Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	e 2012 d	calendar year, or tax year beginning $07/01/12$, and ending $06/30/12$	13		
В	Check if a	pplicable:	C Name of organization		D Emplo	yer identification number
	Address c	change	Medical Teams International			
_		-	Doing Business As		93-	0878944
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	
	Initial retu	ırn	14150 SW Milton Ct		503	-624-1000
	Terminate	ed	City, town or post office, state, and ZIP code			021 1000
$\overline{\Box}$	Amended	return	Tigard OR 97224		G Gross rec	eipts\$ 102,369,244
			F Name and address of principal officer:		G CIOSS IEC	
	Application	n pending	Jeffrey Pinneo	H(a) Is this a g	roup return for	affiliates? Yes X No
			14150 SW Milton Ct	H(b) Are all af	filiates include	ed? Yes No
			Tigard OR 97224	, ,		t. (see instructions)
_	Tay ayan	mpt status:		1		
	Website:		X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 ttp://www.medicalteams.org	11/2) 0		
				H(c) Group exear of formation: 1		
		organization		ear of formation: 1	919	M State of legal domicile: OR
	Part I		Immary			
a	'		escribe the organization's mission or most significant activities:			
Governance	-	see	Schedule O			
Ë						
Š						
ၓ			is box $lacktriangle$ if the organization discontinued its operations or disposed of more than			
∞ ŏ	3 N	Number	of voting members of the governing body (Part VI, line 1a)		3	14
Activities	4 N	Number	of independent voting members of the governing body (Part VI, line 1b)		4	14
Ξ	5 T	Total nur	mber of individuals employed in calendar year 2012 (Part V, line 2a)		5	118
4ct			mber of volunteers (estimate if necessary)		6	2509
•	7 a⊺	Total unr	related business revenue from Part VIII, column (C), line 12		7a	0
			lated business taxable income fr		7b	0
			PHRHCCOPY	Prior Yea		Current Year
<u>o</u>	8 (Contribut	tions and grants (Part VIII, line 1	148,711		98,843,257
Revenue	9 F	⊃rogram	service revenue (Part VIII, line 2g)	1,196	5,736	1,265,468
ě	10 li	nvestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	123	3,273	154,941
œ	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33	7,082	381,942
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,368	3,301	100,645,608
			nd similar amounts paid (Part IX, column (A), lines 1-3)	132,104		86,267,406
			paid to or for members (Part IX, column (A), line 4)	•		0
s			other compensation, employee benefits (Part IX, column (A), lines 5–10)	9.325	764	9,407,400
seuses			onal fundraising fees (Part IX, column (A), line 11e)		3,298	22,658
ber	h T	Fotal fun	draising expenses (Part IX, column (D), line 25) ► 1,797,004	2 (7 2 3 0	22,000
Ĕ			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,37	7,276	7,103,754
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	152,835		102,801,218
		-		-2,46		-2,155,610
<u> </u>	19 5	hevenue	e less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or	20 ⊺	Fotal acc	sets (Part X, line 16)	26, 194		24,224,522
ASS	21 T				7 , 816	1,183,585
let.	20 1		bilities (Part X, line 26) ts or fund balances. Subtract line 21 from line 20	25,066		23,040,937
	art II		gnature Block	23,000	7,024	23,040,731
					4h - h 4 - 4	many length and and haliaf it
			perjury, I declare that I have examined this return, including accompanying schedules and sta			my knowledge and belief, it
	10, 00	l k	property 2 source and the property (extremely to 2 about on an intermediation of intermediation)		I	
o:		 	ignature of officer		Date	
Sig					Date	
He	re	-	Pamela Blikstad CFO			
			ype or print name and title	15.	T	
ь.	al		e preparer's name Preparer's signature	Date	Check	if PTIN
Pai		Fritz	S. Duncan		self-em	ployed P00036435
	parer	Firm's na	me > Jones & Roth, P.C.	F	irm's EIN	93-0819646
Use	e Only		P.O. Box 10086	ļ		
		Firm's ad	dress > Eugene, OR 97440	_F	hone no.	541-687-2320
Ma	y the IR	-	ss this return with the preparer shown above? (see instructions)			X Yes No
	•		uction Act Notice, see the separate instructions.			Form 990 (2012)

Form	990 (201	12) Medical				93-0878944		Page 2
Pa	rt III				omplishments	an in this Davi III		X
	Priofly d	escribe the organi			onse to any questi	on in this Part III		<u>A</u>
		chedule 0						
٥	Ψ.ΨΘ.	<u> </u>						
2				nificant program s	ervices during the yea	r which were not listed or	n the	
	-	m 990 or 990-EZ?						\dots Yes X No
2		describe these ne			nt changes in how it co	anduata any program		
3	services		e conducting,					Yes X No
		describe these ch	anges on Scl					100 21 110
4			-		ments for each of its th	ree largest program serv	ices, as measured	by
	-					the amount of grants and	d allocations to othe	ers,
	the total	expenses, and rev	venue, if any,	, for each progran	n service reported.			
	(Ol) (5	A OO	211 122	:	06 067 406) (D	1 265 460)
	(Code:	chedule O				86,267,406		
S	eë S							
	• • • • • • • • • • • • • • • • • • • •							
				PUI	BLIC C	OPY		
4b	(Code:) (Expens	ses \$					
	(Code:) (Eypens	\$ 202		including grants of\$) (Revenue \$	
70	(Oode.) (Expens	363 ψ		including grants of) (Hevenue $\psi_{}$	
	*							
4d		ogram services. ([Describe in S					
	(Expens			including grants) (Revenue \$)
4e	Total pr	ogram service ex	rpenses ▶	99,311,	132			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.7
_	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _ l		3.7
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.7
•	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
44		10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for inv	IIa	Λ	
	of its total assets reported in Part X, line 16?	11b	Χ	
С	Did the organization report an amount for investments—program related in Part A, line 13 that is 5% or more		21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Χ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Χ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Χ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		7.7	
	If "Yes," complete Schedule G, Part III	19	Χ	7.7
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) Medical Teams International
Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part KC, column (A), into 2° 11" of the "composite Schedule I. Parts I and III 2 X X 20 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° 11" of "S." complete Schedule I. Parts I and III 2 X 2 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer by the year, I that was issued after Docember 31, 2002 "I "Yes", answer lines 24b through 24d and complete Schedule I. I" No." go to line 25 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to delease any trace-sempt bonds? d Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d Did the organization and at an an on behalf of Issuer for bonds outstanding at any time during the year? 25 Section 501(6)3 and 501(4)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? I" Yes," complete Schedule I. Part I I Set to organization aware that it engaged in an excess benefit transaction with a flavouality of the organization and the secret secr		·		Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 22 II "Yes," complete Schedule I, Part I and III 22 IX Did the organization answer "Yes" to Part IXI, Section A, Ine 3, 4, or 5 about compensation of the organization sourcent and former officers, directors, fursiteses, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 IX Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sissued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25 42	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and III conganization assert "Yes" to Part VII, Section A, line 3, 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 20,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX. If "No." yo to line 25 through 24d and complete Schedule IX. If "No." yo to line 25 through 24d and complete Schedule IX. If "No." yo to line 25 to 10 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25b 25d		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, hat was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 42b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any trax-exempt bonds? 42d Did the organization and as an 'on behalf of issuer for bonds outstanding at any time during the year? 42d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 42d Did the organization and as an 'on behalf of issuer for bonds outstanding at any time during the year? 42d Did the organization and the standard of the period of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization and that the transaction has not been reported on any of the organizations prior Forms 990 or 90 or 90 or 92.22? 45 Was a loan to rolly a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the ond of the organizations tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or the organization provide schedule L, Part II Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV Part IV particular to former officer, director,	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Y-se's, complete Schedule J strough 24 at 100,000 as of the last day of the year, that was issued after December 31, 2002? If Y-se's, "answer lines 24b through 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 25 strough 24d and complete Schedule K. If Yin', go to line 24d and complete Schedule K. If Yin', go		on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
employees? If Yes,* complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes,* answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations your form of year or and that the transaction has not been reported on any of the organizations your form of year or and that the transaction in the organizations of the organization and the organization and the organization and the organization and the organization of the organization and the organization and the organization of the organization and the organization and the organization and organization and or the organization and or the organization and organization receive and of the organization organization organization receive more than 250,000 in non-cash to organization and the organization organization receive ornor though organization organization receive ornor thinding or ordaniza	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K. If 'No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization invest an or no behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization avars that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes, complete Schedule L, Part I b Is the organization outsined person during the year? If 'Yes, complete Schedule L, Part I b Is the organization on outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If 'Yes, complete Schedule L, Part II complete Schedule L, Part II yes, complete Schedule II yes, com		organization's current and former officers, directors, trustees, key employees, and highest compensated			
\$ 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No" go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 246 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 246 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 247 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 248 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 25 Did the organization aware that I engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule I., Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tay year? If "Yes," complete Schedule E., Part II 26 Was the nation to bry by a current or former officer, director, trustee, key employee, bighest compensated employee, or disqualified person outstanding as of the end of the organization's tay year? If "Yes," complete Schedule L., Part III 27 Was the organization party to a business transaction with one of the following parties (see Schedule L., Part III 27 Was the organization for applicable filing thresholds, conditions, and exceptions): 28 Was the organization for party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A nemity of which a current or former officer, director, frustee, or key employee (or a family member thereof) Schedule L, Part IV 28 A ne		employees? If "Yes," complete Schedule J	23	Χ	
through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization as as no no behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I is the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II is a family member of any of these persons? If "Yes," complete Schedule L, Part II is a family member of any of these persons? If "Yes," complete Schedule L, Part II is a family member of any of these persons? If "Yes," complete Schedule L, Part II is a family member of a current or former officer, director, trustee, complete Schedule L, Part IV plete Schedule L, Part IV and the properties of the following parties (see Schedule L, Part IV as an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director or indirect owner, If "Yes," complete Schedule M. 25 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 26 Did the organization ore one contributions of art, histo	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b) bid the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? C) bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) bid the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d			24a		Χ
to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 25	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds ouststanding at any time during the year? 25a Section 501(a)(3) and 501(a)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's bay are? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV I 27 I A Carrent or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets; If "Yes," complete Schedule N, Part I 32 X 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701-2 and	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	35a				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_				
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related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-	Little Charles	36		Х
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Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Post VI	37		Χ
	38				
			38	Χ	

