

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

◆ Do not enter social security numbers on this form as it may be made public.
◆ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10/01/15, and ending 09/30/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 14150 SW MILTON CT City or town, state or province, country, and ZIP or foreign postal code TIGARD OR 97224	D Employer identification number 93-0878944 E Telephone number 503-624-1000 G Gross receipts\$ 115,138,179
F Name and address of principal officer: MARTHA NEWSOME 14150 SW MILTON CT TIGARD OR 97224		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ◆
J Website: ◆ HTTP://WWW.MEDICALTEAMS.ORG		L Year of formation: 1979 M State of legal domicile: OR
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ◆		(Continued from previous page)

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	128
	6 Total number of volunteers (estimate if necessary)	6	3035
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	187,147,733	112,075,001
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	908,524	997,544
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,936	45,940
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,832	151,285
		188,416,025	113,269,770
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	155,312,849	98,529,810
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,783,458	12,995,633
	16a Professional fundraising fees (Part IX, column (A), line 11e)	41,703	33,869
	b Total fundraising expenses (Part IX, column (D), line 25) ◆ 4,358,366		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,655,188	8,321,562
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	176,793,198	119,880,874
19 Revenue less expenses. Subtract line 18 from line 12	11,622,827	-6,611,104	
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)	44,930,241	38,625,636
	22 Net assets or fund balances. Subtract line 21 from line 20	1,317,298	1,411,838
		43,612,943	37,213,798

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 S. BLIKSTAD Type or print name and title	Date VP/CFO
	Print/Type preparer's name FRITZ S. DUNCAN	Preparer's signature Date Check <input type="checkbox"/> if self-employed if PTIN P00036435
Paid Preparer Use Only	Firm's name " JONES & ROTH, P.C. PO BOX 10086 Firm's address " EUGENE, OR 97440	Firm's EIN " 93-0819646 Phone no. 541-687-2320

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the 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 \$ 113,533,850 including grants of \$ 98,529,810) (Revenue \$ 997,544)

SEE SCHEDULE O

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 ◆ 113,533,850

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a		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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 or note to any line in this Part V

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (66, 1, 128, etc.). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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 or note to any line in this Part VI

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- List of disclosure questions: 17 (states for filing), 18 (public inspection availability), 19 (document availability), 20 (books and records).

MEDICAL TEAMS INTERNATIONAL
TIGARD

14150 SW MILTON CT.

OR 97224

503-624-1000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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) MARK DODSON	1.00									
CHAIR	0.00	X		X			0	0	0	
(2) DR. JOHN GOLLHOFER	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) REV. SHARI JACKSON MONSON	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) RON KING	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) ANN KLEIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) PHIL LANE	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(7) DOUG MARTINEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) PAT RESER	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) DR. JEFF RIDEOUT	1.00									
TREASURER	0.00	X		X			0	0	0	
(10) DR. TODD ULMER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) MIKE BUTLER	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (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) RYAN MCANINCH DIRECTOR	1.00 0.00							0	0	0
(13) NATHALIE JOHNSON DIRECTOR	1.00 0.00	X						0	0	0
(14) JEFFREY PINNEO FORMER CEO	40.00 0.00			X				166,342	0	41,422
(15) JON BEIGHLE VP MARKETING & DEV.	40.00 0.00			X				148,409	0	25,574
(16) PAMELA S. BLIKSTAD VP/CFO	40.00 0.00			X				140,840	0	17,739
(17) JOSEPH DICARLO VP PROGRAMS	40.00 0.00			X				127,692	0	22,886
(18) DOUG FOUNTAIN VP OPERATIONS SUP.	40.00 0.00			X				121,680	0	32,360
(19) MARTHA NEWSOME CEO - EFFECTIVE 2016	40.00 0.00			X				0	0	0
1b Sub-total								704,963		139,981
c Total from continuation sheets to Part VII, Section A								529,187		85,336
d Total (add lines 1b and 1c)								1,234,150		225,317

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

	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			
(20) DANIEL WARD PROGRAM DIRECTOR	40.00 0.00					X		111,481	0	11,848
(21) JANIS LINDSTEADT PROGRAM DIRECTOR	40.00 0.00					X		110,965	0	14,905
(22) STEVEN MYHRE HR DIRECTOR	40.00 0.00					X		104,536	0	21,527
(23) DOUGLAS BRIGHT DEVELOPMENT STRATEGY	40.00 0.00					X		101,584	0	19,784
(24) CYNTHIA BREILH ADVANCEMENT DIRECTOR	40.00 0.00					X		100,621	0	17,272
1b Sub-total								529,187		85,336
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

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

	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		
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		
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		

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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 17,692				
	b Membership dues	1b				
	c Fundraising events	1c 1,548,086				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,120,970				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 107,388,253				
	g Noncash contributions included in lines 1a-1f: \$ 90,599,672					
	h Total. Add lines 1a-1f	◆	112,075,001			
	Program Service Revenue	2a SERVICE FEES	Busn. Code	997,544	997,544	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		◆	997,544			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	◆	107,073		
	4 Income from investment of tax-exempt bond proceeds	◆				
	5 Royalties	◆				
	6a Gross rents	(i) Real (ii) Personal				
	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	(i) Securities (ii) Other	1,138,371 22,227			
	b Less: cost or other basis & sales exps.		1,145,439 76,292			
	c Gain or (loss)		-7,068 -54,065			
	d Net gain or (loss)	◆	-61,133	-54,065		-7,068
	8a Gross income from fundraising events (not including \$ 1,548,086 of contributions reported on line 1c). See Part IV, line 18	a 683,516				
	b Less: direct expenses	b 646,678				
	c Net income or (loss) from fundraising events	◆	36,838			
	9a Gross income from gaming activities. See Part IV, line 19	a 74,600				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	◆	74,600			74,600	
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	◆					
Miscellaneous Revenue		Busn. Code				
11a OTHER REVENUE			39,847	39,847		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	◆		39,847			
12 Total revenue. See instructions.	◆		113,269,770	983,326	0	174,605

