

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10/01, 2019**, and ending **09/30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEDICAL TEAMS INTERNATIONAL			D Employer identification number 93-0878944		
	Doing Business As			E Telephone number (503) 624-1000		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14150 SW MILTON CT					
	City or town, state or province, country, and ZIP or foreign postal code TIGARD, OR 97224			G Gross receipts \$ 68,304,018.		
F Name and address of principal officer: GAYLE RIETMULDER 14150 SW MILTON CT, TIGARD, OR 97224			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ HTTP://WWW.MEDICALTEAMS.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1979			M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MEDICAL TEAMS INTERNATIONAL IS A CHRISTIAN HUMANITARIAN RELIEF AGENCY FOCUSED ON PROVIDING LIFE-SAVING MEDICAL CARE FOR PEOPLE IN CRISIS. SEE SCHEDULE O FOR FURTHER DETAIL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10.	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 137.	
	6 Total number of volunteers (estimate if necessary)	6 1,033.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	82,189,602.	60,332,812.
	9 Program service revenue (Part VIII, line 2g)	887,764.	727,800.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	220,523.	3,814,333.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	713,134.	59,016.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,011,023.	64,933,961.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,140,732.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,305,786.	20,370,149.
16a Professional fundraising fees (Part IX, column (A), line 11e)		38,062.	39,924.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,642,009.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,878,656.	9,692,065.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		72,363,236.	68,164,234.
19 Revenue less expenses. Subtract line 18 from line 12	11,647,787.	-3,230,273.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	45,335,014.	43,037,563.
	21 Total liabilities (Part X, line 26)	3,637,352.	4,420,420.
	22 Net assets or fund balances. Subtract line 21 from line 20	41,697,662.	38,617,143.

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		Date		
	GAYLE RIETMULDER Type or print name and title		VP/CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SUE ROBISON	<i>Sue W. Robinson</i>	06/17/2021		P00560072
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 206-913-4000	
Firm's address ▶ 1918 EIGHTH AVENUE, SUITE 2900 SEATTLE, WA 98101					

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 No

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

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

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

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

4a (Code:) (Expenses \$ 59,894,484. including grants of \$ 38,062,096.) (Revenue \$ 785,660.)

SEE SCHEDULE O

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

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

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

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

4e Total program service expenses ▶ 59,894,484.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 137		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country ATTACHMENT 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on 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 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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. See instructions for the order in which to list the persons above.

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) MARTHA NEWSOME CEO	40.00 0.			X				251,848.	0.	54,616.
(2) JON BEIGHLE VP MARKETING & DEV.	40.00 0.			X				176,636.	0.	40,169.
(3) PAMELA S. BLIKSTAD FORMER VP/CFO	0. 0.						X	195,642.	0.	10,777.
(4) ROGER SANDBERG VP FIELD OPERATIONS	40.00 0.			X				152,144.	0.	45,971.
(5) CYNTHIA BREILH US PROGRAMS DIRECTOR	40.00 0.					X		125,910.	0.	30,564.
(6) STEPHE DEAN DIRECTOR, INFO. SYSTEMS	40.00 0.					X		130,176.	0.	17,861.
(7) DEVON PEARCE COMPLIANCE DIRECTOR	40.00 0.					X		111,993.	0.	29,928.
(8) JOSEPH DICARLO GLOBAL AMBASSADOR	40.00 0.					X		120,238.	0.	17,371.
(9) DAN WARD GLOBAL PROGRAMS DIRECTOR	40.00 0.					X		114,840.	0.	10,782.
(10) GAYLE RIETMULDER VP/CFO (NEW EFFECTIVE FY20)	40.00 0.			X				54,362.	0.	26,258.
(11) J. MICHAEL GOODWIN CHAIR	1.00 0.	X		X				0.	0.	0.
(12) PAT RESER VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(13) RYAN MCANINCH TREASURER	1.00 0.	X		X				0.	0.	0.
(14) DR. NATHALIE JOHNSON DIRECTOR	1.00 0.	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			
(15) KATIE TAYLOR ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) BETH WEIBLING ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) GABE WINSLOW ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) GEOFF GUILFOY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) BARBARA MCDUGALL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) JOHN PHILLIPS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								1,433,789.	0.	284,297.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,433,789.	0.	284,297.

