camps. Through those clinics, MTI provides medical and health services, including treatment of acute and critical pediatric and medical illnesses, minor surgery, antenatal care, obstetrical assessments and referral, HIV testing and counseling, immunizations, and referral with transportation to health facilities. Services include health promotion and education, distribution of insecticide treated mosquito nets, training of community health workers, monitoring-assessment-response to any disease outbreaks, and psychological services to refugees. There are staff quarters on site at the clinic where many of our national staff live and provide 24/7 care to the refugees.

PUBLIC COPY

DISASTER RESPONSE

Medical Teams International deployed a total of 53 volunteers in FY 13 for direct curative care following a disaster. The Emergency Relief and Global Security Unit of Medical Teams International responded in three countries - 18 medical teams to a Western Uganda refugee transit camp; two medical teams to South Sudan; and two medical teams to Lebanon to assist Syrian Refugees.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

L A T I N A M E R I C A

In FY13, MTI Latin America programs served 161,500 people. MTI provided health training, medical care and community development through 56 volunteer teams (379 volunteers) sent to El Salvador, Guatemala, Haiti, Honduras, Mexico and Nicaragua. The teams reached approximately 11,709 direct beneficiaries including 5,000 children. MTI sent two containers of medical supplies, equipment and vitamins in FY13. One container of vitamin A, womens' multivitamins and albendazole was sent to Guatemala and served over 18,000 women of reproductive age and over 11,000 children under five. A second container was sent to Haiti and provided medical supplies and equipment to Haiti Foundation of Hope, the Beraca hospital and the MTI Advantage program.

PUBLIC COPY

Additionally, MTI supported health projects throughout the region including the Haiti Foundation of Hope community health program, the MTI Haiti-Crochu community health program, the MTI-Haiti Advantage Rehab Therapy Program, the Beraca medical hospital program, two Community Health Projects in Guatemala; the Cadena de Amor Healthy Smiles Dental Project in Honduras, a Holistic Community Health and Dental Project in Nicaragua and the Amextra Community Health Project in Mexico.

El Salvador: In FY13 MTI supported the work of our partner ASAPROSAR by sending two teams that provided ophthalmology surgeries. The teams served nearly 150 patients, most with severe cataracts, giving sight to the blind.

Guatemala: In FY13, MTI-Guatemala continued its maternal and child health

Name of the organization

Medical Teams International

Employer identification number

93-0878944

program in 22 communities of the municipality of San Juan Chamelco, Alta Verapaz. This program aims to reduce the incidence and improve case management of diarrhea, malnutrition and acute respiratory infections in children, while simultaneously improving maternal health. In FY 13 MTI helped to train over 10,000 community members and supported the construction of 450 ventilated cook stoves and 371 sanitary latrines. MTI-Guatemala hosted 11 work teams, two medical brigades and four dental teams for a total of 17 teams during FY13.

Additionally, MTI won a grant from Alianzas/USAID to start a new maternal and child health program in Chicaman, El Quiche. The program began in June and funding will continue through July, 2014. The program serves 35,000 in this rural municipality and focuses on community management of basic childhood illness, house health facility strengthening and maternal and child nutrition.

Haiti: To help improve the health of Haitians and assist in the redevelopment of Haiti's health institutions, MTI engaged in four programs during 2013. These include: a community health program in Crochu focused on cholera and diarrhea prevention and treatment and maternal and newborn health benefiting 15,000 people; a physical therapy clinic that also encompasses occupational therapy, prosthetics and orthotics fabrication and fittings in Les Cayes serving 5,200, most living with a disability; a community health program and clinic in Terra Blanche serving 4,000 people; and working with Beraca hospital in Port-au-Paix to improve facilities and services through capital and training support which serves a catchment area of nearly 500,000 people. 14 teams have been deployed to Haiti in FY 2013.