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	79,944,045	79,944,045		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	18,585,765	18,585,765		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	797,927	202,069	363,784	232,074
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	9,716,840	7,074,328	609,924	2,032,588
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	270,502	217,022	8,390	45,090
9 Other employee benefits	1,689,251	1,241,658	143,724	303,869
10 Payroll taxes	521,113	276,264	70,123	174,726
11 Fees for services (non-employees):				
a Management				
b Legal	27,431	16,209	5,972	5,250
c Accounting	72,272	42,705	15,735	13,832
d Lobbying				
e Professional fundraising services. See Part IV, line 17	33,869			33,869
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.)	1,283,835	467,112	219,592	597,131
12 Advertising and promotion	533,990	3,278	18,230	512,482
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,140,680	924,274	109,092	107,314
17 Travel	1,189,602	847,570	89,039	252,993
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	760,023	618,350	95,005	46,668
23 Insurance	264,013	195,507	65,696	2,810
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	1,356,783	1,199,130	26,659	130,994
b OTHER	1,003,628	513,316	104,345	385,967
c VEHICLES	808,655	802,452	714	5,489
d EQUIPMENT	527,328	362,796	42,634	121,898
e All other expenses	-646,678			-646,678
25 Total functional expenses. Add lines 1 through 24e	119,880,874	113,533,850	1,988,658	4,358,366
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)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	1,427,664	1	1,198,969
	2 Savings and temporary cash investments	1,335	2	7
	3 Pledges and grants receivable, net	3,072,886	3	3,581,218
	4 Accounts receivable, net	153,141	4	191,744
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	27,660,041	8	21,252,901
	9 Prepaid expenses and deferred charges	256,718	9	245,759
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,976,111		
	b Less: accumulated depreciation	10b 7,558,476	8,381,672	10c 8,417,635
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	3,976,784	12	3,737,403
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,930,241	16	38,625,636	
Liabilities	17 Accounts payable and accrued expenses	1,308,157	17	1,148,517
	18 Grants payable		18	
	19 Deferred revenue	9,141	19	13,321
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	250,000
	26 Total liabilities. Add lines 17 through 25	1,317,298	26	1,411,838
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,214,942	27	32,211,258
	28 Temporarily restricted net assets	2,530,541	28	2,936,175
	29 Permanently restricted net assets	1,867,460	29	2,066,365
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	43,612,943	33	37,213,798	
34 Total liabilities and net assets/fund balances	44,930,241	34	38,625,636	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,269,770
2	Total expenses (must equal Part IX, column (A), line 25)	2	119,880,874
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,611,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,612,943
5	Net unrealized gains (losses) on investments	5	211,959
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	37,213,798

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
◆ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	148,711,210	98,843,257	163,945,096	187,147,733	112,075,001	710,722,297
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	148,711,210	98,843,257	163,945,096	187,147,733	112,075,001	710,722,297
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)						355,016,001
6 Public support. Subtract line 5 from line 4.						355,706,296

Section B. Total Support

Calendar year (or fiscal year beginning in) ♦	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	148,711,210	98,843,257	163,945,096	187,147,733	112,075,001	710,722,297
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,488	70,652	63,663	106,881	107,073	434,757
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 VI.)						
11 Total support. Add lines 7 through 10						711,157,054

12 Gross receipts from related activities, etc. (see instructions) **12** 9,605,139

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 2015 (line 6, column (f) divided by line 11, column (f)) **14** 50.02%

15 Public support percentage from 2014 Schedule A, Part II, line 14 **15** 52.43%

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ♦	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	148,711,210	98,843,257	163,945,096	187,147,733	112,075,001	710,722,297
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,173,448	2,323,795	1,588,699	1,723,690	1,795,507	9,605,139
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	150,884,658	101,167,052	165,533,795	188,871,423	113,870,508	720,327,436
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	34,171,064	6,731,427	96,323,999	114,842,641	57,618,510	309,687,641
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	34,171,064	6,731,427	96,323,999	114,842,641	57,618,510	309,687,641
8 Public support. (Subtract line 7c from line 6.)						410,639,795

Section B. Total Support

Calendar year (or fiscal year beginning in) ♦	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	150,884,658	101,167,052	165,533,795	188,871,423	113,870,508	720,327,436
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,488	70,652	63,663	106,881	107,073	434,757
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	86,488	70,652	63,663	106,881	107,073	434,757
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	150,971,146	101,237,704	165,597,458	188,978,304	113,977,581	720,762,193

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	56.97%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	66.33%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

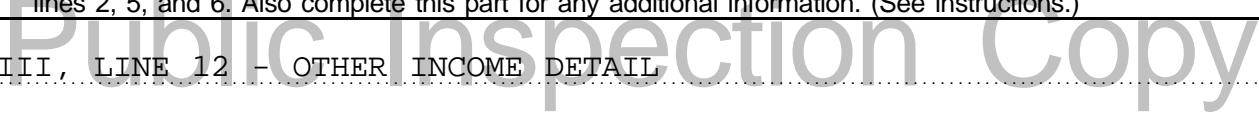
Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 0



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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.

◆ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

93-0878944

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 57,618,510</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 12,693,614</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
3	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 3,059,643</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
4	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 2,925,086</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 57,618,510	
2	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 12,693,614	
4	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 2,925,086	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,867,460	2,063,693	1,805,315	1,374,016	1,182,689
b Contributions				500,000	11,897
c Net investment earnings, gains, and losses	198,905	-103,048	258,378		179,430
d Grants or scholarships					
e Other expenditures for facilities and programs		93,185		68,701	29,535
f Administrative expenses					
g End of year balance	2,066,365	1,867,460	2,063,693	1,805,315	1,374,016

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 on lines 2a, 2b, and 2c should equal 100%.

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

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

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

b If "Yes" on line 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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,792,998		1,792,998
b Buildings		7,026,783	2,466,847	4,559,936
c Leasehold improvements				
d Equipment		6,949,065	4,884,364	2,064,701
e Other		207,265	207,265	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,417,635

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other MUTUAL FUNDS	3,737,403	MARKET
(A) CERTIFICATES OF DEPOSIT		MARKET
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ♦	3,737,403	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LINE OF CREDIT	250,000	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ♦	250,000	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	116,208,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	211,959	
b	Donated services and use of facilities	2b	2,022,630	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	704,021	
e	Add lines 2a through 2d		2e	2,938,610
3	Subtract line 2e from line 1		3	113,269,770
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	113,269,770

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	122,607,525
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,022,630	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	704,021	
e	Add lines 2a through 2d		2e	2,726,651
3	Subtract line 2e from line 1		3	119,880,874
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	119,880,874

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, 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	\$	646,678
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$	57,343
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES	\$	646,678
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$	57,343

Part XIII Supplemental Information (continued)

Public Inspection Copy

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

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

◆ Attach to Form 990.

◆ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	2	50	PROGRAM SERVICES	SEE SCHEDULE O	48,378,112
(2) EAST ASIA AND THE PACIFIC	2	45	PROGRAM SERVICES	SEE SCHEDULE O	27,301,923
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	SEE SCHEDULE O	6,627,001
(4) MIDDLE EAST AND NORTH AFRICA	1	13	PROGRAM SERVICES	SEE SCHEDULE O	400,337
(5) RUSSIA AND NEIGHBORING STATES	1	2	PROGRAM SERVICES	SEE SCHEDULE O	1,970,426
(6) SOUTH ASIA	1	12	PROGRAM SERVICES	SEE SCHEDULE O	5,606,957
(7) SUB-SAHARAN AFRICA	2	747	PROGRAM SERVICES	SEE SCHEDULE O	19,374,782
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	9	869			109,659,538
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	9	869			109,659,538