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 **▶** 9

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 in 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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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	4,482,226.	4,482,226.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	33,579,870.	33,579,870.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	896,167.	299,236.	286,107.	310,824.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	15,921,331.	11,212,470.	2,676,944.	2,031,917.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	353,940.	145,418.	101,721.	106,801.
9 Other employee benefits	2,593,217.	1,909,509.	405,584.	278,124.
10 Payroll taxes	605,494.	273,872.	138,674.	192,948.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	64,734.	57,379.	7,355.	
c Accounting	205,470.	51,482.	153,988.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	39,924.			39,924.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,558,623.	959,323.	253,638.	345,662.
12 Advertising and promotion	192,132.	13,410.	1,488.	177,234.
13 Office expenses	0.			
14 Information technology.	0.			
15 Royalties.	0.			
16 Occupancy	1,751,359.	1,614,889.	95,813.	40,657.
17 Travel	1,249,110.	1,054,308.	126,585.	68,217.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	765,928.	653,098.	80,435.	32,395.
23 Insurance	301,070.	228,920.	40,416.	31,734.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	2,506,799.	2,158,563.	170,944.	177,292.
b EQUIPMENT	745,328.	602,372.	87,090.	55,866.
c VEHICLES	599,824.	598,139.	959.	726.
d OTHER EXPENSE	-248,312.			-248,312.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	68,164,234.	59,894,484.	4,627,741.	3,642,009.
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)	0.			

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	4,820,738.	1	12,971,626.
	2 Savings and temporary cash investments.	994,679.	2	1,697,549.
	3 Pledges and grants receivable, net	13,666,092.	3	10,611,955.
	4 Accounts receivable, net.	419,019.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	15,280,174.	8	8,840,243.
	9 Prepaid expenses and deferred charges	216,326.	9	505,885.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,616,204.		
	b Less: accumulated depreciation.	10b 7,987,288.	7,420,715.	10c 5,628,916.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11.	2,517,271.	12	2,781,389.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	45,335,014.	16	43,037,563.	
Liabilities	17 Accounts payable and accrued expenses.	2,584,573.	17	1,738,874.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	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	1,052,779.	25	2,681,546.
	26 Total liabilities. Add lines 17 through 25.	3,637,352.	26	4,420,420.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,931,366.	27	30,083,427.
	28 Net assets with donor restrictions.	8,766,296.	28	8,533,716.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	41,697,662.	32	38,617,143.
33 Total liabilities and net assets/fund balances.	45,335,014.	33	43,037,563.	

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	64,933,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,164,234.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,230,273.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,697,662.
5	Net unrealized gains (losses) on investments	5	149,754.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,617,143.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

The organization is not a private foundation because it is: (For lines 1 through 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) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	112,075,001.	59,142,987.	52,640,734.	82,189,602.	60,332,812.	366,381,136.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	112,075,001.	59,142,987.	52,640,734.	82,189,602.	60,332,812.	366,381,136.
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).						116,576,044.
6 Public support. Subtract line 5 from line 4						249,805,092.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	112,075,001.	59,142,987.	52,640,734.	82,189,602.	60,332,812.	366,381,136.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	107,073.	141,805.	139,410.	196,632.	114,205.	699,125.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						367,080,261.
12 Gross receipts from related activities, etc. (see instructions)					12	6,973,514.
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 2019 (line 6, column (f) divided by line 11, column (f)).	14	68.05 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	58.27 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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.

19b 33 1/3% support tests - 2018. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		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.			
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 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization MEDICAL TEAMS INTERNATIONAL	Employer identification number 93-0878944
---	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **MEDICAL TEAMS INTERNATIONAL**

Employer identification number
93-0878944

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 9,472,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,663,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,929,839.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,235,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,288,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MEDICAL TEAMS INTERNATIONAL**

Employer identification number
93-0878944

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,713,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,376,817.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MEDICAL TEAMS INTERNATIONAL**

Employer identification number

93-0878944

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 7,663,642.	
5	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 5,235,322.	
6	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 3,288,000.	
7	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 2,713,651.	
		\$	
		\$	

Name of organization **MEDICAL TEAMS INTERNATIONAL**

Employer identification number

93-0878944

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

93-0878944

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed consent.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and questions about monitoring and expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting art and historical treasures held for public exhibition, education, or research, and for financial gain.

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

Schedule D (Form 990) 2019

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 make 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 program
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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		
(A) MUTUAL FUNDS	2,781,389.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	2,781,389.	

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) REFUNDABLE ADVANCES	1,427,098.
(3) PAYCHECK PROTECTION PROGRAM LOAN	1,254,448.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,681,546.

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes values for revenue reconciliation such as Total revenue, gains, and other support per audited financial statements.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes values for expense reconciliation such as Total expenses and losses per audited financial statements.

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.