Statements Regarding Other IRS Filings and Tax Compliance X Check if Schedule O contains a response to any question in this Part V No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country: ► See Schedule 0 b See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? Χ If "Yes," did the organization notify the donor Did the organization sell, exchange, or other required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year ______ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) Medical Teams International 93-0878944 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, bra 10a Χ **b** If "Yes," did the organization have written pol affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ OR, CA, CT, IL, LA, MD, MI, MN, MS, NJ, WA, UT, FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Medical Teams International 14150 SW Milton Ct.

OR 97224

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Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box	ι, unle	ss per	tion more rson i	than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Paul Hathaway Director (2) Dr. Todd Ulmer	1.00	P		JE	3			COPY	0	0
Director	1.00	Х						0	0	0
(3) Ron King Director	1.00	Х						0	0	0
(4)Patricia Reser	1.00	Х						0	0	0
Director (5)Ann Klein	1.00	Λ						O	0	0
Vice Chair (6)Phil Lane	0.00	Χ		Χ				0	0	0
Secretary	1.00	Χ		Χ				0	0	0
(7) Nate Miles Director	1.00	Х						0	0	0
(8) Dr. Nancy Wilge	nbusch 1.00 0.00	X						0	0	0
(9) Jin Park	1.00							0	0	
Director (10) Shari Jackson M		Χ						0	0	0
Director (11)Mark Dodson	1.00	Χ						0	0	0
Chair	1.00	Х		Χ				0	0	0
DAA										Form 990 (2012)

(A) Name and title

(B)

(E)

(D)

(F)

Name and title Average hours per week (list any hours for		box	x, unle	Pos check ess pe	ition more erson	is both	n an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)		Estimate amount other compens from the	t of r ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1033-101GG)		organiza and rela organiza	ation ated	
(12)Dr. John Gollho						٥							
Director	1.00	Χ						0	0				0
(13)Doug Martinez	1.00												
Director	0.00	Х						0	0				0
(14)Dr. Jeff Rideou	t 1.00												
Treasurer	0.00	Χ		Χ				0	0				0
(15)Bastian Vanderz	alm 40.00												
President	0.00			Χ				160,601	0		6	5,	644
(16)Jeffrey Pinneo	40.00												
CEO	0.00			Χ				131,307	0		1	3,	986
(17)William Essig	40.00												
VP In't Prog	0.00			Χ				124,711	0		2	6,	266
(18)Linda Ranz	40.00			l	l	l							
VP Marketing & Dev	0.00	P		JE	3			COPY	0			5,	891
(19)Pamela Blikstad	40.00			l	l	<u> </u>							
VP/CFO	0.00			Χ				109,555					35 <u>4</u>
1b Sub-total								644,588 115,547					141 178
d Total (add lines 1b and 1c)							<u> </u>	760,135					319
2 Total number of individuals (in reportable compensation from the compensation from				to th	ose	liste	d ab	pove) who received more t	than \$100,000 in				
3 Did the organization list any	<u> </u>			or tri	ıcto	o ko	v or	mplayee, or highest comp	angatad			Yes	No
employee on line 1a? If "Yes	," complete Sch	edul	le J	for s	uch	indiv	idua	al			3		Χ
4 For any individual listed on list organization and related organization	anizations great	er th	ıan \$	150	,000	? If '	'Yes	s," complete Schedule J fo	or such		ı		
individual	1a receive or a	ccru	 e co	mpe	nsa	ion f	rom	any unrelated organization	on or individual		4	Χ	
for services rendered to the	organization? If	"Yes	s," co	ompl	ete	Sche	edule	e J for such person			5		Χ
Section B. Independent Contract1 Complete this table for your face.	ive highest com												
compensation from the organ	nization. Report (A) I business address	con	npen	satio	on fo	r the	cal		within the organization's (B) stion of services	tax year		(C)	
Name and	Dusiness address							Descrip	dion of services		Col	npensa	ILION
							t						
							-						
											L		
2 Total number of independent received more than \$100,000	contractors (inc	cludi on fr	ing b	out no	ot lir	nited nizat	l to t	those listed above) who	0		_ 		
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

