

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10/01/17, and ending 09/30/18

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **MEDICAL TEAMS INTERNATIONAL**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **14150 SW MILTON CT**
 Room/suite: _____
 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 \$: **54,791,815**

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? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **HTTP://WWW.MEDICALTEAMS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1979** **M** State of legal domicile: **OR**

H(c) Group exemption number: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	129	
	6	Total number of volunteers (estimate if necessary)	2460	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 59,142,987	Current Year: 52,640,734
	9	Program service revenue (Part VIII, line 2g)	827,947	738,384
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,350	84,116
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-184,435	-90,846
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,817,849	53,372,388
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,209,175	28,682,136
	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)	15,087,634	15,427,644
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	27,452	24,322
	b	Total fundraising expenses (Part IX, column (D), line 25) 3,994,790		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,590,350	9,638,280
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,914,611	53,772,382
	19	Revenue less expenses. Subtract line 18 from line 12	-7,096,762	-399,994
	20	Total assets (Part X, line 16)	Beginning of Current Year: 32,163,924	End of Year: 32,345,042
	21	Total liabilities (Part X, line 26)	1,723,018	2,204,491
22	Net assets or fund balances. Subtract line 21 from line 20	30,440,906	30,140,551	

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* Date: **2/15/2019**
 Type or print name and title: **PAMELA S. BLIKSTAD VP/CFO**

Paid Preparer Use Only
 Print/Type preparer's name: **FRITZ S. DUNCAN** Preparer's signature: _____ Date: **02/12/19** Check if self-employed PTIN: **P00036435**
 Firm's name: **JONES & ROTH, P.C.** Firm's EIN: **93-0819646**
 Firm's address: **PO BOX 10086 EUGENE, OR 97440** Phone no.: **541-687-2320**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[] Yes [X] No

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

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

4a (Code:) (Expenses \$ 47,486,153 including grants of \$ 28,682,139) (Revenue \$ 738,384)

SEE SCHEDULE O

IN FY18, MEDICAL TEAMS INTERNATIONAL DEPLOYED 45 VOLUNTEER HEALTH CARE TEAMS TO FOUR COUNTRIES: BANGLADESH, GUATEMALA, NEPAL, AND UGANDA. TEAMS PROVIDED DIRECT MEDICAL SERVICES AND TRAINING FOR PHYSICIANS AND NURSES IN THE AREAS OF FAMILY PRACTICE, PEDIATRICS, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, EMERGENCY MEDICINE, MIDWIFERY, ULTRASOUND TRAINING, MANAGEMENT OF CHILDHOOD ILLNESS, AND NUTRITION.

MEDICAL TEAMS ALSO SHIPPED LIFE-SAVING MEDICINES, SUPPLIES AND EQUIPMENT TO TURKEY, DOMINICAN REPUBLIC, PAKISTAN, GEORGIA, SOUTH SUDAN, UKRAINE, GREECE, GUATEMALA, KENYA, NEPAL, MONGOLIA, BURUNDI, AND THE UNITED STATES.

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 47,486,153

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 number, question text, and Yes/No checkboxes. Includes sub-questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b. Values include 57, 0, 129, and 'SEE SCHEDULE O'.

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 [X]

Section A. Governing Body and Management

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 1a-1b, 2-9.

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

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 10a-16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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) MICHAEL GOODWIN CHAIR, EX COMMITTEE	1.00 0.00	X		X				0	0	0
(2) DR. TODD ULMER CHAIR, PROGRAM COMM	1.00 0.00	X		X				0	0	0
(3) PAT RESER VICE CHAIR	1.00 0.00	X		X				0	0	0
(4) RYAN MCANINCH TREASURER	1.00 0.00	X		X				0	0	0
(5) REV. SHARI JACKSON MONSON SECRETARY	1.00 0.00	X		X				0	0	0
(6) MIKE BUTLER DIRECTOR	1.00 0.00	X						0	0	0
(7) GEOFF GUILFOY DIRECTOR	1.00 0.00	X						0	0	0
(8) MICHAEL LEVELLE DIRECTOR	1.00 0.00	X						0	0	0
(9) KATIE TAYLOR DIRECTOR	1.00 0.00	X						0	0	0
(10) ELIZABETH LIE DIRECTOR	1.00 0.00	X						0	0	0
(11) DR. NATHALIE JOHNSON DIRECTOR	1.00 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) SEAN ROBBINS	1.00									
DIRECTOR	0.00	X						0	0	
(13) BETH WEIBLING	1.00									
DIRECTOR	0.00	X						0	0	
(14) GABE WINSLOW	1.00									
DIRECTOR	0.00	X						0	0	
(15) MARTHA NEWSOME	40.00									
CEO	0.00			X				227,931	27,278	
(16) PAMELA S. BLIKSTAD	40.00									
VP/CFO	0.00			X				158,695	29,201	
(17) JON BEIGHLE	40.00									
VP MARKETING & DEV.	0.00			X				155,542	37,759	
(18) DOUG FOUNTAIN	40.00									
VP STRATEGY & IMPACT	0.00			X				138,600	19,941	
(19) ROGER SANDBERG	40.00									
VP FIELD OPERATIONS	0.00			X				137,720	33,165	
1b Sub-total								818,488	147,344	
c Total from continuation sheets to Part VII, Section A								569,474	122,275	
d Total (add lines 1b and 1c)								1,387,962	269,619	