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA	HELP THOSE IN NEED AMERICA AND CARIBBEAN			1,629,571	MED & MED SUPP	WAC
(2)			RUSSIA AND NEIGHBORING STATES	HELP THOSE IN NEED			962,410	MEDICAL SUPPLY	WAC
(3)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED	12,625	WIRE TRANSFER			
(4)			RUSSIA AND NEIGHBORING STATES	HELP THOSE IN NEED			846,563	MEDICAL SUPPLY	WAC
(5)			RUSSIA AND NEIGHBORING STATES	HELP THOSE IN NEED			106,649	MEDICAL SUPPLY	WAC
(6)			EUROPE	HELP THOSE IN NEED			6,239,151	MEDICAL SUPPLY	WAC
(7)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED	30,000	CHECK		MEDICAL SUPPLY	WAC
(8)			AFRICA	HELP THOSE IN NEED			743,421	MEDICAL SUPPLY	WAC
(9)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			836,335	MEDICAL SUPPLY	WAC
(10)			EUROPE	HELP THOSE IN NEED	100,000	WIRE TRANSFER			
(11)			EAST ASIA AND PACIFIC	HELP THOSE IN NEED	90,000	WIRE TRANSFER			
(12)			EAST ASIA AND PACIFIC	HELP THOSE IN NEED	22,000	WIRE TRANSFER			
(13)			SOUTH ASIA	HELP THOSE IN NEED			5,606,957	MEDICAL SUPPLY	WAC
(14)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			435,515	MEDICAL SUPPLY	WAC
(15)			SOUTH ASIA	HELP THOSE IN NEED	65,558	WIRE TRANSFER			
(16)			SUB-SAHARAN AFRICA	HELP THOSE IN NEED	25,000	WIRE TRANSFER			

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

17

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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			AFRICA	HELP THOSE IN NEED			834,010	MEDICAL SUPPLY	WAC
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
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(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) Yes No

Part V Supplemental Information

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

PART I, LINE 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	\$ 48,378,112	\$ 0
EAST ASIA AND THE PACIFIC	\$ 27,301,923	\$ 0
EUROPE (INCLUDING ICELAND AND GREENLAND)	\$ 6,627,001	\$ 0
MIDDLE EAST AND NORTH AFRICA	\$ 400,337	\$ 0
RUSSIA AND NEIGHBORING STATES	\$ 1,970,426	\$ 0
SOUTH ASIA	\$ 5,606,957	\$ 0
SUB-SAHARAN AFRICA	\$ 19,374,782	\$ 0

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the 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	73,560	33,869	39,691
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				73,560	33,869	39,691

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.

ALASKA, ALABAMA, ARKANSAS, ARIZONA, CALIFORNIA, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, HAWAII, IOWA, IDAHO, ILLINOIS, INDIANA, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, MONTANA, NORTH CAROLINA, NEBRASKA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE, TEXAS, UTAH, VIRGINIA,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FIELD OF DREAMS (event type)	GREAT ADVENTURE (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	1,455,078	776,524		2,231,602
	2	1,115,675	432,411		1,548,086
	3	339,403	344,113		683,516
Direct Expenses	4				
	5	35,264	35,503		70,767
	6	69,836			69,836
	7	88,382	47,917		136,299
	8				
	9	204,244	165,532		369,776
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				36,838

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			74,600
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 75.00% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				74,600

9 Enter the state(s) in which the organization conducts gaming activities: OR, WA

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain:

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

◆ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BIRCH COMMUNITY SERVICES 17780 NE SAN RAFAEL PORTLAND OR 97230	93-1186020	3		85,841 FMV	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(2)	BLANCHET HOUSE 340 NW GLISAN PORTLAND OR 97208	93-6031009	3		10,293 FMV	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(3)	BRIDGES TO CHANGE 207 7TH ST OREGON CITY OR 97045	76-0751239	3		9,728 FMV	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(4)	BRIDGETOWN MINISTRIES 21065 SW STAFFORD RD TUALATIN OR 97062	30-0516378	3		7,493 FMV	FMV	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(5)	CENTRAL CITY CONCERN (RECUOPERATIVE) 309 SW 4TH PORTLAND OR 97204	93-0728816	3		20,657 FMV	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(6)	CHILDREN'S COMMUNITY CLINIC 27 NE KILLINGSWORTH PORTLAND OR 97221	93-0811915	3		7,993 FMV	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(7)	CHRISTIAN AID MINISTRIES PO BOX 360 BERLIN OH 44610-0360	34-1344364	3		19,653,906 FMV	FMV	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(8)	CIS DEVELOPMENT FOUNDATION 77 MILLTOWN RD EAST BRUNSWICK NJ 08816	22-3304404	3		276,745 FMV	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(9)	CITY TEAM MINISTRIES 2304 ZANKER ROAD SAN JOSE CA 95131	94-1501265	3		7,788 FMV	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 ◆ 45

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)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

◆ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CLACKAMAS WOMEN'S SERVICES 704 MAIN ST. # 200 OREGON CITY OR 97045	93-0900119	3		16,163	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(2)	DOMESTIC VIOLENCE RESOURCE CENTER PO BOX 494 HILLSBORO OR 97123	93-0665804	3		20,143	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(3)	GOOD NEIGHBOR CENTER 11130 SW GREENBURG RD TIGARD OR 97223	93-1269989	3		14,504	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(4)	HOUSING TRANSITIONS 2740 SE POWELL BLVD #6 PORTLAND OR 97202	93-0386801	3		24,797	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(5)	INACT. INC 727 NE 24TH AVE PORTLAND OR 97204	51-0145008	3		17,246	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(6)	JANUS YOUTH PROGRAMS 707 NE COUCH ST PORTLAND OR 97232	23-7345990	3		5,706	FMV	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(7)	JOIN 3338 SE 17TH AVE PORTLAND OR 97202	93-1090005	3		9,435	FMV	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(8)	KINGSWAY CHARITIES 1119 COMMONWEALTH AVE. BRISTOL VA 24201	54-1668650	3		43,624,253	FMV	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(9)	LIFEWORKS 14600 NW CORNELL PORTLAND OR 97229	93-0502822	3		11,855	FMV	HYGEINE-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)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LOVE, INC 209 S MAIN STREET NEWBERG OR 97132	26-0068805	3		14,975 FMV		HYGEINE-OTC	HELP PEOPLE IN NEED
(2)	MORNING STAR DEVELOPMENT P O BOX 62327 COLORADO SPRINGS CO 80962	54-2086318	3	85,001				HELP PEOPLE IN NEED
(3)	MY FATHERS HOUSE 5424 SW PALATINE ST PORTLAND OR 97219	87-0798687	3		11,220 FMV		HYGEINE-OTC	HELP PEOPLE IN NEED
(4)	NEW AVENUES FOR YOUTH 1220 SW COLUMBIA AVENUE PORTLAND OR 97201	93-0910213	3		5,434 FMV		HYGEINE-OTC	HELP PEOPLE IN NEED
(5)	NEW HEIGHTS CLINIC 8000 NE 58TH AVE VANCOUVER WA 98665	91-0864632	3		5,293 FMV		HYGEINE-OTC	HELP PEOPLE IN NEED
(6)	NORTHWEST MISSION BIBLE TRAINING CE 2724 N AINSWORTH PORTLAND OR 97217	23-7071094	3		7,820 FMV		HYGEINE-OTC	HELP PEOPLE IN NEED
(7)	OPERATION NIGHTWATCH 1432 SW 13TH AVE PORTLAND OR 97201	93-0805248	3		12,468 FMV		MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(8)	PARTNERSHIP WITH NATIVE AMERICANS 16415 ADDISON RD, SUITE 200 ADDISON TX 75001	58-1888256	3		2,124,079 FMV		MED SUP/EQUIP	HELP PEOPLE IN NEED
(9)	PORTLAND RESCUE MISSION 111 W BURNSIDE PORTLAND OR 97209	93-0429004	3		6,650 FMV		HYGEINE-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)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PREGNANCY RESOURCE CENTER 7931 NE HALSEY, STE 100 PORTLAND OR 97213	93-0854417	3		9,104	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(2)	RAPHAEL HOUSE OF PORTLAND 4110 SE HAWTHORNE # 503 PORTLAND OR 97214	93-0710963	3		14,816	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(3)	ROSEHAVEN 1808 NW IRVING PORTLAND OR 97209	93-1212633	3		12,935	FMV	HYGIENE-OTC	HELP PEOPLE IN NEED
(4)	SAINT CHILD 2373 NW 185TH #714 HILLSBORO OR 97124	93-1212633	3		8,590	FMV	HYGIENE-OTC	HELP PEOPLE IN NEED
(5)	SALVATION ARMY 14825 SW FARMINGTON RD BEAVERTON OR 97007	53-0660607	3		10,209	FMV	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(6)	SHARE HOMELESS SHELTERS PO BOX 1209 VANCOUVER WA 98666-1209	91-1205119	3		26,980	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(7)	SOCIETY OF ST. VINCENT DE PAUL 8101 SW CORNELL ST PORTLAND OR 97206	93-0456525	3		5,881	FMV	HYGIENE-OTC	HELP PEOPLE IN NEED
(8)	TEEN CHALLENGE PO BOX 66228 PORTLAND OR 97290	93-0844063	3		10,392	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(9)	TRANSITIONAL YOUTH 14945 SEQUOIA PARKWAY #150 PORTLAND OR 97224	93-1088674	3		11,636	FMV	HYGEINE-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)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL TEAMS INTERNATIONAL