Name of the organization Medical Teams International	Employer identification number 93-0878944
---	--

Honduras: MTI continues to support the work of our partners Cadena de Amor (CDA), Proyecto Aldea Global (PAG), Asociacion el Buen Pastor (ABP), and PREDISAN in Honduras. Through the "Healthy Smiles" program supported by MTI funds and volunteer dental teams, CDA impacted the life of 2,000 children and their families in FY13. Three additional volunteer teams served with our partners PAG, ABP and PREDISAN. These teams served the needs of over 1,200 people by providing training and services in areas such as nutrition, community health, dentistry, and medical specialties such as gastroenterology, radiology, ultrasound, and OB/GYN.

Mexico: MTI supported six months of a community health program managed by a partner organization, AMEXTRA in the Oaxaca valley. The program includes peace education workshops churches and schools. The peace education workshops focus on gender equity and conflict resolution in order to provide individuals with the skills necessary to help their communities live peacefully and prosperously. One medical team was sent from MTI to work with AMEXTRA which served nearly 600 people. In addition, 173 children age five and under are attending growth monitoring and promotion sessions and there has been an improvement in nutrition due to AMEXTRA's home visits and counseling sessions with mothers of children who have malnutrition. AMEXTRA is now running the community health program in Oaxaca independent of MTI support. Given AMEXTRA's 27 years of program implementation in Mexico and their success at engaging the communities in Oaxaca, they have great potential to continue to have an impact on marginalized communities in Oaxaca.

Name of the organization Medical Teams International	Employer identification number 93-0878944
---	--

Nicaragua: In FY13 MTI provided funding to support the second year of a community health (CH) project for our partner Accion Medica Cristiana (AMC). The CH project is focused in two main areas: 1) Improving women's health by increasing the detection of cervical cancer, and 2) Improving children's oral health by decreasing the decayed, missing, and filled (DMF) index for school age children. During the fiscal year the project touched the lives of 3,500 people in the region of Matagalpa where program is being implemented. MTI also sent one medical brigade to serve the medical needs of the population served by AMC's program. The teams provided services to an additional 500 people.

ASIA AND EURASIA

Cambodia: In FY 13, MTI sent 14 volunteer teams to Cambodia. Four of these teams were for the EMS with the Kampong Cham (KC) Ministry of Health. This three year partnership provides comprehensive EMS training and equipping of emergency "corners" in all 11 hospitals in the Kampong Cham province in Cambodia. EMS Basic and intermediate courses are taught to create a Trainer of Trainers group in KC. FY 13 concluded this three year project. One other teaching team was sent to our partner, Angkor Hospital for Children.

MTI also sent two dental teams to Foursquare Children of Promise, and one medical team to our partner New Life, and we one training team specializing in nutrition. To our new partner, CRM, we sent two medical teams and one dental team.

Our Child Survival Project is improving the health of children under five

Name of the organization

Medical Teams International

Employer identification number

93-0878944

and women of reproductive age. Our health promoters are delivering immunizations, nutrition training, controlling diarrheal disease, and addressing water and sanitation issues. Over 500 community members participated in five educational events. 142 Village health volunteers were trained in updated Integrated Management of Childhood Illness lessons.

Indonesia: MTI has been focusing on a maternal health and child survival project on Nias Island for eight years. In Nias, MTI has provided training to staff and community members related to health clinics and health posts throughout the area. Over 4,600 mothers participated in village care groups where they learned how to care for their children when they are sick through instruction in hygiene and the care of those with diarrhea. 150 mothers participated in planting family gardens which provided additional nutrition in families and communities. One important aspect of this project was to work with the local Ministry of Health to strengthen and revitalize the local village health posts. These 58 health posts were revitalized by working with the cadres (health volunteers) in each village and encouraging their participation. MTI also trained and worked with these cadres to provide further education and support.

Japan: MTI worked with our local partner, Japan Campus Crusade for Christ, to provide psycho-social and suicide prevention training to local church members and to people living in the tsunami/earthquake/nuclear disaster region. A special manga (Japanese style comic book) was produced which guided readers to discussions about psycho-social issues. Over 6,000 of these were distributed in the region. Special trainings were held to teach

Name of the organization

Medical Teams International

Employer identification number

93-0878944

over 300 people how to use this manga, called "Risk Ride", in speaking with individuals. A special website training was also created along with a training video. Through these tools people who were at risk for suicide were identified and referred to local providers and counselors.