SEE PAGE 5

Large empty table area for supplemental information input.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES \$248,312

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES \$248,313

PART X, LINE 2 - LIABILITY FOR UNCERTAIN TAX POSITIONS

MEDICAL TEAMS IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ADDITION, MEDICAL TEAMS QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). HOWEVER, MEDICAL TEAMS REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXCEPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THIS STANDARD REQUIRES THAT THE ENTITY ACCOUNT FOR AND DISCLOSE IN THE FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATIONS, INCLUDING

Part XIII Supplemental Information *(continued)*

RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MEDICAL TEAMS HAS EVALUATED THE FINANCIAL STATEMENT IMPACT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE TAX ASSETS OR LIABILITIES TO BE RECORDED IN ACCORDANCE WITH ACCOUNTING GUIDANCE.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1) CENTRAL AMERICA/CARIBBEAN	2.	70.	PROGRAM SERVICES	SEE SCHEDULE O	5,526,121.
(2) EUROPE	0.	0.	PROGRAM SERVICES	SEE SCHEDULE O	6,731,812.
(3) MIDDLE EAST AND NORTH AFRICA	1.	11.	PROGRAM SERVICES	SEE SCHEDULE O	618,776.
(4) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	SEE SCHEDULE O	6,992,014.
(5) SOUTH ASIA	1.	0.	PROGRAM SERVICES	SEE SCHEDULE O	11,956,615.
(6) SUB-SAHARAN AFRICA	3.	1,828.	PROGRAM SERVICES	SEE SCHEDULE O	25,174,728.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	7.	1,909.			57,000,066.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	7.	1,909.			57,000,066.

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

Schedule F (Form 990) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	HELP THOSE IN NEED	17,000.	WIRE TRANSFER			
(2)			MIDDLE EAST/NORTH AFRICA	HELP THOSE IN NEED	45,000.	WIRE TRANSFER			
(3)			EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED			1,018,070.	MEDICAL SUPP	WAC
(4)			EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED			997,202.	MEDICAL SUPP	WAC
(5)			EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED			998,238.	MEDICAL SUPP	WAC
(6)			EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED			1,007,218.	MEDICAL SUPP	WAC
(7)			CENT. AMERICA/CARIBBEAN	HELP THOSE IN NEED			2,855,730.	MEDICAL SUPP	WAC
(8)			SOUTH ASIA	HELP THOSE IN NEED			8,682,191.	MEDICAL SUPP	WAC
(9)			EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED			1,016,214.	MEDICAL SUPP	WAC
(10)			RUSSIA/NEWLY IND. STATES	HELP THOSE IN NEED			2,196,582.	MEDICAL SUPP	WAC
(11)			RUSSIA/NEWLY IND. STATES	HELP THOSE IN NEED			1,077,904.	MEDICAL SUPP	WAC
(12)			RUSSIA/NEWLY IND. STATES	HELP THOSE IN NEED			993,055.	MEDICAL SUPP	WAC
(13)			RUSSIA/NEWLY IND. STATES	HELP THOSE IN NEED			963,822.	MEDICAL SUPP	WAC
(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 13.

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(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 GRANTEEES AND PARTNERS TO ENSURE PROGRAMMATIC GOALS ARE BEING MET.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND THE CARIBBEAN	\$ 5,526,121	NONE
EUROPE (INCLUDING ICELAND AND GREENLAND)	\$ 6,731,812	NONE
MIDDLE EAST AND NORTH AFRICA	\$ 618,776	NONE
RUSSIA AND NEIGHBORING STATES	\$ 6,992,014	NONE
SOUTH ASIA	\$ 11,956,615	NONE
SUB-SAHARAN AFRICA	\$ 25,174,728	NONE

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

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
93-0878944

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				98,452.	39,924.	58,528.

- 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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FIELD OF DREAMS (event type)	HEALTHY WORLD (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	659,678.	247,483.	248,920.	1,156,081.
	2 Less: Contributions	556,078.	131,733.	218,802.	906,613.
	3 Gross income (line 1 minus line 2)	103,600.	115,750.	30,118.	249,468.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,545.			5,545.
	8 Entertainment				
	9 Other direct expenses	242,767.			242,767.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				248,312.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				1,156.	

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))
Revenue	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 type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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) ▶				

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	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

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 explanation 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).

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
GATEWAY COMMUNICATIONS 16805 NE MASON COURT PORTLAND OR 97230	SOLICITING	YES NO X	98,452.	39,924.	58,528.