◆ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TRINITY LUTHERAN CHURCH 5520 NE KILLINGSWORTH ST PORTLAND OR 97218	93-0479868	3		18,059	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(2)	UNION GOSPEL MISSION 15 NW 3RD PORTLAND OR 97208	93-0401258	3		18,447	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(3)	VIRGINIA GARCIA MEMORIAL HEALTH CEN 85 N 12TH CORNELIUS OR 97113	93-0717997	3		9,578	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(4)	VOLUNTEERS OF AMERICA 3910 SE STARK PORTLAND OR 97214	13-1692595	3		37,308	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(5)	WALLACE MEDICAL CONCERN 124 NE 181ST AVE #103 PORTLAND OR 97230	93-0853709	3		20,240	FMV	HYGIENE-OTC	HELP PEOPLE IN NEED
(6)	WEST WOMEN AND CHILDREN SHELTER 2010 NW KEARNEY PORTLAND OR 97208	94-1156347	3		6,148	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(7)	WILLIAM TEMPLE HOUSE 2023 NW HOYT ST PORTLAND OR 97209	93-0559964	3		37,943	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(8)	WORLD VISION 34834 WEYERHAEUSER WAY FEDERAL WAY WA 98001	95-1922279	3		431,232	FMV	HYGEINE-OTC	HELP PEOPLE IN NEED
(9)	YOUNGLIFE'S WASHINGTON FAMILY RANCH 1 MUDDY ROAD ANTELOPE OR 97001	84-0385934	3		10,483	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.

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

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

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

PART I, LINE 2 - 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" on Form 990, Part IV, line 23.
- ◆ Attach to Form 990.

◆ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

MEDICAL TEAMS INTERNATIONAL

Employer identification number
93-0878944

Part I Questions Regarding Compensation

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

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- | | | | |
|------------------------------------------------------------------------------------------------|-----------|---|---|
| a Receive a severance payment or change-of-control payment? | 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
JEFFREY PINNEO								
1 FORMER CEO	(i) 166,342	0	0	26,900	14,522	207,764	0	
	(ii) 0	0	0	0	0	0	0	
JON BEIGHLE								
2 VP MARKETING & DEV.	(i) 148,409	0	0	4,244	21,330	173,983	0	
	(ii) 0	0	0	0	0	0	0	
PAMELA S. BLIKSTAD								
3 VP/CFO	(i) 140,840	0	0	9,250	8,489	158,579	0	
	(ii) 0	0	0	0	0	0	0	
JOSEPH DICARLO								
4 VP PROGRAMS	(i) 127,692	0	0	9,180	13,706	150,578	0	
	(ii) 0	0	0	0	0	0	0	
DOUG FOUNTAIN								
5 VP OPERATIONS SUP.	(i) 121,680	0	0	9,180	23,180	154,040	0	
	(ii) 0	0	0	0	0	0	0	
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

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

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE NONQUALIFIED EQUITY-BASED

JEFFREY PINNEO 0 15,000 0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ◆ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ◆ Attach to Form 990.
- ◆ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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93-0878944

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	39	278,777	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	500	83,239,422	WAC
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ◆ (HYGIENE / OTC)	X	500	7,081,473	FMV
26 Other ◆ ()				
27 Other ◆ ()				
28 Other ◆ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Public Inspection 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.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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FORM 990 - ORGANIZATION'S MISSION

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.

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, PROVIDE TRAINING AND 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 AND THE MIDDLE EAST

MEDICAL TEAMS INTERNATIONAL (MTI) DEPLOYED 30 VOLUNTEER HEALTH CARE TEAMS
TO NINE COUNTRIES: LIBERIA, UGANDA, ZAMBIA, SOUTH SUDAN, SERBIA, DRC,

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CAMEROON, GREECE AND NIGER. TEAMS PROVIDED DIRECT MEDICAL SERVICES AND TRAINING FOR PHYSICIANS AND NURSES IN THE AREAS OF GENERAL SURGERY AND SURGICAL TRAINING, FAMILY PRACTICE, PEDIATRICS, INTERNAL MEDICINE, DENTAL SERVICES AND TRAINING, OBSTETRICS AND GYNECOLOGY, TRAUMA PSYCHOLOGY AND COUNSELING, ANESTHESIOLOGY, MIDWIFERY, RADIOLOGY, ULTRASOUND TRAINING, MANAGEMENT OF CHILDHOOD ILLNESS, AND SURGICAL NURSE TRAINING.

MTI ALSO SHIPPED LIFE-SAVING MEDICINES, SUPPLIES AND EQUIPMENT TO DEMOCRATIC REPUBLIC OF CONGO, SOUTH SUDAN, UGANDA, ZAMBIA AND ZIMBABWE.

LEBANON: IN 2016 MTI CONTINUED ITS WORK SERVING SYRIAN REFUGEES IN THE BEKAA VALLEY IN LEBANON. THE PRIMARY TARGETED BENEFICIARIES WERE SYRIAN REFUGEES LIVING IN SPONTANEOUS SETTLEMENTS IN THE CENTRAL BEKAA VALLEY, LEBANON. A TOTAL OF 120 SETTLEMENTS WERE TARGETED BY THIS PROJECT. THE TOTAL POPULATION SERVED IN THIS PROJECT IS 34,386.