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 **12**

	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 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	16,376			
	b	Membership dues	1b				
	c	Fundraising events	1c	1,737,733			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,941,668			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	47,944,957			
	g	Noncash contributions included in lines 1a-1f: \$		26,550,765			
	h	Total. Add lines 1a-1f		52,640,734			
Program Service Revenue	2a	SERVICE FEES	Busn. Code	738,384	738,384		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		738,384			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		139,410		
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	555,236			
			(ii) Other	38,726			
b		Less: cost or other basis & sales exps		554,826	94,430		
c		Gain or (loss)	410		-55,704		
d		Net gain or (loss)		-55,294	-55,704		410
8a		Gross income from fundraising events (not including \$ 1,737,733 of contributions reported on line 1c). See Part IV, line 18	a	536,501			
b		Less: direct expenses	b	770,171			
c	Net income or (loss) from fundraising events		-233,670				
9a	Gross income from gaming activities. See Part IV, line 19	a	55,350				
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities		55,350			55,350	
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		87,474	87,474			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		87,474				
12	Total revenue. See instructions.		53,372,388	770,154	0	195,170	

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	8,097,128	8,097,128		
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	20,585,008	20,585,008		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	915,585	261,018	375,630	278,937
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	11,720,868	8,812,793	847,787	2,060,288
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,140,200	847,408	80,553	212,239
9 Other employee benefits	1,119,896	828,551	83,573	207,772
10 Payroll taxes	531,095	269,468	82,717	178,910
11 Fees for services (non-employees):				
a Management				
b Legal	21,293	10,250	5,058	5,985
c Accounting	108,409	52,183	25,754	30,472
d Lobbying				
e Professional fundraising services. See Part IV, line 7	24,322			24,322
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.)	1,500,037	715,167	209,230	575,640
12 Advertising and promotion	356,650	4,354	28,316	323,980
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,782,296	1,581,945	86,526	113,825
17 Travel	1,339,689	1,155,222	73,053	111,414
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	762,348	622,062	96,584	43,702
23 Insurance	302,069	220,320	80,746	1,003
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	1,848,844	1,627,744	48,088	173,012
b OTHER	970,640	503,480	128,809	338,351
c VEHICLES	948,259	944,468	1,006	2,785
d EQUIPMENT	467,917	347,584	38,009	82,324
e All other expenses	-770,171			-770,171
25 Total functional expenses. Add lines 1 through 24e	53,772,382	47,486,153	2,291,439	3,994,790
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) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	1,305,136	1	1,781,329
	2	Savings and temporary cash investments	3	2	1
	3	Pledges and grants receivable, net	3,496,484	3	2,880,114
	4	Accounts receivable, net	262,455	4	872,136
	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	15,743,476	8	16,453,873
	9	Prepaid expenses and deferred charges	193,683	9	260,098
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,727,231		
	b	Less: accumulated depreciation	10b 8,593,482	10c	7,133,749
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	3,297,365	12	2,963,742
	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)	32,163,924	16	32,345,042	
Liabilities	17	Accounts payable and accrued expenses	1,222,787	17	1,702,135
	18	Grants payable		18	
	19	Deferred revenue	231	19	2,356
	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	500,000	25	500,000
	26	Total liabilities. Add lines 17 through 25	1,723,018	26	2,204,491
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	26,071,518	27	25,918,227
	28	Temporarily restricted net assets	2,063,782	28	1,844,460
	29	Permanently restricted net assets	2,305,606	29	2,377,864
	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	30,440,906	33	30,140,551	
34	Total liabilities and net assets/fund balances	32,163,924	34	32,345,042	

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	53,372,388
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,772,382
3	Revenue less expenses. Subtract line 2 from line 1	3	-399,994
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,440,906
5	Net unrealized gains (losses) on investments	5	99,639
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	30,140,551

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	

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) JANIS LINDSTEADT PROGRAM DIRECTOR	40.00 0.00					X		117,700	0	16,552
(21) CYNTHIA BREILH ADVANCEMENT DIRECTOR	40.00 0.00					X		117,551	0	29,995
(22) JOSEPH DICARLO GLOBAL AMBASSADOR	40.00 0.00					X		114,296	0	16,901
(23) STEVEN MYHRE HR DIRECTOR	40.00 0.00					X		112,227	0	33,229
(24) DEVON PEARCE COMPLIANCE DIRECTOR	40.00 0.00					X		107,700	0	25,598
1b Sub-total								569,474		122,275
c Total from continuation sheets to Part VII, Section A										
d 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	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization MEDICAL TEAMS INTERNATIONAL	Employer identification number **-***8944
--	---

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1–10 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						

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

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	163,945,096	187,147,733	112,075,001	59,142,987	52,640,734	574,951,551
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	163,945,096	187,147,733	112,075,001	59,142,987	52,640,734	574,951,551
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)						284,513,405
6 Public support. Subtract line 5 from line 4.						290,438,146