**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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501 (C) (3)	11,500.				HELP THOSE IN NEED
(2) FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034	95-2680390	501 (C) (3)	147,044.				HELP THOSE IN NEED
(3) HUMANITY & INCLUSION 8757 GEORGIA AVE, SUITE 420	55-0914744	501 (C) (3)	359,291.				HELP THOSE IN NEED
(4) BIRCH COMMUNITY SERVICES 17780 NE SAN RAFAEL PORTLAND, OR 97230	93-1186020	501 (C) (3)		191,179.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(5) BLANCHET HOUSE 340 NW GLISAN PORTLAND, OR 97208	93-6031009	501 (C) (3)		18,621.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(6) CENTRAL CITY CONCERN 309 SW 4TH PORTLAND, OR 97204	93-0728816	501 (C) (3)		9,154.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(7) CHRISTIAN AID MINISTRIES PO BOX 360 BERLIN, OH 44610	34-1344364	501 (C) (3)		1,860,982.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(8) CLACKAMAS WOMEN'S SERVICES 704 MAIN ST. # 200 OREGON CITY, OR 97045	93-0900119	501 (C) (3)		14,973.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(9) CONCORDE ASSISTANT SCHOOL 1425 NE IRVING ST UNIT 300	93-0554233	501 (C) (3)		13,660.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(10) FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034	95-2680390	501 (C) (3)		45,118.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(11) GEORGE FOX UNIVERSITY - NURSING PROGRAM 414 N MERIDIAN ST NEWBERG, OR 97132	93-0386839	501 (C) (3)		6,003.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(12) HARBOR OF HOPE 1616 NW 13TH AVE PORTLAND, OR 97209	47-0779961	501 (C) (3)		10,604.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED

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

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

Schedule I (Form 990) (2019)

**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.

OMB No. 1545-0047

2019

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOUSE OF ZION 1430 E. CLEVELAND WOODBURN, OR 97071	93-0871543	501(C)(3)		23,096.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(2) JOIN 3338 SE 17TH AVE PORTLAND, OR 97202	93-1090005	501(C)(3)		8,015.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(3) KINGSWAY CHARITIES 1119 COMMONWEALTH AVE. BRISTOL, VA 24201	54-1668650	501(C)(3)		1,299,071.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(4) LAHAI HEALTH (NAFC) 2150 N 122ND ST SEATTLE, WA 98133	33-1052418	501(C)(3)		11,483.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(5) LOVE, INC 209 S MAIN STREET NEWBERG, OR 97132	26-0068805	501(C)(3)		49,557.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(6) MEOW VILLAGE PO BOX 184 AURORA, OR 97002	80-0548430	501(C)(3)		9,449.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(7) NORTHWEST BIBLE TRAINING CENTER 2724 N AINSWORTH PORTLAND, OR 97217	23-7071094	501(C)(3)		7,167.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(8) OPERATION NIGHTWATCH 1432 SW 13TH AVE PORTLAND, OR 97201	93-0805248	501(C)(3)		5,385.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(9) PARENTING WITH INTENT 4423 NE TILAMOOK ST PORTLAND, OR 97213	38-4049236	501(C)(3)		5,285.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(10) PEACEFUL VALLEY DONKEY RESCUE PO BOX 216 MILES, TX 76861	77-0562800	501(C)(3)		19,769.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(11) PROVIDENCE'PPE 2555 MARVIN RD NE LACEY, WA 98516	91-1692955	501(C)(3)		265,939.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(12) RAPHAEL HOUSE OF PORTLAND 4110 SE HAWTHORNE # 503 PORTLAND, OR 97214	93-0710963	501(C)(3)		9,772.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED

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

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

Schedule I (Form 990) (2019)

**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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ROSE HAVEN 1808 NW IRVING PORTLAND, OR 97209	93-1212633	501(C)(3)		10,421.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(2) SAVING GRACE MATERNITY HOME 6789 SE LOIS STREET HILLSBORO, OR 97123	47-4088854	501(C)(3)		7,236.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(3) SOCIETY OF ST. VINCENT DE PAUL 8101 SE CORNWELL ST PORTLAND, OR 97206	93-0456525	501(C)(3)		13,417.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(4) UNION GOSPEL MISSION 124 NW 3RD PORTLAND, OR 97208	93-0401258	501(C)(3)		8,025.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(5) URBAN LEAGUE OF PORTLAND 10 N RUSSELL ST PORTLAND, OR 97227	93-0395590	501(C)(3)		8,715.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(6) VOLUNTEERS OF AMERICA 3910 SE STARK PORTLAND, OR 97214	13-1692595	501(C)(3)		5,004.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(7) WALLACE MEDICAL CONCERN 124 NE 181ST AVE #103 PORTLAND, OR 97230	93-0853709	501(C)(3)		9,706.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(8) WILLIAM TEMPLE HOUSE 2023 NW HOYT ST PORTLAND, OR 97209	93-0559964	501(C)(3)		11,511.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(9) YOUNGLIFE'S WASHINGTON FAMILY RANCH 1 MUDDY ROAD ANTELOPE, OR 97001	84-0385934	501(C)(3)		6,074.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 33.
- 3 Enter total number of other organizations listed in the line 1 table 33.