A B C C C C C C C C C	Part VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	/ En	ploy	/ees	s, and Highest Compens	ated Employees (continu	ued)			
12 Steve Vickers		Average hours per week (list any	bo: off	x, unle	Pos check ess pe nd a c	more more erson directo	is both or/trus	n an tee)	Reportable compensation from the organization	Reportable compensation from related organizations	c	Estima amoun othe compens	ted t of r ation	
(12) Steve Vickers 40.00 VP of Admin 0.00 X 92,431 0 30,336 (13) R Marlene Minor 40.00 VP of Commun 0.00 X 23,116 0 6,842 (14) (15) (16) (17) (18) PUBLIC COPY (19) (19) 1b Sub-total C Total from continuation sheets to Part VII, Section A T Total from continuation sheets to Part VII, Section A T Total from findividuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization P 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual sind on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization sequence or such compensation from the organization and related organization sequence or such individual 5 Did any person listed on line 1a receive or accorded compensation from any unrelated organization or individual for such individual 5 Did any person listed on line 1a receive or accorded compensation from any unrelated organization or individual for such individual 5 Did any person listed on line 1a receive or accorded compensation from any unrelated organization or individual for such individual for such person Complete Schedule J for such person T complete this table for your five highest compensation from any unrelated organization or individual for such person Complete this table for your five highest compensation from the organization from the organization from the organization from the organization for the calendar year ending with or within the organization stax year.		organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated Imployee	ormer	(W-2/1099-MISC)			and rela	ated	
VP of Admin 0.00 X 92,431 0 30,336	(12)Steve Vickers	1000												
(14) (15) (16) (17) (18) Description Description	VP of Admin				Х				92,431	0		3	0.3	336
(14) (15) (16) (17) (18) PUBLIC COPY (19) (19) (19) 1b Sub-total									32,101				<u> </u>	
(15) (16) (17) (18) DUBLIC COPY (19) (19) 1b Sub-total	VP of Commun				Х				23,116	0			6.8	342
(16) Total from continuation sheets to Part VII, Section A									20,110				<u> </u>	
(16) Total from continuation sheets to Part VII, Section A														
(17) 1b Sub-total	(15)													
(17) 1b Sub-total														
(18) Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization or services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization or individual 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 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.	(16)													
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1b Sub-total	(18)													
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No								>			 			
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for services rendered to the organization? If "Yes," complete Schedule J for such person	4 For any individual listed on line organization and related organization	ne 1a, is the sui anizations great	m of er th	repo an \$	ortab 3150	ole c ,000	omp	ensa 'Yes	ation and other compensa s," complete Schedule J fo	ition from the or such				
for services rendered to the organization? If "Yes," complete Schedule J for such person	individual	1a receive or a	ccru	 e co	 mpe	nsa	tion f	rom	any unrelated organization	on or individual		4		
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	Complete this table for your factors	five highest com												
Name and business address Compensation			con	npen	satio	on fo	r the	cal			tax year		(C)	4:
	Name and	Dusiness address							Descrip	otion of services		Co	mpensa	tion
								_						
<u>ı</u>														
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	2 Total number of independent received more than \$100.000	t contractors (incompensati	clud on f	ing b	ut n	ot lir	nitec nizat	l to t	those listed above) who					

	Check if Schedule	O cor	itairis a respons				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a	29,444				, , , , , , ,
b	Membership dues	1b	,	1			
С	Fundraising events	1c	2,070,275				
d	Related organizations	1d					
е	Government grants (contributions)	1e	1,582,449				
f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	95,161,089				
g	Noncash contributions included in lines 1	a-1f: \$	84,119,654				
h	Total. Add lines 1a-1f			98,843,257			
			Busn. Code				
2a	Program Service Re	venue		1,265,468	1,265,468		
b							
С							
1a b c d e f g h c d e f g							
е							
f	All other program service rev	enue					
9	Total. Add lines 2a-2f			1,265,468			
3	Investment income (including	g divide	nds, interest,				
				70,652			70 , 652
4	Income from investment of ta	ıx-exem	pt bond proceed				
5	Royalties	<u></u>					
	(i) Real		(ii) Personal	-			
6a				l			
b	Less: rental exps.		—DI IR	LIC CO) DV		
С	Rental inc. or (loss			LIO O			
d 7a	Net rental income or (loss) Gross amount from	<u>.</u>	P				
	sales of assets (I) Securities		(ii) Other				
١.	other than inventor $1,044$,	507	87,033				
b	Less: cost or other	4 - 0	70 702				
	basis & sales exps 968,		78 , 793	- I			
		049	8,240		0 040		76 046
	Net gain or (loss)		······	84,289	8,240		76,049
l 8a	Gross income from fundraising ev						
	(not including \$ 2,070,						
	of contributions reported on line 1		0.61 70.0				
	See Part IV, line 18		861,792				
	Less: direct expenses		676,385				
	Net income or (loss) from fur Gross income from gaming activit		g events	185,407			
9a			116 200				
_	See Part IV, line 19	a	116,200	1			
	Less: direct expenses Net income or (loss) from ga		tivition .	116 200			116,200
	Gross sales of inventory, less		ctivities	116,200			110,200
IUa	returns and allowances						
h	Less: cost of goods sold	a					
	Net income or (loss) from sal	b∟	vontory				
	Miscellaneous Revenue	62 01 111	Busn. Code				
11a				80 , 335	80,335		
b	• • • • • • • • • • • • • • • • • • • •			00,000	00,000		
4	All other revenue						
e	Total. Add lines 11a–11d			80,335			
	Total revenue. See instruction			100,645,608	1 254 042	0	262,901

Sect	ion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a res	•	Ÿ	complete column (A).	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g p	
	organizations in the U.S. See Part IV, line 21	49,053,228	49,053,228		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments				
_	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	37,214,178	37,214,178		
4	Benefits paid to or for members	01/221/210	011211110		
5	Compensation of current officers, directors,				
•	trustees, and key employees	921,199	273,738	381,319	266,142
6	Compensation not included above, to disqualified	321/133	2737730	301/313	200/112
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,803,282	5,305,014	668,983	829,285
8	Pension plan accruals and contributions (include	0,000,202	3/303/011	000/303	023/203
Ū	section 401(k) and 403(b) employer contributions)	269,682	228,819	17,426	23,437
9	Other employee benefits	966,216	759,448	94,278	112,490
10	Payroll taxes	447,021	295,229	63,356	88,436
11	Fees for services (non-employees):	11/,021	233,223	03,330	00,400
	Management	22,804	19,938	1,853	1,013
D	Legal	66,262	57,935	5,383	2,944
	Accounting	00,202	31,933	3,303	Z, 944
	Lobbying				22,658
e	Professional fundraising services. See Part IV, line 1	PURLIC	(C)PY		22,030
l 	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	991,830	707 110	71 060	212 (52
40	(A) amount, list line 11g expenses on Schedule O.)		707,110 10,122	71,068 1,491	213,652
	Advertising and promotion	272,250	10,122	1,491	<u> 260,637</u>
13	Office expenses				
14	Information technology				
15	Royalties	883,382	704 600	21 5/5	67 220
16	Occupancy		784,609	31,545	67,228
17	Travel	762,314	697,861	28,635	35,818
18	Payments of travel or entertainment expense	S			
4.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	677 154	5 <i>1</i> 0 071	126 672	411
22	Depreciation, depletion, and amortization	677,154 208,643	540,071	136,672	411
23	Insurance	208,643	162,300	46,343	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	1 076 007	1 100 410	11 /10	1.6.4.40.6
a	Supplies	1,276,237	1,100,413	11,418	164,406
b	Vehicles	1,033,323	1,026,342	1,094	5,887
C	Other	680,104	315,436	71,491	<u>293,177</u>
d	Utilities	521,159	443,804	50,245	27,110
е	All other expenses	-291 , 708	315,537	10,482	<u>-617,727</u>
25	Total functional expenses. Add lines 1 through 24e	102,801,218	99,311,132	1,693,082	1,797,004
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
DAA	following ŠOP 98-2 (ASC 958-720)				Form 990 (2012)