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	163,945,096	187,147,733	112,075,001	59,142,987	52,640,734	574,951,551
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,663	106,881	107,073	141,805	139,410	558,832
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						575,510,383
12 Gross receipts from related activities, etc. (see instructions)					12	7,969,297
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	50.47%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	53.24%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	163,945,096	187,147,733	112,075,001	59,142,987	52,640,734	574,951,551
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	1,588,699	1,723,690	1,795,507	1,443,692	1,417,709	7,969,297
3 Gross receipts from activities that are not an unrelated trade or business under section 513	77,800	78,000	74,600	31,800	55,350	317,550
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	165,611,595	188,949,423	113,945,108	60,618,479	54,113,793	583,238,398
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	100,587,051	123,055,781	73,237,210	8,882,437	13,281,550	319,044,029
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	100,587,051	123,055,781	73,237,210	8,882,437	13,281,550	319,044,029
8 Public support. (Subtract line 7c from line 6.)						264,194,369

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	165,611,595	188,949,423	113,945,108	60,618,479	54,113,793	583,238,398
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,663	106,881	107,073	141,805	139,410	558,832
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	63,663	106,881	107,073	141,805	139,410	558,832
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.)	165,675,258	189,056,304	114,052,181	60,760,284	54,253,203	583,797,230

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 2017 (line 8, column (f) divided by line 13, column (f))	15	45.25%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	50.03%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
b 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.		
c 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 12a or 12b in Part I, answer (b) and (c) below.		
b 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.		
c 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).		
b 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?		
c 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 .		
b 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 .		
c 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.		
b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** 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.

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below. <ul style="list-style-type: none"> 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? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> 		

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 (explain in Part VI). 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).		

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 2017 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-2017
1	Distributable amount for 2017 from Section C, line 6		(iii) Distributable Amount for 2017
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2017:		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

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 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

-*8944

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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	2,305,606	2,066,365	1,867,460	2,063,693	1,805,315
b Contributions					
c Net investment earnings, gains, and losses	187,488	345,593	198,905	-103,048	258,378
d Grants or scholarships					
e Other expenditures for facilities and programs	115,230	106,352		93,185	
f Administrative expenses					
g End of year balance	2,377,864	2,305,606	2,066,365	1,867,460	2,063,693

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:

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

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		1,732,777		1,732,777
b Buildings		6,875,838	2,849,426	4,026,412
c Leasehold improvements				
d Equipment		6,911,351	5,536,791	1,374,560
e Other		207,265	207,265	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,133,749

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	2,963,742	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,963,742	

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	500,000	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	500,000	

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	59,983,846
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	99,639
b	Donated services and use of facilities	2b	5,675,909
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	835,910
e	Add lines 2a through 2d	2e	6,611,458
3	Subtract line 2e from line 1	3	53,372,388
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	53,372,388

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	60,284,201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,675,909
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	835,910
e	Add lines 2a through 2d	2e	6,511,819
3	Subtract line 2e from line 1	3	53,772,382
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	53,772,382

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	\$	770,171
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$	65,739
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES	\$	770,171
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$	65,739

Part XIII Supplemental Information (continued)

Area containing horizontal dotted lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

-*8944

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN (1)	2		PROGRAM SERVICES	SEE SCHEDULE O	2,897,885
EAST ASIA AND THE PACIFIC (2)	1		PROGRAM SERVICES	SEE SCHEDULE O	1,857,343
EUROPE (INCLUDING ICELAND AND GREENLAND) (3)			PROGRAM SERVICES	SEE SCHEDULE O	5,041,829
MIDDLE EAST AND NORTH AFRICA (4)	1		PROGRAM SERVICES	SEE SCHEDULE O	406,402
RUSSIA AND NEIGHBORING STATES (5)			PROGRAM SERVICES	SEE SCHEDULE O	2,548,331
SOUTH ASIA (6)	1		PROGRAM SERVICES	SEE SCHEDULE O	8,886,161
SUB-SAHARAN AFRICA (7)	2		PROGRAM SERVICES	SEE SCHEDULE O	22,194,771
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	7				43,832,722
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)	7				43,832,722

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

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
(1)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			995
(2)			EUROPE	HELP THOSE IN NEED			2,765
(3)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			935
(4)			EAST ASIA AND PACIFIC	HELP THOSE IN NEED	52,029	WIRE TRANSFER	
(5)			SOUTH ASIA	HELP THOSE IN NEED			7,970
(6)			SOUTH ASIA	HELP THOSE IN NEED	14,991	WIRE TRANSFER	
(7)			MIDDLE EAST AND NORTH AFRICA	HELP THOSE IN NEED	113,911	WIRE TRANSFER	
(8)			MIDDLE EAST AND NORTH AFRICA	HELP THOSE IN NEED	148,714	WIRE TRANSFER	
(9)			EUROPE	HELP THOSE IN NEED	104,091	WIRE TRANSFER	3,080
(10)			EUROPE	HELP THOSE IN NEED	18,120	WIRE TRANSFER	
(11)			RUSSIA AND NEIGHBORING STATES	HELP THOSE IN NEED			1,618
(12)			MIDDLE EAST AND NORTH AFRICA	HELP THOSE IN NEED	96,750	WIRE TRANSFER	
(13)			MIDDLE EAST AND NORTH AFRICA	HELP THOSE IN NEED	47,027	WIRE TRANSFER	
(14)			SUB-SAHARAN AFRICA	HELP THOSE IN NEED	103,790	WIRE TRANSFER	
(15)			SUB-SAHARAN AFRICA	HELP THOSE IN NEED			885
(16)			EAST ASIA & PACIFIC	HELP THOSE IN NEED			5