PROJECT PARTICIPANTS ARE ALL NON-COMMUNICABLE DISEASE (NCD) PATIENTS, AND THOSE AT RISK OF DEVELOPING A CHRONIC DISEASE, WHO ARE RESIDING IN INFORMAL SETTLEMENTS THAT ARE LOCATED IN MTI PROJECT AREAS, WITH LIMITED OR NO ACCESS TO PRIMARY HEALTH CENTER (PHC) SERVICES. NCD PATIENTS ARE THOSE SUFFERING FROM HYPERTENSION, ASTHMA, COPD, DIABETES, OR CARDIOVASCULAR DISEASE, REGARDLESS OF AGE, SEX, OR REGISTRATION STATUS. IN ADDITION, THESE PATIENTS CAN BE NEWLY DIAGNOSED OR HAVE BEEN PREVIOUSLY ON NCD MEDICATION. PATIENTS WHO HAVE ACCESS TO SUPPORTED PHC'S WILL BE REFERRED BY MTI TO THAT PHC.

THE PROJECT IMPLEMENTATION INVOLVED PROJECT BENEFICIARIES ON MULTIPLE

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LEVELS. MTI HAS ALSO CONDUCTED A PARTICIPATORY ASSESSMENT FOR THE TARGETED CAMPS, USING RANKING TOOLS WITH 117 REFUGEES, ASKING PEOPLE ABOUT THEIR HEALTH STATUS, NEEDS, AND HEALTH FACILITIES ACCESSIBILITY. MOREOVER, CAMP LEADERS PLAYED AN IMPORTANT ROLE IN PROVIDING SUFFICIENT DATA ON THE CAMP'S HEALTH STATUS AND SITUATION.

THROUGH REFUGEE OUTREACH VOLUNTEERS (ROV), COMMUNITIES HAVE MOBILIZED VOLUNTEERS WHO ARE CAPABLE AND WELL TRAINED ON NCD ISSUES, COMPLICATIONS, MEASUREMENTS, AND LIFE HABITS. THEY ARE A GREAT SOURCE OF INFORMATION FOR PATIENTS AND ARE WELL TRAINED COMMUNITY MEMBERS.

MTI HAS WORKED CLOSELY ON COMMUNITY BEHAVIOR CHANGE THROUGH BOTH THE NCD AND DENTAL PROJECTS. THIS HAS ENHANCED THE STATUS OF THE COMMUNITY AND INCREASED THEIR CAPACITY AND LEVEL OF KNOWLEDGE. BECAUSE OF THIS, MTI'S PROJECT HAS BUILT SUSTAINABILITY SINCE IT FOCUSES ON PROVIDING INFORMATION TO BENEFICIARIES ON MANY LEVELS, SO THAT THEY CAN ACT AND RESPOND TO ANY NCD RELATED ISSUE.

LIBERIA: IN FY16, MTI IMPLEMENTED A SAFE MOTHERHOOD PROJECT IN SINOE COUNTY THAT STRENGTHENED COMMUNITY REFERRAL NETWORKS THROUGH TRAINING OF CLINIC HEALTH WORKERS AND COMMUNITY HEALTH VOLUNTEERS, SUPPORTIVE SUPERVISION, AND SUPPORTING COMMUNITY EMERGENCY TRANSPORT PLANS. MTI WAS SELECTED BY UNICEF AS AN IMPLEMENTING PARTNER TO STRENGTHEN THE HEALTH SYSTEM IN SINOE AND GRAND KRU COUNTIES, WITH A FOCUS ON TRAINING COMMUNITY HEALTH WORKERS IN MATERNAL AND CHILD HEALTH AND INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS. MTI WORKED IN PARTNERSHIP WITH THE COUNTY HEALTH TEAM TO INCREASE ACCESS TO AND IMPROVE QUALITY OF BASIC HEALTH CARE SERVICES IN 10 HEALTH FACILITIES. THE PROJECT ALSO STRENGTHENED 158 COMMUNITY HEALTH VOLUNTEERS (CHVS) AND INITIATED TRAINING AN ADDITIONAL 150 COMMUNITY HEALTH

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ASSOCIATES AND 19 NURSES IN SUPPORTIVE SUPERVISION. MTI ALSO PROVIDED LIFE-SAVING SUPPORT TO SINOE COUNTY BY SUPPLYING AN AMBULANCE, FUEL, AND DRIVER TO SUPPORT EMERGENCY REFERRALS FROM REMOTE VILLAGES.

IN ADDITION, MTI CONTINUED ITS WORK ON HEALTH FACILITY UTILIZATION IN GRAND CAPE MOUNT, AND TRAINED COUNTY HEALTH TEAMS IN THE USE OF PARTNER DEFINED QUALITY IN FOUR ADDITIONAL COUNTIES. THIS RESULTED IN INCREASED USE OF HEALTH FACILITIES BY COMMUNITIES, AND HELPED SUPPORT THE PARTICIPATION OF LOCAL LEADERSHIP STRUCTURES IN ENSURING ACCOUNTABILITY AND PERFORMANCE AT LOCAL HEALTH FACILITIES.

MTI CONTINUED TO RESPOND TO THE POST- EBOLA OUTBREAK HEALTH SYSTEM STRENGTHENING IN LIBERIA BY PROVIDING SUPPORTIVE SUPERVISION ALONGSIDE THE LIBERIA MINISTRY OF HEALTH (MOH) FOR EPIDEMIC RESPONSE AND INFECTIOUS DISEASE MONITORING. MTI ALSO PARTNERED WITH THE MOH AND COMMUNITY HEALTH TEAMS TO PROVIDE LOGISTICAL SUPPORT, CASE INVESTIGATION AND CONTACT TRACING IN GRAND CAPE MOUNT, GRAND KRU AND SINOE COUNTIES.

IN FY16, WITH SUPPORT FROM THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT'S (USAID) OFFICE OF FOREIGN DISASTER ASSISTANCE (OFDA), MTI RESPONDED TO REDUCE MORTALITY AND MORBIDITY AS A RESULT OF THE EBOLA VIRUS DISEASE IN LIBERIA THROUGH THE RAPID ISOLATION TREATMENT OF EBOLA (RITE) STRATEGY.

IN THE BOMI, GRAND CAPE MOUNT, AND SINOE COUNTIES, MTI RECOGNIZES THE CONTINUED NEED FOR ACTIVE AND RAPID, COUNTY-WIDE INTERVENTIONS, IN ALIGNMENT WITH THE NEW COUNTRY STRATEGY FOR RAPID RESPONSE IN THE FIGHT TO END THE OUTBREAK OF THE EBOLA VIRUS DISEASE (EVD). MTI HAS IDENTIFIED GAPS

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IN SURVEILLANCE, PREPAREDNESS AT ALL LEVELS, MANAGEMENT, TEMPORARY TRIAGE AND ISOLATION FACILITIES, AND AN ABILITY TO RAPIDLY RESPOND TO SUSPECTED OUTBREAKS OR HOTSPOTS. A PACKAGE OF INTERVENTIONS DIRECTLY ADDRESSED THESE IDENTIFIED GAPS; NOTABLY, CLOSE SUPPORT OF COUNTY HEALTH TEAMS (CHTS) BY BUILDING THEIR CAPACITY TO RAPIDLY RESPOND TO CHANGING SITUATIONS AND CONTEXTS WITH FLEXIBLE PROGRAMMING TO MEET CHT NEEDS.