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

Schedule I (Form 990) (2019)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2019

**Open to Public
Inspection**

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 on line 1a?

3 Indicate which, if any, of the following the 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		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARTHA NEWSOME							
1 CEO	(i) 251,848.	(ii) 0.	(iii) 0.	(C) 19,013.	(D) 35,603.	(E) 306,464.	(F) 0.
JON BEIGHLE	(i) 176,636.	(ii) 0.	(iii) 0.	(C) 13,488.	(D) 26,681.	(E) 216,805.	(F) 0.
2 VP MARKETING & DEV.	(i) 195,642.	(ii) 0.	(iii) 0.	(C) 8,546.	(D) 2,231.	(E) 206,419.	(F) 0.
PAMELA S. BLIKSTAD	(i) 152,144.	(ii) 0.	(iii) 0.	(C) 11,668.	(D) 34,303.	(E) 198,115.	(F) 0.
3 FORMER VP/CFO	(i) 125,910.	(ii) 0.	(iii) 0.	(C) 9,869.	(D) 20,695.	(E) 156,474.	(F) 0.
ROGER SANDBERG	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
4 VP FIELD OPERATIONS	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
CYNTHIA BREILH	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
5 US PROGRAMS DIRECTOR	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
6	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
7	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
8	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
9	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
10	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
11	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
12	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
13	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
14	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
15	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.
16	(i) 0.	(ii) 0.	(iii) 0.	(C) 0.	(D) 0.	(E) 0.	(F) 0.

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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 instructions and the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	30.	656,014.	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.	18,995,962.	WAC
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE/OTC)	X	500.	7,027,261.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	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.		

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

Schedule M (Form 990) 2019

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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 CHILDREN, TO EMPOWER THEM TO MANAGE AND PROMOTE THEIR OWN HEALTH AS WELL

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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.OFFICES AND PARTNERS. OFFICES AND
PARTNERS.

FORM 990, PART III, LINE 4A - PROGRAM ACCOMPLISHMENTS

SEE SCHEDULE O

IN FY20, MEDICAL TEAMS INTERNATIONAL DEPLOYED 23 INTERNATIONAL HEALTH
CARE VOLUNTEERS TO TWO COUNTRIES: BANGLADESH AND UGANDA. TEAMS PROVIDED
CAPACITY BUILDING 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. DUE TO THE COVID-19
PANDEMIC, MEDICAL TEAMS STOPPED SENDING VOLUNTEERS IN EARLY 2020.

IN FY20, MEDICAL TEAMS SHIPPED MEDICAL SUPPLIES AND EQUIPMENT, PPE AND
VITAMINS TO BANGLADESH, DOMINICAN REPUBLIC, GEORGIA, GREECE, GUATEMALA,
HONDURAS, LEBANON, PAKISTAN, UGANDA, UKRAINE AND THE UNITED STATES.

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BANGLADESH: IN FY20, 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. ADDITIONALLY, JRRP RESPONDED TO THE ONGOING COVID-19 PANDEMIC.

IN FY20 JRRP HAD TWO PRIMARY HEALTH CENTERS (PHC), ONE HEALTH POST (HP), AND ONE SEVERE ACUTE RESPIRATORY INFECTION ISOLATION AND TREATMENT CENTER (SARI ITC) IN KUTUPALONG CAMP. DIRECT HEALTH SERVICES WERE COMPLEMENTED BY AN EXTENSIVE COMMUNITY HEALTH WORKERS (CHW) PROGRAM WHICH COVERED TWO CAMPS WITHIN KUTUPALONG REFUGEE CAMP.

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 OF 55,683 ROHINGYA REFUGEES AND BANGLADESHI NATIONALS.