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

3 Enter total number of other organizations or entities

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization reported in 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
(1)			SOUTH ASIA	HELP THOSE IN NEED			900
(2)			SUB-SAHARAN AFRICA	HELP THOSE IN NEED			720
(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 answer
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 noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(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; don't 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; don't 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
 MEDICAL TEAMS MONITORS THE USE OF GRANT FUNDS TO OTHER ORGANIZATIONS AND PARTNERS THROUGH AGREED-UPON BUDGETS AND MEMORANDUMS OF UNDERSTANDING. MONTHLY BVA REPORTS ARE REVIEWED BY SENIOR PROGRAM STAFF AND HQ FINANCE. MEDICAL TEAMS FIELD OFFICE STAFF MEET REGULARLY WITH GRANTEES AND PARTNERS TO ENSURE PROGRAMMATIC GOALS ARE BEING MET.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND THE CARIBBEAN	\$ 2,897,885	\$ 0
EAST ASIA AND THE PACIFIC	\$ 1,857,343	\$ 0
EUROPE (INCLUDING ICELAND AND GREENLAND)	\$ 5,041,829	\$ 0
MIDDLE EAST AND NORTH AFRICA	\$ 406,402	\$ 0
RUSSIA AND NEIGHBORING STATES	\$ 2,548,331	\$ 0
SOUTH ASIA	\$ 8,886,161	\$ 0
SUB-SAHARAN AFRICA	\$ 22,194,771	\$ 0

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

-*8944

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 10 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	43,966	24,322	19,644
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				43,966	24,322	19,644

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
		<u>FIELD OF DREAMS</u> (event type)	<u>GREAT ADVENTURE</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,428,724	845,510	2,274,234
	2	Less: Contributions	1,087,651	650,082	1,737,733
	3	Gross income (line 1 minus line 2)	341,073	195,428	536,501
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	51,452	49,258	100,710
	6	Rent/facility costs	80,652		80,652
	7	Food and beverages	100,126	59,558	159,684
	8	Entertainment			
	9	Other direct expenses	198,171	230,954	429,125
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-233,670

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	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<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)				55,350

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:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	44.00 %
b An outside facility	13b	56.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MEDICAL TEAMS INTERNATIONAL
14150 SW MILTON CT

Address ▶ TIGARD OR 97224

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ JON BEIGHLE

Gaming manager compensation ▶ \$

Description of services provided ▶ VP MARKETING AND DEVELOPMENT

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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) D nonca:
(1)	MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK GA 31525	** - *** 6390	3	114,124	255,090	WAC	MED:
(2)	BIRCH COMMUNITY SERVICES 17780 NE SAN RAFAEL PORTLAND OR 97230	** - *** 6020	3		224,727	WAC	MED:
(3)	BLANCHET HOUSE 340 NW GLISAN PORTLAND OR 97208	** - *** 1009	3		16,210	WAC	MED:
(4)	CENTRAL CITY CONCERN (RECUPERATIVE) 309 SW 4TH PORTLAND OR 97204	** - *** 8816	3		8,330	WAC	MED:
(5)	CHILDREN'S COMMUNITY CLINIC 27 NE KILLINGSWORTH PORTLAND OR 97221	** - *** 1915	3		6,488	WAC	MED:
(6)	CHRISTIAN AID MINISTRIES PO BOX 360 BERLIN OH 44610-0360	** - *** 4364	3		1,116,804	WAC	MED:
(7)	CITY TEAM MINISTRIES 2304 ZANKER ROAD SAN JOSE CA 95131	** - *** 1265	3		19,374	WAC	MED:
(8)	CLACKAMAS WOMEN'S SERVICES 704 MAIN ST. # 200 OREGON CITY OR 97045	** - *** 0119	3		8,569	WAC	MED:
(9)	HOUSE OF ZION 1430 E. CLEVELAND WOODBURN OR 97071	** - *** 1543	3		11,209	WAC	MED:

- 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.

DAA

**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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

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, or the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the org 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional spa

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) D nonca
(1)	HOUSING TRANSITIONS 2740 SE POWELL BLVD #6 PORTLAND OR 97202	** - *** 6801	3		8,342	WAC	MED:
(2)	JOIN 3338 SE 17TH AVE PORTLAND OR 97202	** - *** 0005	3		14,099	WAC	MED:
(3)	KINGSWAY CHARITIES 1119 COMMONWEALTH AVE. BRISTOL VA 24201	** - *** 8650	3		1,646,893	WAC	MED:
(4)	LIFEWORCS 14600 NW CORNELL PORTLAND OR 97229	** - *** 2822	3		6,214	WAC	MED:
(5)	LOVE, INC 209 S MAIN STREET NEWBERG OR 97132	** - *** 8805	3		16,911	WAC	MED:
(6)	NEW AVENUES FOR YOUTH 1220 SW COLUMBIA AVENUE PORTLAND OR 97201	** - *** 0213	3		5,083	WAC	MED:
(7)	NORTHWEST MISSION BIBLE TRAINING 2724 N AINSWORTH PORTLAND OR 97217	** - *** 1094	3		10,743	WAC	MED:
(8)	OPERATION NIGHTWATCH 1432 SW 13TH AVE PORTLAND OR 97201	** - *** 5248	3		34,396	WAC	MED:
(9)	PARTNERSHIP WITH NATIVE AMERICANS 16415 ADDISON RD, SUITE 200 ADDISON TX 75001	** - *** 8256	3		45,997	WAC	MED:

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.