MTI WAS A CRITICAL IMPLEMENTING PARTNER IN EMERGENCY RESPONSE PREPAREDNESS, A VITAL TOOL FOR IMPROVING LOCAL COMMUNITY RESPONSE AND COUNTY HEALTH TEAM CAPACITY FOR CASE INVESTIGATION AND REPORTING OF INFECTIOUS DISEASE, INCLUDING EVD, CHOLERA, DYSENTERY, AND MALARIA. MTI PROVIDED LOGISTICAL SUPPORT, CASE INVESTIGATION, AND CONTACT TRACING IN HEALTH FACILITIES AND IN COMMUNITIES TO SUPPORT THE MINISTRY OF HEALTH AND SOCIAL WELFARE.

MALAWI: IN FY16 MTI PHASED OUT OF OUR PARTNERSHIP WITH WORLD RENEW, CONCLUDING OUR SUPPORT OF A PROJECT TO REDUCE THE INCIDENCE AND IMPACT OF MALNOURISHMENT IN MPHUNZI AREA OF DEDZA DISTRICT (CENTRAL MALAWI). THE PROJECT SUCCESSFULLY LED TO SIGNIFICANT INCREASES IN MAIZE HARVESTS IN THE DROUGHT PRONE AREA, WITH A FOCUS ON HOUSEHOLDS WITH PREGNANT AND LACTATING WOMEN, AND WITH CHILDREN UNDER 2 YEARS OF AGE.

UGANDA: MTI IS IMPLEMENTING EMERGENCY AND PREVENTATIVE HEALTH CARE PROGRAMMING THROUGH TARGETED RELIEF AND DEVELOPMENT STRATEGIES IN THE NORTHERN AND SOUTHWESTERN REGIONS OF UGANDA. MTI FOCUSED ON REFUGEE WOMEN'S HEALTH WITH A BROAD OUTREACH FOR FISTULA REPAIR AND PREVENTION, AS WELL AS INITIATING A CARE GROUP MODEL FOR MOTHERS FOR NEWLY ARRIVED BURUNDIAN REFUGEES IN NAKIVALE. MTI IS A HEALTH IMPLEMENTING PARTNER FOR UNCHR IN

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NAKIVALE, ORUCHINGA, ADJUMANI, RHINO CAMP, BIDI-BIDI, AND PALORINYA REFUGEE SETTLEMENTS.

IN SW UGANDA, WITH SUPPORT FROM THE WORLD FOOD PROGRAM, U.S. STATE DEPARTMENT AND UNHCR, MTI IS PROVIDING MEDICAL CARE TO OVER 127,000 REFUGEES CROSSING AND LIVING ALONG THE BORDER OF SOUTHWESTERN UGANDA. MTI CONTINUES TO STAFF SEVEN PERMANENT MEDICAL FACILITIES IN NAKIVALE AND ORUCHINGA 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 CENTERS. EXPANDED 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. IN FY16 MTI ALSO BEGAN A PROJECT IN SW UGANDA FOCUSING ON EMERGENCY OBSTETRICS AND FISTULA REPAIR BASED IN NAKIVALE OUT OF OUR REKOBU CLINIC. MTI ALSO PILOTED A PROJECT IN NAKIVALE FOCUSING ON NEWLY ARRIVED BURUNDIAN REFUGEES. THIS PROJECT USES THE CARE GROUP APPROACH THAT AIMS TO PREVENT MORBIDITY AND MORTALITY ASSOCIATED TO MATERNAL AND CHILDHOOD ILLNESSES AND MALNUTRITION IN CHILDREN UNDER 5 THROUGH HEALTH EDUCATION AND COMMUNITY VOLUNTEERS.

IN WEST NILE, IN PARTNERSHIP WITH UNHCR, MTI PROVIDES MEDICAL CARE TO APPROXIMATELY 468,000 SOUTH SUDANESE REFUGEES IN ADJUMANI, MOYO, YUMBE, AND

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ARUA DISTRICTS. 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 CENTERS.

MTI RESPONDED TO THE REFUGEE INFLUX FROM S. SUDAN THAT BEGAN IN EARLY JULY 2016. OVER 400,000 NEW ARRIVALS FLOODED NORTHWESTERN UGANDA FROM JULY-DECEMBER. MTI CONTINUED TO RESPOND IN ARUA AND ADJUMANI DISTRICTS WHILE TAKING ON NEW SETTLEMENTS AND TRANSIT CENTERS IN YUMBE AND MOYO. IN ADDITION, MTI PROVIDED MEDICAL SCREENING SERVICES IN ELEGU, KOBOKO, OCEA, BUSIYA, ORABA, LAFORI AND PALORINYA, SCREENING OVER 200,000 PATIENTS AND PROVIDING VACCINATIONS FOR MEASLES, POLIO, AND TETANUS TOXOID; DE WORMING OVER 150,000 CHILDREN, SCREENING MOTHERS AND CHILDREN FOR MALNOURISHMENT, AND PROVIDING NECESSARY PRIMARY CARE SERVICES, INCLUDING IMMEDIATE SAFE DELIVERY FOR PREGNANT MOTHERS.

IN 2016, NOT A SINGLE MATERNAL DEATH WAS REGISTERED FOR REFUGEES UNDER MTI CARE.

IN NORTH UGANDA, MTI PHASED OUT OF OUR PROJECT SUPPORTING COMMUNITY ACCESS TO HEALTH CARE SERVICES IN LIRA, WITH A SUCCESSFUL TRANSITION TO THE LOCAL MOH AND DISTRICT HEALTH OFFICER. THE PROGRAM REACHED OVER 9,000 INDIVIDUALS. LOCAL UGANDAN MEDICAL STAFF CONDUCTED INTEGRATED OUTREACHES IN HARD TO REACH AND UNDERSERVED COMMUNITIES. IN PADER, MTI PROVIDED MEDICINES FOR CHILDREN AFFECTED BY "NODDING SYNDROME."

ASIA AND EURASIA

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CAMBODIA: IN FY 16, MTI SENT 16 VOLUNTEER TEAMS TO CAMBODIA. SIX OF THESE TEAMS WERE FOR THE EMERGENCY MEDICAL SERVICES (EMS) CAPACITY BUILDING PROJECT IN COLLABORATION WITH THE CAMBODIAN MINISTRY OF HEALTH, URC AND STANFORD UNIVERSITY. THIS PARTNERSHIP PROVIDES COMPREHENSIVE EMS TRAINING AND EQUIPPING IN NINE PROVINCES IN CAMBODIA. EMS BASIC AND FIRST RESPONDER COURSES ARE TAUGHT TO CREATE A TRAINING OF TRAINERS GROUP. THESE MASTER TRAINERS ARE THEN RESPONSIBLE FOR TEACHING IN THE NINE PROVINCES AT THE COMMUNITY LEVEL.