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FORM 990, PART III, LINE 4A - PROGRAM ACCOMPLISHMENTS CONTINUED

LEBANON: IN FY20, MEDICAL TEAMS CONTINUED ITS WORK SERVING SYRIAN REFUGEES IN THE BEKAA VALLEY IN LEBANON. THE PRIMARY TARGETED BENEFICIARIES WERE SYRIAN REFUGEES LIVING IN 136 INFORMAL REFUGEE SETTLEMENTS IN THE CENTRAL BEKAA VALLEY, LEBANON. TO STRENGTHEN BOTH THE HEALTH SYSTEMS AND COMMUNITY SYSTEMS, MEDICAL TEAMS USES 140 REFUGEE OUTREACH VOLUNTEERS (ROVS) WHO HAVE BEEN TRAINED ON NON-COMMUNICABLE DISEASE (NCD) ISSUES, COMPLICATIONS, MEASUREMENTS, AND LIFE HABITS. AN ADDITIONAL 36 SENIOR ROVS (SROVS) WERE RECRUITED AND TRAINED TO PROVIDE THEM WITH MORE HEALTH KNOWLEDGE TO COVER AN AVERAGE OF 4 SETTLEMENTS EACH. THESE VOLUNTEERS ORGANIZE AND CONDUCT AWARENESS SESSIONS TO AN AVERAGE OF 4,000 REFUGEES MONTHLY ON HEALTH TOPICS RELEVANT TO THAT COMMUNITY.

IN RESPONSE TO COVID-19, OUTREACH VOLUNTEERS SHARED INFECTION PREVENTION AND CONTROL MESSAGES WITH THE COMMUNITY THROUGH WHATSAPP NETWORKS AND REFERRED PATIENTS FOR TESTING AS NEEDED.

PROJECT PARTICIPANTS INCLUDE NCD PATIENTS AND THOSE AT RISK OF DEVELOPING A CHRONIC DISEASE, AS WELL AS MOTHERS, CHILDREN AND FAMILIES. REFUGEES RESIDING IN THE INFORMAL SETTLEMENTS LOCATED IN MEDICAL TEAMS PROJECT AREAS HAVE LIMITED OR NO ACCESS TO PRIMARY HEALTH CENTER SERVICES.

MEDICAL TEAMS ALSO RESPONDED TO THE MASSIVE EXPLOSION IN BEIRUT IN AUGUST 2020 BY PROVIDING SCREENING AND MONITORING FOR NCDS AND PROVIDING MONITORING EQUIPMENT AND SUPPLIES TO THOSE WHO LOST THESE NECESSARY ITEMS

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IN THE BLAST. MEDICAL TEAMS ALSO DONATED PPE AND OTHER MEDICAL SUPPLIES TO LOCAL PARTNERS TO RESTOCK AFFECTED HEALTH CLINICS.

LIBERIA: IN FY20, MEDICAL TEAMS PUT THE LIBERIA OFFICE INTO HIBERNATION DUE TO FUNDING CONSTRAINTS. MEDICAL TEAMS CLOSED OUT SEVERAL GRANTS, INCLUDING ONES FUNDED BY UNFPA, UNICEF, AND GIZ, AND REDUCED STAFFING LEVELS.

UGANDA: MEDICAL TEAMS IS IMPLEMENTING EMERGENCY AND PREVENTATIVE HEALTH CARE PROGRAMMING THROUGH TARGETED RELIEF AND DEVELOPMENT STRATEGIES IN THE 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, KYANGWALI, KYAKA II AND RWAMWANJA SETTLEMENTS IN MIDWESTERN UGANDA, AND IN ADJUMANI (11 SETTLEMENTS) AND MOYO/OBONGI DISTRICT (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 213,000 HOST COMMUNITY MEMBERS AND 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

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SURGERY, ANTENATAL CARE, OBSTETRICAL ASSESSMENTS AND REFERRAL, HIV TESTING AND COUNSELING, IMMUNIZATIONS, NUTRITION FOR INFANT AND YOUNG CHILDREN, AND REFERRAL WITH TRANSPORTATION TO HEALTH CENTERS. EXPANDED SERVICES INCLUDE ACUTE MALNUTRITION TREATMENT TO REDUCE MORTALITY RATES.

IN WEST NILE, IN PARTNERSHIP WITH UNHCR AND THE U.S. STATE DEPARTMENT, MEDICAL TEAMS PROVIDES MEDICAL CARE AND NUTRITION SUPPORT TO REFUGEES IN ADJUMANI AND MOYO/OBONGI 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 SERVICES IN BORDER CROSSING RECEPTION CENTERS, INCLUDING PROVIDING VACCINATIONS AND SCREENING MOTHERS AND CHILDREN FOR MALNOURISHMENT.