<u>P</u>	art 2	X Balance Sheet					
		Check if Schedule O contains a response to a	any questio	n in this Part X			
		<u> </u>			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			758 , 943		1,681,392
	2	Savings and temporary cash investments			3,320	2	12,610
	3	Pledges and grants receivable, net			1,476,682	3	1,014,072
	4	Accounts receivable, net			593 , 939	4	2,905
	5	Loans and other receivables from current and former	er officers, o	directors,			
		trustees, key employees, and highest compensated	l employees	S.			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified			1		
		4958(f)(1)), persons described in section 4958(c)(3)					
		sponsoring organizations of section 501(c)(9) volunt					
S.		organizations (see instructions). Complete Part II of				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			11,008,889	8	10,467,711
	9	Prepaid expenses and deferred charges			182,941		105,438
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	14,919,041			
	b	Less: accumulated depreciation	10b	6,382,322	9,089,175	10c	8,536,719
	11	Investments—publicly traded securities	. [3 7 3 3 7 2 7 3	11	0,000,125
	12	Investments—other securities. See Part IV, line 11			3,080,751		2,403,675
	13	Investments—program-related. See Part IV, line 11			070007701	13	271007070
	14	Intangible assets				14	
	15	Other seconds One Deat IV Bandal				15	
	16	Total assets. Add lines 1 through 15 (must equal lines)			26,194,640		24,224,522
	17	Accounts payable and accrued expenses	110 047		1,119,283		1,174,675
	18			0.000	1/113/203	18	1/1/1/0/0
	19	Grants payable Deferred revenue	BI I	(;(;()))	8,533	19	8,910
	20	Tax-exempt bond liabilities		0 0 0 1		20	0/310
	21	Escrow or custodial account liability. Complete Part	IV of Sche	dule D		21	
S	22	Loans and other payables to current and former officers					
Liabilities		trustees, key employees, highest compensated emp					
iq		disqualified persons. Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated thi	ird narties			24	
	25	Other liabilities (including federal income tax, payab					
	23	parties, and other liabilities not included on lines 17-					
		. (O . I I . I . D				25	
	26	Total liabilities. Add lines 17 through 25			1,127,816		1,183,585
	20	Organizations that follow SFAS 117 (ASC 958), or	hack hara	NY and	1,127,010	20	1,100,000
Ses		complete lines 27 through 29, and lines 33 and 3		Z and			
auc	27				22,208,352	27	20,692,042
Ba	28				1,675,783		974,879
Ρ	29	Temporarily restricted net assets Permanently restricted net assets			1,182,689		1,374,016
Ē	29	Organizations that do not follow SFAS 117 (ASC		ok horo	1,102,009	29	1,3/4,010
ō		=	, 950), Cite	ck nere P and			
įts	20	complete lines 30 through 34.				20	
SSE	30	Capital stock or trust principal, or current funds	mont for all			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equip				31	
Se	32	Retained earnings, endowment, accumulated incom			25 066 024	32	22 040 027
	33	Total net assets or fund balances			25,066,824	33	23,040,937
	34	Total liabilities and net assets/fund balances			26,194,640	34	24,224,522

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,80		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	2,15	55,6	<u> 510</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25	, 06		
5	Net unrealized gains (losses) on investments	5		12	29,	723
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	23	3,04	10,9	<u>937</u>
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?			2a		Χ
	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?			2b	Χ	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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 fina			2c	Χ	
	If the organization changed either its oversigi UDLIU explain in					
	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?			3a	Χ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Χ	
				Forn	n 990	(2012)

DAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.▶ See separate instructions.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

		e organization	Modical Toar	ms Internationa	1				-	yer ident -087			•	
Pa	rt I	Reas		/ Status (All organization		t compl	ete thi	s nart						
				use it is: (For lines 1 through 1				<u> 5 part.</u>	, 000	1113111	iction	<u>J.</u>		
1				ssociation of churches describe		-	-	\/i\						
2	\forall)(A)(ii). (Attach Schedule E.)	30 III 300		(2)(1)(7	/\·/·						
3	H			vice organization described in	section	170/h)/1)	(Δ)(iii)							
4	H	•	•	ed in conjunction with a hospit				70/h)/1)	(Δ\/iii\	Enter	the ho	enital'e	nam	16
7		city, and stat	= .	ca in conjunction with a nospit	ai acsom	oca III 30	Cuon	, o(D)(1)	(~)(…)	· Littoi	tile ile	σριται τ	παπ	ιο,
5		An organizat	ion operated for the benefit (b)(1)(A)(iv). (Complete Pa	·	•				ıl unit d	escribe	ed in			
6	\vdash		-	governmental unit described in							مناطيي			
7		=		a substantial part of its support	ı ırom a ç	jovernine	entai uni	t or iron	i the ge	enerai p	DUDIIC			
			section 170(b)(1)(A)(vi).)									
8	V	-		170(b)(1)(A)(vi). (Complete F	-		ممادات الما		uabia f		م مسم	_		
9	X	_	-	(1) more than 33 1/3% of its s					-		-	S		
				mpt functions—subject to cert	-									
				and unrelated business taxable		•		i tax) ird	om bus	inesses	3			
40			-	30, 1975. See section 509(a)		•	,	. \						
10	\vdash	-		d exclusively to test for public s	-		-			مطفاس				
11				d exclusively for the benefit of, rted organizations described in							ation			
				the type of supporting organizations							Clion			
		a Type		c Type III–Function			d d			on-func	tionally	, into a	ratad	ı
е			this box, I certify that the or		ially litter	iaieu	- 1	or more				_	rateu	
E	Ш		undation managers and oth		()()P	-	escribed	-	-				
		or section 50	-				13 0	CSCIIDCO	ı III 300	20011 30	σ(α)(1)	'		
_			√3(α)(∠).											
f		If the organiz		termination from the IRS that i	tie a Tvr	a I Tyne	ll or T	vne III s	unnorti	na				
f		_	zation received a written de	termination from the IRS that i	t is a Typ	e I, Type	e II, or T	ype III s	upporti	ng				
		organization	ration received a written de check this box					ype III s	upporti	ng				🗆
f g		organization Since Augus	cation received a written de check this box t 17, 2006, has the organiz	termination from the IRS that i				ype III s	upporti	ng				
		organization Since Augus following pe	eation received a written de check this box t 17, 2006, has the organiz rsons?	ation accepted any gift or cont	tribution f	rom any	of the			ng 			Ves	
		organization. Since Augus following pe (i) A person	ration received a written de check this box to 17, 2006, has the organiz rsons?	ation accepted any gift or cont	tribution f	rom any	of the			ng		11(0)	Yes	No
		organization Since Augus following pe (i) A person (iii) belo	ration received a written de check this box to 17, 2006, has the organizersons? In who directly or indirectly ow, the governing body of the	ation accepted any gift or cont controls, either alone or togeth e supported organization?	tribution f	rom any	of the			ng 		11g(i)		No
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g h (i) (A) (B) (C)		organization. Since Augus following pe (i) A persor (iii) belo (iii) A family (iii) A 35% of Provide the	ration received a written de check this box that 17, 2006, has the organizations? In who directly or indirectly ow, the governing body of the member of a person description of the controlled entity of a person following information about	controls, either alone or togethe supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s) (iii) Type of organization (described on lines 1–9 above or IRC section	er with position (iv) Is the cin col. (i) In governing	ersons de	(v) Did y the organ col. (i) sup	ou notify ization in of your	nd (vi) I organizat (i) organi U.!	s the ion in col. zed in the S.?	(vii)	11g(ii) 11g(ii Amount	of mon	
g h (i)		organization. Since Augus following pe (i) A persor (iii) belo (iii) A family (iii) A 35% of Provide the	ration received a written de check this box that 17, 2006, has the organizations? In who directly or indirectly ow, the governing body of the member of a person description of the controlled entity of a person following information about	controls, either alone or togethe supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s) (iii) Type of organization (described on lines 1–9 above or IRC section	er with position (iv) Is the cin col. (i) In governing	ersons de	(v) Did y the organ col. (i) sup	ou notify ization in of your	nd (vi) I organizat (i) organi U.!	s the ion in col. zed in the S.?	(vii)	11g(ii) 11g(ii Amount	of mon	
g h (i) (A) (B) (C)		organization. Since Augus following pe (i) A persor (iii) belo (iii) A family (iii) A 35% of Provide the	ration received a written de check this box that 17, 2006, has the organizations? In who directly or indirectly ow, the governing body of the member of a person description of the controlled entity of a person following information about	controls, either alone or togethe supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s) (iii) Type of organization (described on lines 1–9 above or IRC section	er with position (iv) Is the cin col. (i) In governing	ersons de	(v) Did y the organ col. (i) sup	ou notify ization in of your	nd (vi) I organizat (i) organi U.!	s the ion in col. zed in the S.?	(vii)	11g(ii) 11g(ii Amount	of mon	
(A) (B) (C)		organization. Since Augus following pe (i) A persor (iii) belo (iii) A family (iii) A 35% of Provide the	ration received a written de check this box that 17, 2006, has the organizations? In who directly or indirectly ow, the governing body of the member of a person description of the controlled entity of a person following information about	controls, either alone or togethe supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s) (iii) Type of organization (described on lines 1–9 above or IRC section	er with position (iv) Is the cin col. (i) In governing	ersons de	(v) Did y the organ col. (i) sup	ou notify ization in of your	nd (vi) I organizat (i) organi U.!	s the ion in col. zed in the S.?	(vii)	11g(ii) 11g(ii Amount	of mon	