DAA

**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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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
(1)	PORTLAND RESCUE MISSION 111 W BURNSIDE PORTLAND OR 97209	** - *** 9004	3		14,273	WAC	MED:
(2)	RAPHAEL HOUSE OF PORTLAND 4110 SE HAWTHORNE # 503 PORTLAND OR 97214	** - *** 0963	3		14,557	WAC	MED:
(3)	ROSEHAVEN 1808 NW IRVING PORTLAND OR 97209	** - *** 2633	3		8,777	WAC	MED:
(4)	SHARE HOMELESS SHELTERS PO BOX 1209 VANCOUVER WA 98666-1209	** - *** 5119	3		15,407	WAC	MED:
(5)	SOCIETY OF ST. VINCENT DE PAUL 8101 SW CORNELL ST PORTLAND OR 97206	** - *** 6525	3		5,801	WAC	MED:
(6)	UNION GOSPEL MISSION 15 NW 3RD PORTLAND OR 97208	** - *** 1258	3		13,798	WAC	MED:
(7)	VOLUNTEERS OF AMERICA 3910 SE STARK PORTLAND OR 97214	** - *** 2595	3		22,624	WAC	MED:
(8)	WALLACE MEDICAL CONCERN 124 NE 181ST AVE #103 PORTLAND OR 97230	** - *** 3709	3		13,197	WAC	MED:
(9)	WEST WOMEN AND CHILDREN SHELTER 2010 NW KEARNEY PORTLAND OR 97208	** - *** 6347	3		12,655	WAC	MED:

- 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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the org: 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional spa

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) D nonca:
(1)	WHITE SHIELD - SALVATION ARMY 2640 NW ALEXANDRA AVE PORTLAND OR 97210	** - *** 6922	3		5,229	WAC	MED:
(2)	WILLIAM TEMPLE HOUSE 2023 NW HOYT ST PORTLAND OR 97209	** - *** 9964	3		24,058	WAC	MED:
(3)	YOUNGLIFE'S WASHINGTON FAMILY RAN CH 1 MUDDY ROAD ANTELOPE OR 97001	** - *** 5934	3		8,631	WAC	MED:
(4)	FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX AZ 85034	** - *** 0390	3	112,856			
(5)	DOMESTIC VIOLENCE RESOURCE CENTER 735 SW 158TH AVE SUITE 100 BEAVERTON OR 97006	** - *** 5804	3		7,372	WAC	MED:
(6)	HOPE STATION 1337 MADISON ST NE #115 SALEM OR 97301	** - *** 2561	3		6,770	WAC	MED
(7)	HOPSCOTCH 2730 SE KNAPP ST PORTLAND OR 97202	** - *** 2055	3		1,746,818	WAC	MED:
(8)	NUEVAS SONRISAS PO BOX 132 LAKE OSWEGO OR 97034	** - *** 4095	3		9,115	WAC	MED:
(9)	MOUNT HOOD COMMUNITY COLLEGE 26000 SE STARK GRESHAM OR 97030	** - *** 1622	3		7,445	WAC	MED

- 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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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) D nonca
(1)	NORTHWEST FAMILY SERVICES 6200 SE KING RD PORTLAND OR 97222	** - ***1022	3		6,770	WAC	MED:
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

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

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-B, line 14. 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 noncash assistance	(e) Method of valuation FMV, appraisal, oth
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 information requested in the instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 MEDICAL TEAM'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)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

-*8944

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 (such as, 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 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- If "Yes" on 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?
- b** Any related organization?
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
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.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations on row (ii). Do not list any individuals that aren't 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).

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
1 MARTHA NEWSOME CEO	(i) 227,931 (ii) 0	0	0	3,062	24,000
2 PAMELA S. BLIKSTAD VP/CFO	(i) 158,695 (ii) 0	0	0	11,457	17,000
3 JON BEIGHLE VP MARKETING & DEV.	(i) 155,542 (ii) 0	0	0	11,531	26,000
4 DOUG FOUNTAIN VP STRATEGY & IMPACT	(i) 138,600 (ii) 0	0	0	9,828	10,000
5 ROGER SANDBERG VP FIELD OPERATIONS	(i) 137,720 (ii) 0	0	0	9,537	23,000
6	(i) (ii)				
7	(i) (ii)				
8	(i) (ii)				
9	(i) (ii)				
10	(i) (ii)				
11	(i) (ii)				
12	(i) (ii)				
13	(i) (ii)				
14	(i) (ii)				
15	(i) (ii)				
16	(i) (ii)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

-*8944

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	35	482,426	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	21,601,885	WAC
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE/OTC)	X	500	4,461,219	FMV
26 Other ▶ (DENTAL EQUIPMENT)	X	1	5,235	FMV
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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

-*8944

FORM 990 - ORGANIZATION'S MISSION

FOUNDED IN 1979, MEDICAL TEAMS INTERNATIONAL (MEDICAL TEAMS) IS A CHRISTIAN HUMANITARIAN RELIEF AGENCY FOCUSED ON PROVIDING LIFE-SAVING MEDICAL CARE FOR PEOPLE IN CRISIS, SUCH AS SURVIVORS OF NATURAL DISASTERS AND REFUGEES. WE CARE FOR THE WHOLE PERSON - PHYSICAL, EMOTIONAL, SOCIAL, AND SPIRITUAL. DARING TO LOVE LIKE JESUS, WE CARE FOR ALL PEOPLE - REGARDLESS OF RELIGION, NATIONALITY, SEX, OR RACE. WE BELIEVE EVERY PERSON, NO MATTER WHERE THEY ARE OR HOW DESPERATE THEIR SITUATION, MATTERS.