IN WESTERN UGANDA, MEDICAL TEAMS PROVIDED EMERGENCY OPERATIONS IN KIKUUBE DISTRICT IN WESTERN UGANDA, RESPONDING TO THE INFLUX CONGOLESE REFUGEES CROSSING LAKE ALBERT AND THE EBOLA PREVENTION FROM THE OUTBREAK IN THE CONGO. MEDICAL TEAMS PROVIDES MEDICAL CARE AND NUTRITION SUPPORT TO REFUGEES IN KYANGWALI SETTLEMENT IN KIKUUBE DISTRICT, KYAKA II SETTLEMENT IN KYEGEGWA DISTRICT, AND RWAMWANJA SETTLEMENT IN KAMWENGE DISTRICT. MEDICAL TEAMS IMPROVED HEALTH CARE ACCESS FOR REFUGEES THROUGH REPRODUCTIVE/HIV SERVICES, NUTRITION CARE FOR MALNOURISHED CHILDREN, AND DISEASE VACCINATION AND TREATMENT.

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ACROSS UGANDA IN FY20, MEDICAL TEAMS PROVIDED COMPREHENSIVE HEALTH AND NUTRITION SUPPORT TO 761,766 REFUGEES AND 296,642 NATIONALS.

GUATEMALA: IN FY20, MEDICAL TEAMS CONTINUED ITS MATERNAL AND CHILD HEALTH PROGRAM IN 12 COMMUNITIES IN CHICAMÁN. THESE PROJECTS AIM TO REDUCE THE INCIDENCE AND IMPROVE CASE MANAGEMENT OF DIARRHEA, PNEUMONIA, MALNUTRITION AND ACUTE RESPIRATORY INFECTIONS IN CHILDREN, WHILE SIMULTANEOUSLY IMPROVING ACCESS TO QUALITY MATERNAL HEALTH SERVICES. USING A TRAIN-THE-TRAINER MODEL, MEDICAL TEAMS STAFF TRAINED A CADRE OF MOTHER COUNSELORS ON VARIOUS HEALTH TOPICS, WHO THEN PASS ON THESE LESSONS TO FAMILIES IN THEIR COMMUNITIES. MEDICAL TEAMS ALSO WORKED TO HELP STRENGTHEN COMMUNITY SYSTEMS THROUGH VOLUNTEER TEAMS' CONSTRUCTION OF 162 LATRINES, 200 STOVES AND 147 WATER SYSTEMS. MEDICAL TEAMS HELPED TO TRAIN MORE THAN 140 MEMBERS OF THE GUATEMALAN MINISTRY OF HEALTH (MOH) IN NUTRITION, PREVENTION AND CASE MANAGEMENT OF CHILDHOOD ILLNESSES, AND EMERGENCY OBSTETRIC AND NEONATAL CARE.

IN MARCH 2020, TO SUPPORT CONTINUITY OF HEALTH SERVICES, MEDICAL TEAMS DEVELOPED A PANDEMIC RESPONSE STRATEGY TO SUPPORT THE MOH IN COVID-19 PREVENTION, CONTAINMENT, AND CASE MANAGEMENT. MEDICAL TEAMS TRAINED OVER 200 MOTHER COUNSELORS AND WASH VOLUNTEERS ON COVID-19 SYMPTOMS AND PREVENTION, WHO DISSEMINATED THESE MESSAGES TO OVER 1,650 FAMILIES VIA MEGAPHONES AND OTHER MEANS. AT THE END OF FY20, MEDICAL TEAMS ALSO STARTED A COVID-19 RESPONSE PROJECT IN MIXCO, GUATEMALA. THE PROJECT AIMS

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TO SUPPORT COVID-19 TESTING, TRAIN MOH STAFF AND COMMUNITY LEADERS ON IPC, CONTACT TRACING, AND PREVENTION METHODS, LEAD A RISK COMMUNICATION CAMPAIGN, AND DISTRIBUTE HYGIENE KITS FOR PEOPLE IN QUARANTINE.