Schedule A (Form 990 or 990-EZ) 2012 Medical Teams International 93-0878944

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on	_PUE	BLIC	COP	Y			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	. (see instruction	s)			-	12	
13	First five years. If the Form 990 is for th	e organization's f	first, second, third	I, fourth, or fifth ta	x year as a section	on 501(c)(3)		
	organization, check this box and stop he						<u></u>	▶
Sec	tion C. Computation of Public S							
14	Public support percentage for 2012 (line	6, column (f) divi	ded by line 11, co	olumn (f))			14	%
15	Public support percentage from 2011 Sc	hedule A, Part II,	line 14			L	15	%
16a	• • • • • • • • • • • • • • • • • • • •				4 is 33 1/3% or m	ore, check this	•	
	box and stop here. The organization qua	•						▶ □
b	33 1/3% support test—2011. If the orga							. —
	check this box and stop here. The organ							▶ ∐
17a	10%-facts-and-circumstances test—26	_						
	10% or more, and if the organization me				-	•		
	Part IV how the organization meets the "	facts-and-circums	stances" test. The	e organization qua	alifies as a publicly	y supported		. —
	organization							▶ ∐
b	10%-facts-and-circumstances test—2	=						
	15 is 10% or more, and if the organization				-			
	Explain in Part IV how the organization n	neets the "facts-a	nd-circumstance	s" test. The organ	ization qualifies a	s a publicly		
								▶ ∐
18	Private foundation. If the organization of							. —
	instructions							▶ ∐

Page 3

Schedule A (Form 990 or 990-EZ) 2012 Medical Teams International

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

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

Sec	tion A. Public Support	, ,			•	,	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual	(67 - 555	(3) = 333	(6) = 6.16	(8) = 5 1 1	(0) = 0 = =	• •
	grants.")	134,200,798	210,085,724	140,993,004	148,711,210	98 , 843 , 257	732,833,993
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	802 , 957	1,748,984	2,125,397	2,173,448	2,323,795	9,174,581
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	135,003,755	211,834,708	143,118,401	150,884,658	101,167,052	742,008,574
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						742,008,574
Sec	tion B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨		$R \cap R \cap R$	COPY	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6				150,884,658	101,167,052	742,008,574
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	185,524	40,027	88,048	86 , 488	70 , 652	470,739
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		40,027	00,040	00,400	70,632	470,739
С	Add lines 10a and 10b	185,524	40,027	88,048	86,488	70 , 652	470,739
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	135,189,279	211,874,735	143,206,449	150,971,146	101,237,704	742,479,313
14	First five years. If the Form 990 is for thorganization, check this box and stop he	•			-	n 501(c)(3)	>
Sec	tion C. Computation of Public S						
15	Public support percentage for 2012 (line	8, column (f) divid	ded by line 13, co	lumn (f))		15	99.94%
16	Public support percentage from 2011 Sc	hedule A, Part III,	line 15			16	99.87 %
Sec	tion D. Computation of Investm	ent Income F	ercentage				
17	Investment income percentage for 2012	(line 10c, column	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 201	1 Schedule A, Pa	rt III, line 17			18	%
19a	33 1/3% support tests—2012. If the org		check the box on	line 14, and line 1	15 is more than 33	3 1/3%, and line	
	17 is not more than 33 1/3%, check this		-				> X
b	33 1/3% support tests—2011. If the org						and
	line 18 is not more than 33 1/3%, check	-	•	•		•	
20	Private foundation If the organization of	did not check a bo	v on line 14 19a	or 19h check this	e hay and eap ine	tructions	

Part IV	Supplemental Inforn Part II, line 17a or 17b instructions).	nation. Complete this o; and Part III, line 12	s part to provide the e 2. Also complete this p	2 93-087894 explanations required by Pacart for any additional inform	rt II, line 10; nation. (See
		DI IDI		Υ	
		FUBL		T	
• • • • • • • • • • • • • • • • • • • •					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization Employer identification number Medical Teams International 93-0878944 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a cer d Number of conservation easements included historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

4 Describe in Part XIII the intended uses of the	organization's endowme	ent funds.		
Part VI Land, Buildings, and Equi	pment. See Form 99	90, Part X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,737,277		1,737,277
b Buildings		6 , 871 , 337	1,778,907	5,092,430
c Leasehold improvements				
d Equipment		4,659,207	4,131,187	528,020
e Other		1,651,220	472 , 228	1,178,992
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, o	column (B), line 10(c).)	>	8,536,719