MEDICAL TEAMS RESPONDS TO DISASTERS AND PROTRACTED EMERGENCIES AROUND THE WORLD WHERE THE NEEDS ARE URGENT, WHERE WE HAVE ACCESS, AND WHEN RESOURCES ARE AVAILABLE.

WE PROVIDE DIRECT MEDICAL CARE TO PEOPLE WHO HAVE BEEN IMPACTED BY EMERGENCIES AND CONFLICT AND HAVE LIMITED OR NO ACCESS TO LIFE-SAVING CARE. WE USE PROFESSIONALLY TRAINED VOLUNTEERS AND STAFF TO OPERATE FIXED OR MOBILE HEALTH CENTERS. IN THE U.S., WE PROVIDE FREE DENTAL CARE SERVICES TO PEOPLE WITH NO ACCESS TO DENTAL CARE THROUGH OUR MOBILE DENTAL PROGRAM.

WE WORK DIRECTLY WITH HEALTH FACILITIES TO IMPROVE AND STRENGTHEN THE QUALITY OF MEDICAL SERVICES BEING PROVIDED. IN MANY CASES, THIS INVOLVES TRAINING OF HEALTH CARE PROFESSIONALS AND SEEKING TO IMPROVE ACCESS AND MANAGEMENT OF MEDICINES AND MEDICAL SUPPLIES.

WE WORK IN PARTNERSHIP WITH COMMUNITIES, ESPECIALLY WITH WOMEN AND

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

-*8944

CHILDREN, TO EMPOWER THEM TO MANAGE AND PROMOTE THEIR OWN HEALTH AS WELL AS
REDUCE PREVENTABLE DISEASES AND ENSURE SUSTAINABILITY AND WELL-BEING LONG
AFTER WE LEAVE.

FORM 990, PART I, LINE 6

VOLUNTEERS PROVIDE TRAINING AND HEALTH CARE TO PEOPLE IN NEED IN DEVELOPING
COUNTRIES AND DISASTER-AFFECTED AREAS, IMPLEMENT EMERGENCY PREPAREDNESS
PROGRAMS, PROVIDE FREE DENTAL CARE IN THE PACIFIC NORTHWEST, HOST VISITORS
AND TOUR GROUPS IN OUR MULTI-SENSORY EXHIBIT, PROVIDE GENERAL OFFICE
ASSISTANCE, REPRESENT THE ORGANIZATION IN COMMUNITY EVENTS, AND HELP
PREPARE MEDICAL SUPPLIES AND EQUIPMENT FOR SHIPMENT TO INTERNATIONAL
OFFICES AND PARTNERS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

BANGLADESH: IN FY18 THE JOINT ROHINGYA RESPONSE PROGRAM (JRRP), COMPRISING
THE FOOD FOR THE HUNGRY (FH) AND MEDICAL TEAMS INTERNATIONAL PARTNERSHIP,
SOUGHT TO ADDRESS THE OVERALL HEALTH AND REHABILITATION OF AFFECTED
COMMUNITIES IN THE ROHINGYA REFUGEE CAMPS IN COX'S BAZAR DISTRICT. THE
PROGRAM DELIVERED A COMPREHENSIVE PACKAGE OF SERVICES BY ADDRESSING
SPECIFIC HEALTH NEEDS OF VULNERABLE POPULATIONS THROUGH DIRECT HEALTH
SERVICES, HEALTH SYSTEM STRENGTHENING, AND COMMUNITY SYSTEM STRENGTHENING.

IN FY18 JRRP HAD THREE PRIMARY HEALTH CENTERS (PHC) AND TWO HEALTH POSTS
(HP) IN KUTUPALONG CAMP. DIRECT HEALTH SERVICES WERE COMPLEMENTED BY AN
EXTENSIVE COMMUNITY HEALTH WORKERS (CHW) PROGRAM WHICH COVERED THE THREE
CAMPS WHERE JRRP FACILITIES OPERATED (CAMP 5, CAMP 6 AND CAMP 8W), AS WELL

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

-*8944

AS NAYAPARA EXTENSION SITE.

JRRP SOUGHT TO COHESIVELY INTEGRATE HEALTH SERVICES, COMMUNITY HEALTH WORKERS (CHWS), AND NUTRITION SERVICES IN ITS HEALTH FACILITIES AND TARGETED COMMUNITIES. PARTICIPATORY ACTIVITIES WERE EXTENDED AND CONDUCTED WITHIN HEALTH FACILITIES THAT, IN PART, ACTED AS COMMUNITY HUBS TO ENSURE COMMUNITIES' ACCESS TO INFORMATION AND SERVICES. THIS INCREASED THE JRRP'S COVERAGE OF HEALTH NEEDS, AS WELL AS THE QUALITY OF ITS SERVICES, WHICH WERE ADAPTED TO THE TARGETED POPULATION IT COVERED.