MTI ALSO SENT ONE DENTAL TEAM AND ONE MEDICAL TEAM TO FOURSQUARE CHILDREN OF PROMISE, OUR PARTNER, AND SENT ONE EMS AND ONE CAPACITY BUILDING TEAM TO OUR NEW PARTNER, LIFE UNIVERSITY. A VOLUNTEER TEACHING TEAM WAS SENT TO OUR PARTNER, ANGKOR HOSPITAL FOR CHILDREN, ALONG WITH TWO DENTAL TEAMS AND ONE CAPACITY BUILDING TEAM.

OUR MATERNAL AND CHILD HEALTH PROJECT IN ODDAR MEANCHEAY PROVINCE IS IMPROVING THE HEALTH OF CHILDREN UNDER FIVE AND WOMEN OF REPRODUCTIVE AGE. OUR HEALTH PROMOTERS ARE DELIVERING IMMUNIZATIONS, NUTRITION TRAINING, CONTROLLING DIARRHEAL DISEASE, AND ADDRESSING WATER AND SANITATION ISSUES. MONTHLY AND QUARTERLY TRAININGS WERE HELD WITH VILLAGE HEALTH VOLUNTEERS TO PROVIDE ADDITIONAL TRAININGS, SUPPORT HEALTH CENTER STAFF AND PROVIDE SUPPORTIVE SUPERVISION TO VOLUNTEERS. THIS WAS YEAR THREE OF A THREE YEAR PROJECT AND WE ARE COMPILING THE RESULTS OF THE FINAL EVALUATION. MTI FUNDED A FOOD CARTS INITIATIVE THAT PROVIDED NUTRITIOUS FOOD FOR MALNOURISHED CHILDREN AND PROVIDED INCOME GENERATION FOR SELECTED COMMUNITY HEALTH WORKERS IN ODDAR MEANCHEAY PROVINCE THIS YEAR AS WELL.

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MTI IS IN YEAR THREE OF A THREE AND A HALF YEAR SAFE MOTHERHOOD PROJECT IN KAMPONG CHAM PROVINCE. THIS PROJECT IS DESIGNED TO TRAIN MIDWIVES AND TRADITIONAL BIRTH ATTENDANTS TO REDUCE MORBIDITY AND MORTALITY FOR MOTHERS AND CHILDREN. THIS PROJECT ALSO BUILDS ON THE KNOWLEDGE FROM OUR EMS PROJECT IN THIS SAME PROVINCE AND WILL INTEGRATE LIFESAVING MATERIALS SUCH AS THE ANTI-SHOCK (NASG) GARMENT.

IN ADDITION, MTI SENT A CONTAINER OF MEDICAL SUPPLIES TO OUR MTI OFFICE TO FURTHER SUPPORT OUR EMS AND SMP PROJECTS AND PARTNERS.

MYANMAR (BURMA): IN FY16, MTI IS IN YEAR THREE OF A THREE YEAR MATERNAL AND CHILD HEALTH PROJECT IN THE TAUNGNUGU REGION OF CENTRAL MYANMAR IN COLLABORATION WITH LOCAL PARTNER, KAREN BAPTIST CONVENTION. THIS PROJECT PROVIDED HEALTH TRAININGS FOR COMMUNITY HEALTH WORKERS, MIDWIVES AND TRADITIONAL BIRTH ATTENDANTS TO REDUCE CHILDHOOD MORTALITY AND MORBIDITY IN THE 49 TARGET VILLAGES.

IN FY 16, MTI ALSO IMPLEMENTED ITS SECOND YEAR OF A TWO YEAR PILOT EMERGENCY MEDICAL SERVICES TRAINING PROGRAM IN COLLABORATION WITH FAITH BASED HOSPITALS IN THE YANGON AREA TO REDUCE MORBIDITY AND MORTALITY OF VICTIMS OF ROAD TRAFFIC ACCIDENTS. FOR THIS PROJECT MTI HQ SENT ONE EMS TEACHING TEAM TO SUPPORT THE EDUCATION OF THE MASTER TRAINERS.

NEPAL: AS A FOLLOW UP FROM THE 2015 EARTHQUAKE, MTI OPENED UP A NEW MTI FIELD OFFICE IN KATHMANDU, NEPAL, TO PROVIDE SUPPORT TO TWO PROJECTS AS WELL AS TO BEGIN TWO NEW INITIATIVES. MTI'S PROGRAM OF THE "RESTORATION OF CHILDHOOD, REPRODUCTIVE, MATERNAL AND NEWBORN HEALTH SERVICES IN DHADING

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DISTRICT" THROUGH OUR PARTNER, SHANTI NEPAL, PROVIDED HYGIENE KITS AND TRAINING TO COMMUNITY HEALTH CARE WORKERS AFTER THE EARTHQUAKE. THIS PROJECT ALSO PROVIDED CLEAN DELIVERY KITS TO DECREASE INFANT MORTALITY IN NEPAL AND ENDED IN FY16. AN ADDITIONAL PROJECT, "INCREASING ACCESS AND UTILIZATION OF MODERN FAMILY PLANNING METHODS AMONG THE HARD-TO-REACH RURAL COMMUNITIES OF DHADING DISTRICT, NEPAL" WAS FUNDED BY MTI AND IMPLEMENTED THROUGH OUR PARTNER AGENCY, UMN, FOR THE DURATION OF FY16 WHICH PROVIDED IMPORTANT FAMILY PLANNING METHODS AND TEACHING TO REMOTE COMMUNITIES.

TWO NEW MTI FUNDED PROJECTS STARTED AT THE END OF FY16. THE "STRENGTHENING MATERNAL AND CHILD HEALTH CARE SERVICES PROJECT" WILL IMPROVE MATERNAL AND UNDER-FIVE CHILDREN'S HEALTH IN SIX AREAS IN THE DHADING DISTRICT. IT IS IMPLEMENTED BY OUR PARTNER, SHANTI NEPAL. MTI WILL DIRECTLY IMPLEMENT AN "ESTABLISHING A RURAL EMS SYSTEM IN DHADING DISTRICT," WHICH WILL INCREASE COMMUNITY RESILIENCE TO THE IMPACTS OF ACUTE INJURY AND ILLNESS FROM DISASTERS AND MEDICAL EMERGENCIES BY THE PROVISION OF INTEGRATED EMERGENCY MEDICAL SERVICES (EMS) IN DHADING DISTRICT.

AFGHANISTAN: MTI CONTINUED WORKING WITH MORNING STAR DEVELOPMENT TO PROVIDE PRIMARY HEALTH CARE AND MEDICAL SERVICES TO THE RESIDENTS OF 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. IN FY 16, MTI IS IN YEAR TWO OF A TWO AND A HALF YEAR PROJECT WITH MORNING STAR TO TRAIN VILLAGE HEALTH WORKERS AND HEALTH CENTER WORKERS. THE PROJECT'S ULTIMATE GOAL IS TO IMPROVE THE QUALITY OF CARE GIVEN IN BOTH THE HEALTH CENTER LEVEL AND IN THE COMMUNITY.