Schedule D (Form 990) 2012

Schedule D ((Form 990) 2012 Medical Teams Inter	national	93-0878944	Page 3
Part VII	Investments—Other Securities. See Form			<u> </u>
	(a) Description of security or category	(b) Book value	(c) Method o	f valuation:
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial				
	neld equity interests			
(3) Other 1	Mutual Funds	2,403,675	Market	
(A)				
(B)				
(Ċ)				
(Ď)				
(Ė)				
(F)				
(G)				
(H)				
<u>(I)</u>		0 100 675		
		2,403,675		
Part VIII	Investments—Program Related. See Form			
	(a) Description of investment type	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	PIBI	IC COPY	/	
Part IX	nn (b) must equal Form 990, Part X, c Other Assets. See Form 950, Fait A, IIIIe 13			
Faitix	(a) Description	J.		(b) Book value
(1)	(a) Description			(b) Dook value
(1)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities. See Form 990, Part X, line	e 25.		
1.	(a) Description of liability	(b) Book value		
	I income taxes	· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	edule D (Form 990) 2012 Medical Teams International		93	<u>-087894</u>	4		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial State	ments	With R	evenue per	Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			•	1	104	,303,787
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						•
а	Net unrealized gains on investments	2a		129,723			
b	Donated services and use of facilities	2b		352,071			
C	Recoveries of prior year grants	2c					
q	Other (Describe in Part XIII.)	2d		676 , 385			
۵	Add lines 2s through 2d	Zu			2e	α	,658,179
	Add lines 2a through 2d				3		,645,608
3	Subtract line 2e from line 1	. 1 1 .			3	100	, 043, 000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIII.)	4b					
_	Add lines 4a and 4b				4c	1 0 0	6.4.56.0.0
5					5		<u>,645,608</u>
Pa	art XII Reconciliation of Expenses per Audited Financial State				er R		
1	Total expenses and losses per audited financial statements				1	106	,329,674
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	2.	352,071			
b	Prior year adjustments	2b		Í			
C	Other losses	2c					
q	Other (Describe in Part XIII.)	-		676 , 385			
۵	Add lines 2s through 2d				2e	α	,528,456
	Add lines 2a through 2d				3		,801,218
3	Subtract line 2e from line 1	.11.			3	102	,001,210
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIII.)	4b					
b	A 1.1.1 · A = 1.41 ·				4c		
b c	Add lines 4a and 4b						
b c 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	102	,801,218
b c 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	٦D	····· <u>····</u>		5		,801,218
b c 5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ)P	nd 4;	Part IV, lines 1	5 b and	2b;	,801,218
b c 5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information)P	nd 4;	Part IV, lines 1	5 b and	2b;	,801,218
b c 5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ)P	nd 4;	Part IV, lines 1	5 b and	2b;	,801,218
b c 5 Pa Com Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The state of t	OP	nd 4; te triis part	Part IV, lines 1	5 b and addit	2b; ional	
b c 5 Par Com Part infori	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The supplemental Information plete this part to provide the descriptions required by Inc. Also of the supplemental Information plete this part X, line 2; Part XI, lines 2d and 4b; and Part XII, Illies 2d and 4b. Also of mation. The supplemental Information plete this part to provide the descriptions required by Inc. Also of the supplemental	P completed in	id 4; te uns part	Part IV, lines 1 to provide any	b and addit	2b; ional Other	·
b c 5 Par Com Part infori	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The state of t	P completed in	id 4; te uns part	Part IV, lines 1 to provide any	b and addit	2b; ional Other	
b c 5 Par Com Part infori	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The supplemental Information plete this part to provide the descriptions required by Inc. Also of the supplemental Information plete this part X, line 2; Part XI, lines 2d and 4b; and Part XII, Illies 2d and 4b. Also of mation. The supplemental Information plete this part to provide the descriptions required by Inc. Also of the supplemental	P completed in	id 4; te uns part	Part IV, lines 1 to provide any	b and addit	2b; ional Other	·
b c 5 Par Com Part infori	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The supplemental Information plete this part to provide the descriptions required by Inc. Also of the supplemental Information plete this part X, line 2; Part XI, lines 2d and 4b; and Part XII, Illies 2d and 4b. Also of mation. The supplemental Information plete this part to provide the descriptions required by Inc. Also of the supplemental	P completed in	nd 4; ne uns part n Fina	Part IV, lines 1 to provide any	b and addit	l 2b; ional Other	676 , 385
b c 5 Pac Command Part Information Part Research	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also mation. art XI, Line 2d - Revenue Amounts Include eclassification of fundraising event expe	P completed in	nd 4; ne uns part n. Fina	Part IV, lines 1 to provide any	b and addit	2b; ional Other	676 , 385
b c 5 Pac Command Part Information Part Research	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The state of t	P completed in	nd 4; ne uns part n. Fina	Part IV, lines 1 to provide any	b and addit	2b; ional Other	676 , 385
b c 5 Pac Commander Part inform Point Romander Poin	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also mation. art XI, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include	P completed in enses	nd 4; ne uns part n Fina	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other Othe	676 , 385
b c 5 Pac Commander Part inform Point Romander Poin	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also mation. art XI, Line 2d - Revenue Amounts Include eclassification of fundraising event expe	P completed in enses	nd 4; ne uns part n Fina	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other Othe	676 , 385
b c 5 Pac Commander Part inform Point Romander Poin	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also mation. art XI, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include	P completed in enses	nd 4; ne uns part n Fina	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other Othe	676 , 385
b c 5 Pac Commander Part inform Point Romander Point Point Romander Point Romande	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also mation. art XI, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include	P completed in enses	nd 4; ne uns part n Fina	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other Othe	676 , 385
b c 5 Par Commander Part Information Role Role Role Role Role Role Role Role	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4v; and Part XII, IIIIes 2u and 4v. Also demation. Art XII, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendent	P completed in enses	id 4; ne uns part n Fina	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Par Commander Part Information Role Role Role Role Role Role Role Role	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also mation. art XI, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include	P completed in enses	id 4; ne uns part n Fina	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Pac Command Part Information Part R. R. R.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4v; and Part XII, Illies 2d and 4v. Also description. Art XII, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendent expende	P completed in enses	id 4; ne uns part n Fina	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
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b c 5 Pac Com Part Inform P R R R R R R R R R R R R R R R R R R	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The Art XIII Supplemental Information plete this part to provide the descriptions requiver the part to provide the descriptions requiver. Also we mation. The Art XI, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendent expendents. The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part II, line 18.) The Art XII is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information	P completed in enses	id 4; ne uns part n Fina s	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Pac Com Part Inform P R R R R R R R R R R R R R R R R R R	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, Illies 2d and 4b. Also demation. Art XII, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendent expendent expendents art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendents.	P completed in enses	id 4; ne uns part n Fina s	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Part Inform P R R R R R R R R R R R R R R R R R R	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4o; and Part AII, lines 2d and 4o. Also mation. art XI, Line 2d — Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d — Expense Amounts Include eclassification of fundraising event expendent expendent expendents.	P completed in enses	id 4; ne uns part n Fina s	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Part Inform P R R R R R R R R R R R R R R R R R R	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The Art XIII Supplemental Information plete this part to provide the descriptions requiver the part to provide the descriptions requiver. Also we mation. The Art XI, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendent expendents. The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part I, line 18.) The Art XII is a supplemental Information place and 4c. (This must equal Form 990, Part II, line 18.) The Art XII is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information place and 4c. (The Art XII) is a supplemental Information	P completed in enses	id 4; ne uns part n Fina s	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Pa Com Part Inform P R R R	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part AII, lines 2d and 4b. Also remation. art XI, Line 2d — Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d — Expense Amounts Include eclassification of fundraising event expendent expendent expendents.	P completed in enses	id 4; ie uns part in Fina in Fin	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Pa Com Part Inform P R R R	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4o; and Part AII, lines 2d and 4o. Also mation. art XI, Line 2d — Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d — Expense Amounts Include eclassification of fundraising event expendent expendent expendents.	P completed in enses	id 4; ie uns part in Fina in Fin	Part IV, lines 1 to provide any ancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Pac Command Part information Properties Recommendate Recommendat	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4D; and Part AII, IIIIes 2d and 4D. AISO mation. Art XII, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendent expendents are also fundraised event.	P completed in enses	id 4; ie uns part in Fina in Fin	Part IV, lines 1 to provide any ancials nancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Pac Command Part information Properties Recommendate Recommendat	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part AII, lines 2d and 4b. Also remation. art XI, Line 2d — Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d — Expense Amounts Include eclassification of fundraising event expendent expendent expendents.	P completed in enses	id 4; ie uns part in Fina in Fin	Part IV, lines 1 to provide any ancials nancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Pac Command Part information Properties Recommendate Recommendat	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4D; and Part AII, IIIIes 2d and 4D. AISO mation. Art XII, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendent expendents are also fundraised event.	P completed in enses	id 4; ie uns part in Fina in Fin	Part IV, lines 1 to provide any ancials nancials	b and addit	2b; ional Other	676,385 er 676,385
b c 5 Pac Command Part information Properties Recommendate Recommendat	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information plete this part to provide the descriptions requ V, line 4; Part X, line 2; Part XI, lines 2d and 4D; and Part AII, IIIIes 2d and 4D. AISO mation. Art XII, Line 2d - Revenue Amounts Include eclassification of fundraising event expendent art XII, Line 2d - Expense Amounts Include eclassification of fundraising event expendent expendents are also formally and the second expenses are also formally	P completed in enses	id 4; ie uns part in Fina in Fin	Part IV, lines 1 to provide any ancials nancials	b and addit	2b; ional Other	676,385 er 676,385

Schedule D (Form 990) 2012 Medical Teams International	93-0878944	Page 5
Part XIII Supplemental Information (continued)		_
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Medical Teams International