LEBANON: IN FY18 MEDICAL TEAMS CONTINUED ITS WORK SERVING SYRIAN REFUGEES IN THE BEKAA VALLEY IN LEBANON. THE PRIMARY TARGETED BENEFICIARIES WERE SYRIAN REFUGEES LIVING IN 120 INFORMAL REFUGEE SETTLEMENTS IN THE CENTRAL BEKAA VALLEY, LEBANON. TO STRENGTHEN BOTH THE HEALTH SYSTEMS AND COMMUNITY SYSTEMS, MEDICAL TEAMS USES 200+ REFUGEE OUTREACH VOLUNTEERS (ROVS) WHO HAVE BEEN TRAINED ON NON-COMMUNICABLE DISEASE (NCD) ISSUES, COMPLICATIONS, MEASUREMENTS, AND LIFE HABITS.

PROJECT PARTICIPANTS ARE ALL NCD PATIENTS, AND THOSE AT RISK OF DEVELOPING A CHRONIC DISEASE, WHO ARE RESIDING IN INFORMAL SETTLEMENTS THAT ARE LOCATED IN MEDICAL TEAMS PROJECT AREAS, WITH LIMITED OR NO ACCESS TO PRIMARY HEALTH CENTER SERVICES. AN ADDITIONAL 30 SENIOR REFUGEE OUTREACH VOLUNTEERS (SROVS) ARE GIVEN ADDITIONAL TRAINING ON HEALTH TOPICS THAT ARE IDENTIFIED BY THE REFUGEE COMMUNITY AS IMPORTANT. THESE SROVS GIVE EDUCATIONAL HEALTH SESSIONS ON TOPICS SUCH AS MENTAL HEALTH, SKIN DISEASES, ANC/PNC AND RAISES AWARENESS ON THE EVER CHANGING HEALTH SYSTEM WITH

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

-*8944

MEDICAL TEAMS STAFF.

TURKEY: IN FY18, MEDICAL TEAMS CONTINUED TO SUPPORT HOSPITALS IN NORTHERN SYRIA THROUGH SHIPMENTS OF MEDICAL AND HEALTH PRODUCTS, IN COLLABORATION WITH LOCAL PARTNER INTERNATIONAL BLUE CRESCENT (IBC). MEDICAL TEAMS' CURRENT PROGRAM HAS TWO AREAS OF FOCUS. THE FIRST IS CROSS-BORDER ACTIVITIES IN SYRIA IMPLEMENTED FROM TURKEY AND DIRECTED AT VULNERABLE COMMUNITIES IN NORTHERN SYRIA WHERE THE HUMANITARIAN NEEDS REMAIN GREATEST. THE SECOND FOCUS AREA IS DIRECT HEALTHCARE AND HEALTH SYSTEM STRENGTHENING ACTIVITIES IN SOUTHERN TURKEY, SERVING VULNERABLE PEOPLE WHO ARE ALREADY RESIDING IN TURKEY. SPECIFICALLY, MEDICAL TEAMS SUPPORTS A MENTAL HEALTH PROGRAM IN KILIS, TURKEY, WHICH WILL PROVIDE CRITICALLY NEEDED SPECIALIZED SERVICES FOR PEOPLE LIVING WITH MENTAL HEALTH ISSUES AND GENDER-BASED VIOLENCE (GBV) SURVIVORS, AS WELL AS PSYCHIATRIC SERVICES FOR THOSE WITH SEVERE NEEDS.

LIBERIA: IN FY18, MEDICAL TEAMS FINALIZED A HEALTH SYSTEM STRENGTHENING PROJECT IN SINOE AND GRAND KRU COUNTIES TRAINING COMMUNITY HEALTH WORKERS IN ALIGNMENT WITH THE COUNTRY'S NEWLY ADAPTED NATIONAL COMMUNITY HEALTH SERVICES POLICY.

MEDICAL TEAMS WAS ALSO THE RECIPIENT OF THE GLOBAL FUND MALARIA NEW FUNDING MODEL GRANT VIA PLAN INTERNATIONAL. AS A PART OF THIS GRANT, MEDICAL TEAMS CONDUCTED MASS DISTRIBUTION CAMPAIGNS OF LONG LASTING INSECTICIDE NETS IN GRAND CAPE MOUNT, RIVERCESS, SINOE AND GRAND KRU COUNTIES.

UGANDA: MEDICAL TEAMS IS IMPLEMENTING EMERGENCY AND PREVENTATIVE HEALTH CARE PROGRAMMING THROUGH TARGETED RELIEF AND DEVELOPMENT STRATEGIES IN THE

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

-*8944

NORTHWESTERN, SOUTHWESTERN, AND WESTERN REGIONS OF UGANDA. MEDICAL TEAMS IS A LEAD HEALTH IMPLEMENTING PARTNER FOR UNHCR IN NAKIVALE AND ORUCHINGA SETTLEMENTS IN SOUTHWEST UGANDA, IN ADJUMANI (11 SETTLEMENTS), ARUA (IMVEP SETTLEMENT AND RHINO CAMP), AND MOYO (PALORINYA SETTLEMENT) DISTRICTS IN WEST NILE.

IN SOUTHWEST UGANDA, WITH SUPPORT FROM THE WORLD FOOD PROGRAM, U.S. STATE DEPARTMENT AND UNHCR, MEDICAL TEAMS IS PROVIDING MEDICAL CARE TO OVER 174,000 REFUGEES CROSSING AND LIVING ALONG THE BORDER OF SOUTHWESTERN UGANDA. MEDICAL TEAMS CONTINUES TO STAFF MEDICAL FACILITIES IN NAKIVALE AND ORUCHINGA WITH A GOAL TO REDUCE MORBIDITY AND MORTALITY OF REFUGEES LIVING IN THE RESETTLEMENT CAMPS. THROUGH THOSE CLINICS, MEDICAL TEAMS 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, TRAINING OF COMMUNITY HEALTH WORKERS, AND MONITORING FOR ANY DISEASE OUTBREAKS.