Romania: Medical Teams International partners with Fundatia Heart of Hope (FHH) in Romania. MTI is helping FHH to increase its organizational capacity and long-term funding base. FHH helped to increase health and improve living conditions for children living in nine government placement centers, two transition homes and several poor villages in Sibiu and Brasov counties in FY13. Medical Teams International sent four volunteer teams to Romania this year. These teams included two dental teams, one physical therapy team and one gift of hope team.

Afghanistan: Medical Teams International continued working with CURE International and Mornir provide primary health care and medical services to the residents of the Kabul, and the surrounding catchment areas. MTI was involved in the implementation of primary health care programs and training for medical workers and healthcare providers. MTI partnered with both organizations in the establishment of medical services, and recruited and deployed short term teams of medical professionals.

Uzbekistan: MTI implemented the Cervical Cancer Prevention project and trained nurses and staffs were able to vaccinate close to 10,000 teens, and provide training to medical staff at the ObGyn Institution.

Moldova: Medical Teams International worked in the villages in Oxentea, Moldova, completing the Community Health Evangelism (CHE) training program.

Name of the organization Medical Teams International	Employer identification number 93-0878944
---	--

In this village, MTI trained 350 CHE volunteers from the local schools in health messages which they then taught other village families. We shipped one container of humanitarian aid to Moldova, containing supplies which benefitted 35 hospitals and other organizations.

India: Established the partnership with Emanuel Hospital association to mobilize medical volunteer teams into Hospitals in Tezpur and Herbertpur regions.

DPRK (North Korea): Established the partnership with Pyongyang University Science and Technology and medical clinic to mobilize medical volunteer teams for training, and medical supplies to the local clinic.

Form 990, Part V, Line 4 **PUBLIC COPY** n Foreign Countries
Mexico, Uzbekistan, Uganda, Liberia, Guatemala, Cambodia, Haiti

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Form 990 is sent to all members of the Board of Directors for their review. Questions and concerns are directed to management for clarification.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
All staff members are required to sign the organization's conflict of interest statement when hired; board members sign when joining the Board of Directors. Staff and board members are required to disclose any potential conflicts of interest, and agree to disclose any conflicts of interest that may occur in the future. For conflicts involving board members, the executive committee attempts to resolve any actual or potential conflicts

Name of the organization

Medical Teams International

Employer identification number

93-0878944

and, in the absence of resolution, refers the matter to the Board of Directors. For staff members, the CEO resolves all matters related to actual or potential conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
MTI attempts to pay salaries competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. The Director of Human Resources carries out regular surveys of salaries paid by comparable employers. Salary increases are based on availability of funds, performance evaluations, changes in responsibilities, and adjustments based on the annual market surveys. The Executive Committee of the Board of Directors reviews and approves the President/CEO's salary.

PUBLIC COPY

Form 990, Part VI, Line 15b - Compensation Process for Officers
MTI attempts to pay salaries competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. The Director of Human Resources carries out regular surveys of salaries paid by comparable employers. Salary increases are based on availability of funds, performances evaluations, changes in responsibilities, and adjustments based on the annual market surveys. Executive staff and key employee salaries are reviewed and approved by the CEO of the organization.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed
Pennsylvania, Alabama, Alaska, Kansas, Massachusetts, Hawaii, New York, North Carolina, Ohio, Virginia, New Mexico, Tennessee, Wisconsin,

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Rhode Island, Kentucky, West Virginia, Arkansas, New Hampshire, Georgia, Oklahoma, Maine

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents and the conflict of interest policy are on file with the Executive department and are available upon request. Financial statements are available on the Organization's website.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other
Reclassification of fundraising event expenses \$ 676,385
Reclassification of fundraising event expenses \$ -676,385

PUBLIC COPY