Employer identification number 93-0878944

(12) (13) (14) (15) (16)	Part I	General Informatio Form 990, Part IV, line		Outside the United State	es. Complete if the organization	answered "Yes" to
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 Line 3 table can be duplicated if additional space is needed.) (9) Region of the following Part Line 3 table can be duplicated if additional space is needed.) (10) Region of the following Part Line 3 table can be duplicated if additional space is needed.) (11) (2) Region of the following Part Line 3 table can be duplicated if additional space is needed.) (12) Central America and the Caribbean of the following Part Line 3 table can be duplicated if the space is needed.) (23) Program Services See schedule 0 38,481,436 East Asia and the Pacific 30 Program Services See schedule 0 16,155,389 Europe (Including Toel and and Green land) Program Services See schedule 0 3,433,024 (3) Program Services See schedule 0 1,813,066 North America (9) Program Services See schedule 0 1,813,066 (6) Program Services See schedule 0 1,813,066 (6) Septimental Services See schedule 0 1,813,066 (6) Septimental Services See schedule 0 1,813,066 (6) Septimental Services See schedule 0 1,813,066 (7) Schedule O 32,569 (8) Septimental Services See schedule O 1,813,066 (9) Septimental Services See schedule O 1,834,948 (9) Septimental Services See schedule O 1,834,948 (9) Septimental Services See schedule O 1,834,948 (10) Septimental Services See schedule O 1,834,948 (10) Septimental Services See schedule O 1,834,948 (10) Septimental Services See schedule O 1,834,948 (11) Septimental Services See schedule O 1,834,948 (12) Septimental Services See schedule O 1,834,948 (13) Septimental Services See schedule O 1,834,948 (14) Septimental Services See schedule O 1,834,948 (15) Septimental Services See schedule O 1,834,948 (16) Septimental Services See schedule O 1,834,948 (17) Septimental Services See Services See schedule O 1,834,948 (18) Septimental Services See Services See Services See Services See Services See Services S	assistand	tmakers. Does the organe, the grantees' eligibility	ization maintain reco for the grants or assi	stance, and the selection criteria	a used to award the	🛛 Yes 🗌 No
(a) Region of the interest of colors in the region of the	2 For gran	tmakers. Describe in Par	t V the organization's			
Ordinate in the region and independent and	3 Activities	per Region. (The followin	g Part I, line 3 table o	can be duplicated if additional sp	pace is needed.)	
1	(a) Region	offices in the	employees, agents, and independent contractors	region (by type) (e.g., fundraising, program services, investments, grants to recipients	a program service, describe specific type of	expenditures for and investments
East Asia and the Pacific (2) 30 Program Services See schedule 0 16,155,389 Europe (including Iceland and Greenland) (3) Program Services See schedule 0 3,433,024 Middle East and North Africa (4) Program Services See schedule 0 1,813,066 North America (5) Substitution of the Newly Indepen PUBLIC COPY Schedule 0 32,569 Russia and the Newly Indepen PUBLIC COPY Schedule 0 4,763,593 South Asia (7) Program Services See schedule 0 14,554,363 Sub-Saharah Africa (8) 3 386 Program Services See schedule 0 16,934,948 (9) (10) (11) (12) (13) (14) (15) (16) (17) 9 472 96,168,388 D Total from continuation streets before 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		America and the				20 401 426
2 30 Program Services See schedule 0 16,155,389		2		Program Services	See schedule 0	38,481,436
Europe (including Iceland and Green land) (3)		la and the Paci:		Drogram Services	See schedule O	16 155 389
Program Services See schedule 0 3,433,024		(including Icela			See Schedule O	10,133,309
Middle East and North Africa (4)	_	(including reer	and dice		See schedule O	3,433,024
North America S		East and North A	Africa			.,,
S	(4)			Program Services	See schedule O	1,813,066
Russia and the Newly Indepen 2 12 12 12 12 12 12 12 12 12 12 12 12 1	North Ar	nerica				
Company Comp			DII	DI IC COI	schedule 0	32 , 569
Program Serivces See schedule 0 14,554,363	Russia a	and the Newly I	ndepen U	DLIO GOI	T I	
Program Serivces See schedule O 14,554,363		2	14	rrogram services	see schedule 0	4,763,593
Sub-Saharah Africa (8) 3 386 Program Services See schedule 0 16,934,948 (9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total 9 472 96,168,388 b Total from continuator sheets to Part 1 9		sia		D		14 554 262
(8) 3 386 Program Services See schedule 0 16,934,948 (9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total 9 472 96,168,388 b Total from continuator sheets to Part I		nan Africa		Program Serivces	See schedule 0	14,554,363
(9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total 9 472 96,168,388 b Total from continuation sheets to Part I			386	Drogram Services	See schedule O	16 937 978
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(11) (12) (13) (14) (15) (16) (17) 3a Sub-total 9 472 96,168,388 b Total from continuation sheets to Part I	_(0)					
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(16) (17) 3a Sub-total 9 472 96,168,388 b Total from continuation sheets to Part I	(/					
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b Total from continuation sheets to Part I	(17)					
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	b Total from contin	uatior				
c Totals (add						
lines 3a and 3h) 9 472 96.168.388	•		470			06 160 200

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Schedule F (Form 990) 2012 Medical Teams International Part II Grants and Other Assistance to Organizations or Enti

93-0878944

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

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1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
organization	section and EIN		grant	cash grant	cash	non-cash	of non-cash	(book, FMV,
	(if applicable)				disbursement	assistance	assistance	appraisai, other)
			Help those in need	15,000	Wire Tran	sfer		
(1)		Central P	America and Caribbean					
			Help those in need					WAC
(2)		Central A	America and Caribbean			728,762	Med & Med	ddns
			Help those in need					WAC
(3)		Central P	America and Caribbean			262,379	Med & Med	ddns
			Help those in need	28,000	Wire Tran	sfer		
(4)		Central A	America and Caribbean					
			Help those in need					WAC
(2)		Middle Ea	East and North Africa			714,721	Medicine	
			Help those in need	7,333	Wire Tran	sfer		
(9)		Sub-Sahar	Sub-Sahar <mark>an Africa</mark>					
			Help those in need	10,000	Wire Tran	sfer		
(7)		Central P	America and Caribbean					
			th					WAC
(8)		Central P	merica and Caribbean		7	6,000	Medical	supply
			Help chose in need					WAC
(6)		Sub-Sahar	Sub-Saharan Africa			733,274	Medical	supply
			Help those in need					WAC
(10)		East Asia	and Pacific			92,337	Medicine	
			Help those in need					WAC
(11)		Sub-Sahar	Sub-Saharan Africa			7,500	Medical	supply
			those					WAC
(12)		Central <i>F</i>	America and Caribbean			359,540	Medicine	
			Help those in need					WAC
(13)		Middle Ea	East and North Africa			745,419	Medical sı	upply
			Help those in need					WAC
(14)		Middle Ea	East and North Africa			844,232	Medical	supply
			se in need		Wire Transfer	sfer		
(15)		Russia ar	and Newly Independent S	tates				
(46)		Ξ 7 () ()	Help those in need			700 887 8	ر ر ر	WAC
(10)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1,400,004	TECHOAL	7 1 1 1

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 7

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2012

56523

93-0878944 Schedule F (Form 990) 2012 Medical Teams International Part II Grants and Other Assistance to Organizations or Enti

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

1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)
			Help those in need	18,800	Wire Transf	sfer		WAC
(1)		sub-sanar	ıca				Medicine	
(2)		Middle Ea	Help those in need East and North Africa			316,345	Medicine	WAC
			Help those in need					WAC
(3)		Central A	America and Caribbean			2,503,599	Medicine	
			Help those in need	145,113	Wire Tran	sfer		
(4)		Sub-Sahar	Sub-Saharan Africa					
			Help those in need					WAC
(5)		Sub-Sahar	Sub-Saharan Africa			2,576,230	Med & Med	anbb
			Help those in need	27,476	Wire Tran	sfer		
(6)		East Asia	and Pacific					
			Help those in need	22,000	Cash			
(7)		Russia an	and Newly Independent St	cates				
			Help those in need					WAC
(8)		Russia an	ndopendent S	retes -		4,422,209	Med & Med	ddns
			Help chose in need					WAC
(6)		Central A	America and Caribbean			4,219,654	Medicine	
			+					WAC
(10)		Central A	America and Caribbean			32,569	Medical su	ıpply
			Help those in need					WAC
(11)		Sub-Saharan	an Africa			8,421	Medical su	ıpply
			Help those in need					WAC
(12)		Central A	America and Caribbean			615,621	Medical su	supply
			Help those in need					WAC
(13)		Middle Ea	East and North Africa			13,710,131	Medical	supply
			Help those in need					WAC
(14)		East Asia	and Pacific			5,400	Medical	supply
			Help those in need	15,000	Wire Tran	sfer		
(15)		Sub-Sahar						
		ر ب ب ب	+			г С	(WAC
(16)			America and cariobean			,	Medical	S W D D T J

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 7

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 Medical Teams International Part II Grants and Other Assistance to Organizations or Enti

56523

93-0878944

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

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

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 7

Enter total number of other organizations or entities

Schedule F (Form 990) 2012

Sch	edule F (Form 990) 2012 Medical Teams International	93-0878944	Page 4
P	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the the organization may be required to file Form 926, Return by a U.S. Transferor of ProCorporation (see Instructions for Form 926)	perty to a Foreign	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the may be required to file Form 3520, Annual Return to Report Transactions with Foreign Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Fundamental U.S. Owner (see Instructions for Forms 3520 and 3520-A)	n Trusts and Foreign Trust With a	X No
3	Did the organization have an ownership interest in a foreign corporation during the tathe organization may be required to file Form 5471, Information Return of U.S. Perso Certain Foreign Corporations. (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment qualified electing fund during the tax year? If "Yes," the organization may be required Information Return by a Shareholder of a Passive Foreign Investment Company or Q Fund. (see Instructions for Form 8621)	to file Form 8621, tualified Electing	X No
5	Did the organization have an ownership interest in a foreign partnership during the ta the organization may be required to file Form 8865, Return of U.S. Persons With Res Foreign Partnerships. (see Instructions for Form 8865)	spect To Certain	X No
6	Did the organization have any operations in or related to any boycotting countries during the organization may be required to file Form 5713. International Boycott Repo	•	