IN WEST NILE, IN PARTNERSHIP WITH UNHCR, WFP, AND U.S. STATE DEPARTMENT, MEDICAL TEAMS PROVIDES MEDICAL CARE AND NUTRITION SUPPORT TO APPROXIMATELY 573,000 SOUTH SUDANESE REFUGEES IN ADJUMANI, MOYO, AND ARUA DISTRICTS OF WEST NILE, UGANDA. MEDICAL TEAMS 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. IN ADDITION, MEDICAL TEAMS PROVIDED MEDICAL SCREENING

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

-*8944

SERVICES IN BORDER CROSSING RECEPTION CENTERS, INCLUDING PROVIDING VACCINATIONS AND SCREENING MOTHERS AND CHILDREN FOR MALNOURISHMENT.

IN WESTERN UGANDA, MEDICAL TEAMS EXPANDED EMERGENCY OPERATIONS TO NTOROKO AND HOIMA DISTRICTS IN WESTERN UGANDA, RESPONDING TO A NEW INFLUX OF CONGOLESE REFUGEES CROSSING LAKE ALBERT AND AN OUTBREAK OF CHOLERA.

NEPAL: MEDICAL TEAMS PHASED OUT THE "STRENGTHENING MATERNAL AND CHILD HEALTH CARE SERVICES PROJECT" IMPLEMENTED BY LOCAL PARTNER SHANTI NEPAL DURING THE FIRST QUARTER OF FY18 AND HANDED OVER THE "ESTABLISHING A RURAL EMS SYSTEM IN DHADING DISTRICT" PROJECT TO LOCAL ORGANIZATION GOOD NEIGHBORS NEPAL.

GUATEMALA: IN FY18, MEDICAL TEAMS FINALIZED ITS MATERNAL AND CHILD HEALTH PROGRAM IN 47 COMMUNITIES IN CHICAMAN, EL QUICHE AND SENAHU, ALTA VERAPAZ. A NEW PROGRAM IN COORDINATION WITH PROVIDENCE SAINT JOSEPH WAS DESIGNED TO BE IMPLEMENTED IN 12 NEW COMMUNITIES IN EL QUICHE. 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. MEDICAL TEAMS HELPED TO TRAIN COMMUNITY MEMBERS IN NUTRITION AND PREVENTION AND CASE MANAGEMENT OF CHILDHOOD ILLNESSES. EIGHT COMMUNITY IMPACT TEAMS WERE DEPLOYED TO GUATEMALA IN FY18.

HAITI: IN FY18, IN ORDER TO HELP IMPROVE THE HEALTH OF HAITIANS AND ASSIST IN THE REDEVELOPMENT OF HAITI'S HEALTH INSTITUTIONS, MEDICAL TEAMS IMPLEMENTED COMMUNITY HEALTH PROGRAMS IN CROCHU, OUEST DEPARTMENT,

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

-*8944

TARGETING COMMUNICABLE DISEASES AND ISSUES RELATED TO MATERNAL HEALTH. THIS WAS ACCOMPLISHED THROUGH TRAINING AND SUPPORT OF A NETWORK OF COMMUNITY VOLUNTEERS AND SUPPORT TO THE LOCAL HEALTH CENTER. THE PROGRAM WAS CLOSED AT THE END OF JUNE 2018.

TANZANIA: IN FY18, MEDICAL TEAMS STARTED OPERATIONS IN WESTERN TANZANIA IN PARTNERSHIP WITH THE TANZANIAN RED CROSS SOCIETY, TO PROVIDE HEALTH SERVICES IN NYARUGUSU AND MTENDELI REFUGEE CAMPS. THE PROGRAM INITIALLY FOCUSED ON REDUCING MORBIDITY AND MORTALITY DUE TO MALARIA FOR CHILDREN UNDER FIVE, AND WITH SUPPORT FROM THE U.S. DEPARTMENT OF STATE HAS EXPANDED TO INCLUDE BUILDING CAPACITY AND DELIVERY OF COMMUNITY HEALTH SERVICES THROUGH SUPPORT OF COMMUNITY HEALTH WORKERS, IMPROVING OUTCOMES IN REPRODUCTIVE HEALTH INCLUDING EMERGENCY OBSTETRIC CARE, AND BUILDING CAPACITY AND SUSTAINABILITY OF LOCAL HEALTH SERVICES THROUGH EQUIPPING AND SUPPLYING CLINICS, AND TRAINING CLINICAL AND MANAGEMENT STAFF. MEDICAL TEAMS IS IMPROVING ACCESS TO QUALITY HEALTH CARE IN THE CAMPS FOR 189,700 REFUGEES FROM BURUNDI AND DEMOCRATIC REPUBLIC OF CONGO, AND TANZANIANS WHO ACCESS CARE IN THE CAMPS.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
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

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

-*8944

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 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
 MEDICAL TEAMS 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
 MEDICAL TEAMS 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.

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

** - *** 8944

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, COLORADO

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	\$ 770,171
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$ 65,739
RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES	\$ -770,171
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$ -65,739