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ROMANIA: MTI CONTINUED TO PARTNER WITH FUNDATIA HEART OF HOPE (FHH) IN ROMANIA TO SUPPORT THEIR PROGRAMS THROUGH THE SENDING OF TWO DENTAL AND ONE COMMUNITY IMPACT TEAMS. FHH HELPED TO INCREASE HEALTH OUTCOMES AND IMPROVE LIVING CONDITIONS FOR CHILDREN LIVING IN NINE GOVERNMENT PLACEMENT CENTERS, TWO TRANSITION HOMES AND SEVERAL NEEDY VILLAGES IN SIBIU AND BRASOV COUNTIES. FHH ALSO ESTABLISHED A NEW PARTNERSHIP WITH THE SIBIU DENTAL UNIVERSITY WHERE OUR TEAMS TAUGHT.

MOLDOVA: IN PARTNERSHIP WITH OUR PARTNER, "CORAM DEO," MTI SENT ONE PSYCHO SOCIAL TEAM TO MOLDOVA TO WORK WITH LOCAL UNIVERSITIES TO TRAIN TEACHERS. CORAM DEO IS COMMITTED TO WORKING WITH LOCAL CHURCHES AND COMMUNITY GROUPS TO POSITIVELY IMPACT THE HEALTH AND OVERALL WELLBEING OF NEEDY COMMUNITIES.

THAILAND: MTI SUPPORTED A NEW LOCAL PARTNER, KDHW, BY SENDING MTI MYANMAR STAFF AND VOLUNTEERS AND FUNDING TO SUPPORT ITS TEMP TRAINING WHICH PROVIDES MUCH NEEDED TRAINING TO VILLAGE MEDICS TO PROVIDE HEALTH CARE IN REMOTE VILLAGES POPULATED BY THE KAREN PEOPLE WITHOUT ACCESS TO MEDICAL FACILITIES.

HUMANITARIAN RESPONSE TEAM

MEDICAL TEAMS INTERNATIONAL DEPLOYED A TOTAL OF 13 VOLUNTEERS IN FY16 FOR DIRECT CURATIVE CARE FOLLOWING AND/OR DURING A DISASTER. THE HUMANITARIAN RESPONSE TEAM OF MEDICAL TEAMS INTERNATIONAL RESPONDED IN TWO COUNTRIES - TWO MEDICAL TEAMS TO SERBIA TO ASSIST SYRIAN REFUGEES; TWO DENTAL TEAMS AND ONE MEDICAL TEAM TO PROVIDE CARE TO SYRIAN REFUGEES IN GREECE.

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LATIN AMERICA AND THE CARIBBEAN

IN FY16, MTI LATIN AMERICA PROGRAMS SERVED 97,664 PEOPLE. MTI PROVIDED HEALTH TRAINING, MEDICAL CARE AND COMMUNITY IMPACT SERVICES THROUGH 29

INTERNATIONAL VOLUNTEER TEAMS (206 VOLUNTEERS) SENT TO EL SALVADOR, GUATEMALA, HAITI AND HONDURAS. MTI SENT TWO CONTAINERS OF MEDICAL SUPPLIES, EQUIPMENT AND VITAMINS TO GUATEMALA.

ADDITIONALLY, MTI SUPPORTED HEALTH PROJECTS THROUGHOUT THE REGION INCLUDING THE HAITI FOUNDATION OF HOPE COMMUNITY HEALTH PROGRAM, TWO MTI HAITI MATERNAL AND CHILD HEALTH PROJECTS, THE MTI-HAITI ADVANTAGE REHAB THERAPY PROGRAM, TWO COMMUNITY HEALTH PROJECTS IN GUATEMALA AND THREE NON-GOVERNMENTAL ORGANIZATION PARTNER PROJECTS IN HONDURAS.

EL SALVADOR: IN FY16 MTI SUPPORTED THE WORK OF OUR PARTNER ASAPROSAR BY SENDING ONE TEAM TO PROVIDE OPHTHALMOLOGY SURGERIES FOR 37 CHILDREN.

GUATEMALA: IN FY16, MTI-GUATEMALA CONTINUED MATERNAL AND CHILD HEALTH PROGRAM IN 49 COMMUNITIES IN CHICAMAN, EL QUICHE AND SENAHU, ALTA VERAPAZ. THESE PROJECTS AIM TO REDUCE THE INCIDENCE AND IMPROVE CASE MANAGEMENT OF DIARRHEA, MALNUTRITION AND ACUTE RESPIRATORY INFECTIONS IN CHILDREN, WHILE SIMULTANEOUSLY IMPROVING MATERNAL HEALTH. MTI HELPED TO TRAIN COMMUNITY MEMBERS IN NUTRITION AND PREVENTION AND CASE MANAGEMENT OF CHILDHOOD ILLNESSES. MTI-GUATEMALA HOSTED 15 COMMUNITY IMPACT TEAMS AND ONE DENTAL TEAM.

HAITI: TO HELP IMPROVE THE HEALTH OF HAITIANS AND ASSIST IN THE

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REDEVELOPMENT OF HAITI'S HEALTH INSTITUTIONS, MTI ENGAGED IN FOUR PROJECTS:
TWO COMMUNITY HEALTH PROJECTS IN CROCHU AND BOEN FOCUSED ON CHOLERA,
DIARRHEA PREVENTION AND TREATMENT, AND MATERNAL AND NEWBORN HEALTH; A FULL
SERVICE PHYSICAL REHABILITATION CLINIC WITH PROSTHETICS AND ORTHOTICS
CAPACITY IN LES CAYES AND A COMMUNITY HEALTH PROJECT AND CLINIC IN TERRE
BLANCHE.

HONDURAS: MTI CONTINUES TO SUPPORT THE WORK OF OUR PARTNERS CADENA DE AMOR
(CDA), PREDISAN AND CASM. MTI SENT SIX VOLUNTEER TEAMS TO HONDURAS TO
PROVIDE MEDICAL AND DENTAL SERVICES AND TRAIN MEDICAL PROFESSIONALS IN
ULTRASOUND.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
UZBEKISTAN, UGANDA, LIBERIA, GUATEMALA, CAMBODIA, NEPAL, HAITI, TURKEY

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
AND, IN THE ABSENCE OF RESOLUTION, REFERS THE MATTER TO THE BOARD OF

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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.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS MTI ATTEMPTS TO PAY SALARIES COMPETITIVE 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 CEO APPROVES SALARIES FOR THE OTHER OFFICERS 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, RHODE ISLAND, KENTUCKY, WEST VIRGINIA, ARKANSAS, NEW HAMPSHIRE, GEORGIA, OKLAHOMA, MAINE, SOUTH CAROLINA

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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 - OTHER CHANGES IN NET ASSETS EXPLANATION

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES	\$ 646,678
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$ 57,343
RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES	\$ -646,678
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$ -57,343