COLOMBIA: AT THE START OF FY20, MEDICAL TEAMS CONDUCTED A RAPID ASSESSMENT OF VENEZUELAN MIGRANTS' NEEDS AND OFFICIALLY REGISTERED ITS PROGRAM IN COLOMBIA. IN THE MIDST OF MANDATED LOCKDOWNS DUE TO COVID-19, THE PROGRAM TEAM REMOTELY CONDUCTED COMMUNITY MAPPING VIA PHONE CALLS, AND USED A DIGITAL REFERRAL AND PATIENT MONITORING PLATFORM TO MITIGATE THE THREAT OF COVID-19 TRANSMISSION BY REDUCING IN-PERSON ENGAGEMENT. IN FY20, MEDICAL TEAMS RECRUITED AND TRAINED COMMUNITY HEALTH WORKERS (CHWS) AND FORMED PARTNERSHIPS WITH GOVERNMENT CLINICS AND PROFAMILIA, A NATIONAL HEALTH PROVIDER FOR REPRODUCTIVE AND MATERNAL HEALTH SERVICES. CHWS WILL PROMOTE HEALTHY BEHAVIORS, INCLUDING NUTRITION, HYGIENE, AND COVID-19 PREVENTION MEASURES, AND PROVIDE REFERRALS TO PREGNANT AND LACTATING WOMEN, WOMEN OF REPRODUCTIVE AGE, AND CHILDREN UNDER 5 FOR PREVENTATIVE AND RESPONSIVE HEALTH CARE SERVICES. MEDICAL TEAMS WILL PROVIDE QUALITY CHECKS, TECHNICAL SUPPORT AND SUPERVISION, AND CAPACITY BUILDING TO LOCAL HEALTH CLINICS. MEDICAL TEAMS IS SUBSIDIZING THE COSTS OF SEXUAL AND REPRODUCTIVE HEALTH AND MATERNAL HEALTH FOR WOMEN, AND COMPREHENSIVE HEALTH CARE FOR CHILDREN UNDER 5.

TANZANIA: IN FY20, MEDICAL TEAMS CONTINUED OPERATIONS IN WESTERN TANZANIA, PROVIDING HEALTH SERVICES IN NYARUGUSU, MTENDELI AND NDUITA REFUGEE CAMPS. MEDICAL TEAMS BECAME A UNHCR HEALTH-IMPLEMENTING PARTNER

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IN THE CAMPS IN MAY 2020, PROVIDING REPRODUCTIVE HEALTHCARE, COMMUNITY OUTREACH, REFERRAL SERVICES TO SECONDARY AND TERTIARY HEALTH CLINICS AND NUTRITION SUPPORT TO VULNERABLE POPULATIONS. MEDICAL TEAMS ALSO CONTINUED ITS PARTNERSHIP WITH THE U.S. DEPARTMENT OF STATE TO STRENGTHEN COMMUNITY HEALTH SERVICES THROUGH SUPPORT OF COMMUNITY HEALTH WORKERS, IMPROVE OUTCOMES IN REPRODUCTIVE HEALTH INCLUDING EMERGENCY OBSTETRIC CARE, AND BUILD CAPACITY AND SUSTAINABILITY OF LOCAL HEALTH SERVICES THROUGH EQUIPPING AND SUPPLYING CLINICS, AND TRAINING CLINICAL STAFF. MEDICAL TEAMS IS IMPROVING ACCESS TO QUALITY HEALTH CARE IN THE CAMPS FOR 136,000 REFUGEES FROM BURUNDI AND DEMOCRATIC REPUBLIC OF CONGO, AND TANZANIANS WHO ACCESS CARE IN THE CAMPS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT/CFO AND THE FINANCE COMMITTEE OF THE ORGANIZATION BEFORE A PUBLIC INSPECTION COPY IS MADE AVAILABLE TO THE FULL BOARD. BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND EXPRESS CONCERNS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL STAFF MEMBERS ARE REQUIRED TO SIGN THE ORGANIZATION'S CONFLICT OF INTEREST STATEMENT WHEN HIRED; BOARD MEMBERS SIGN WHEN JOINING THE BOARD OF DIRECTORS. STAFF AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST, AND AGREE TO DISCLOSE ANY CONFLICTS OF INTEREST THAT MAY OCCUR IN THE FUTURE. FOR CONFLICTS INVOLVING BOARD MEMBERS, THE EXECUTIVE COMMITTEE ATTEMPTS TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS AND, IN THE ABSENCE OF RESOLUTION, REFERS THE MATTER

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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 OTHER EMPLOYEES SALARIES ARE SET BY EVALUATING TWO SOURCES OF MARKET DATA ON US-BASED NON-PROFIT SALARIES. THOSE SOURCES ARE UTILIZED BY THE HR DEPARTMENT TO DEVELOP SALARY SCALES THAT ARE THEN APPROVED BY THE CEO. THE LAST DATE FOR REVIEW OF ALL CURRENT SALARIES WAS FEBRUARY 2021. THE EXTERNAL SOURCES OF DATA ARE THE BIRCHES SALARY SURVEY AND THE PRM CONSULTING COMPENSATION SALARY SURVEY.

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.

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ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

UGANDA

LIBERIA

GUATEMALA

TANZANIA

LEBANON

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,