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Schedule F (Form 990) 2012

X No

Part V Supplemental Information

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

Part I, Line 2 - Procedures for Monitor:	ing	the Use of (Grant Fund	.S
MTI monitors the use of grant funds to	othe	r organizat	ions and p	artners
through the Project Proposal Summary (PA	₽S.)	process. Eac	ch partner	
organization completes a PPS before an a	awar	d is given k	oy MTI for	the
project. The PPS includes an implementat	tion	logframe (goals, obj	ectives,
indicators, activities) as well as a pro	ogra	m timeframe	and repor	ting
mechanism. Depending on the size of the	gra	nt, an MTI s	staff memb	er may be
assigned to monitor and evaluate the qua	alit	y and outcor	mes of a p	artner's
project.				
Part I, Line 3 - Activities per Region				
Region PUBLIC C	0:	Pyitures	Investme	nts
Central America and the Carronean			\$	0
East Asia and the Pacific	\$	16,155,389	\$	0
Europe (including Iceland and Greenland))\$	3,433,024	\$	0
Middle East and North Africa	\$	1,813,066	\$	0
North America	\$	32,569	\$	0
Russia and the Newly Independent States	\$	4,763,593	\$	0
South Asia	\$	14,554,363	\$	0
Sub-Saharan Africa	\$	16,934,948	\$	0

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization Medical Teams Int	ornations	. 1			Employer identificate 93-08789	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	if the organiza	ation	ans	wered "Yes" to For		
Indicate whether the organization raised funds through				es. Check all that apply	/.	
a X Mail solicitations	e X Solicitation	n of no	n-go	vernment grants		
b $\overline{\mathbb{X}}$ Internet and email solicitations				ment grants		
$\mathbf{c}^{\ \ \ \ \ }$ Phone solicitations	g X Special fu	ndrais	ing e	vents		
d $\overline{\mathbb{X}}$ In-person solicitations						
 2a Did the organization have a written or oral agreemer or key employees listed in Form 990, Part VII) or ent b If "Yes," list the ten highest paid individuals or entitie compensated at least \$5,000 by the organization. 	ity in connection w	ith pro suant	ofessi to ag	ional fundraising service	es?	X Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	d fund- r have ody or rol of outions?	(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
Gateway Communications		Yes	No			
1 16805 NE Mason Court Portland OR 97230	Solicitin		Х	70 , 280	22 , 658	47 , 622
Fortraid OR 97230	SOTICICIII	1	Λ	70,200	22,030	47,022
2						
PL	l JBLIC	; (OPY-		
4						
5						
6						
7						
8						
9						
10						
Total		<u> </u>	. •	70 , 280	22 , 658	47,622
3 List all states in which the organization is registered registration or licensing. Oregon, California, Connect Minnesota, Mississippi, New					•	, Michigan,

Sche	edule G (Form 990 or 990-EZ) 2012 Medical Teams International 93	3-0878944	Page 3
11	Does the organization operate 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 operated in:		
а	The organization's facility	13a 68	3.00%
b	An outside facility	13b 32	2.00%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► Medical Teams International 14150 SW Milton Ct.		
	Address ► Tigard OR	. 97224	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Vaa V Na
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ and the		Tes 🛕 No
	amount of gaming revenue retained by the third party \bullets \\ If "Yes," enter name and address of the third party:		
C	ii res, enter name and address of the tillid party.		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶ Linda Ranz		
	Gaming manager compensation ▶\$		
	Description of services provided ► VP cPUBLIC COPY		
	X Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes X 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 ▶\$		
Pai	rt IV Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applical part to provide any additional information (see instructions).	by Part I, line 2to ble. Also comple	o, te this
	part to provide any additional information (see instructions).		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

_

► Attach to Form 990.

Employer identification number

ŝ

imes Yes 93-0878944 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?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Medical Teams International General Information on Grants and Assistance Name of the organization Part

Part II Grants and Other Assistance to Governments and	Sovernments	and Orga	anizations in the	United States.	Complete if the	e organization	Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	at received mo	re than 💲	5,000. Part II can	be duplicated if	additional spa	ce is needed.	
1 (a) Name and address of organization	(a)	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		if applicable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) Haiti Foundation of Hope							
PO Box 61941	0020010000	r					Help people in need
1.45 AV	07/6016-07	7	20,000				
ın Abundance							ı
1605 E Elizabeth #U-7B							Help people in need
_Pasadena CA 91104	02-0587875	3	45,000				
(3) Morning Star Development							
PO Box 62327							Help people in need
ဝှင	54-20863]		58,000	> <u></u>			
(4) Christian & Missionary Alliance							
PO Box 35000							Help people in need
ado	13-1623940	m	15,000				
(5) Access of West Michigan							
th Street SE							Help people in need
Great Rapids MI 49508	38-3195190	m		105,383	FMV	Hygeine ar	and OTC
(6) Birch Community Services							
17780 NE San Rafael							Help people in need
	93-1186020	3		1,270,209 FMV	FMV	Hygeine ar	and OTC
(7) Blanchet House							
340 NW Glisan							Help people in need
	93-6031009	3		12,907	FMV	Hygeine ar	and OTC
(8) Bridges to Change							
207 7th Street							Help people in need
Oregon City OR 97045	76-0751239	3		10,184	FMV	Hygeine ar	and OTC
(9) Central City Concern							
							Help people in need
Portland OR 97204	93-0728816	e		49,996 FMV	FMV	Hygeine ar	and OTC

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

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Schedule I (Form 990) (2012)

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

56523

SCHEDULE I (Form 990)

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

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

Open to Public Inspection OMB No. 1545-0047 2012

► Attach to Form 990.

Schedule I (Form 990) (2012)

Department of the Treasury Internal Revenue Service				► Attach to Form 990.	06			Inspection
Name of the organization							Em	Employer identification number
	Medical Teams Inte	Internationa					66	93-0878944
Part General	General Information on Grants and Assistance	d Assistance						
1 Does the organization the selection criteria u	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the Inited States.	the amount of the ance?	e grants or	grants or assistance, the grantees' eligibility for the grants or assistance, and forant funds in the United States	ees' eligibility for the	grants or assistan	ce, and	Yes No
art II	Grants and Other Assistance to Governments a	overnments	and Org	nd Organizations in the United States.	Inited States	Complete if the	e organization	Complete if the organization answered "Yes" to Form 99
	Part IV, line ∠1, tor any recipient that received more than \$5,000. Part II can be duplicated if	t received mo	re than \$	5,000 Part II can	be duplicated if	additional spar	ЖL	
1 (a) Name and ac or gc	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Christian Aid PO Box 360 Berlin	Aid Ministries OH 44610-0360	34-1344364	m		4,017,045	FMV	Meds/Med	Help people in need Supply
(2) Clackamas Women's Ser 704 Main Street, #200 Oregon City	#200 OR 97045	93-0900119	r		8,835	FMV		Help people in need Supply
(3) Domestic Violence Re PO Box 494 Hillsboro	source Center OR 97123	93-06658(4			D 15, 945	FMV	Hygeine ar	Help people in need and OTC
(4) Eastgate Bible PO Box 16118 Portland	.l Food Pantry OR 97292-0118	93-0492215	3		7,460	FIMV	Hygeine an	Help people in need d OTC
(5) Feeding America 35 E Wacker Drive Chicago	IL 60601	36–3673599	3		33,593	FMV	Hygeine ar	Help people in need and OTC
(6) Free Clinic of SW Was 4100 Plomondon Street Vancouver	hington A 98661	91-1707542	r		24,142	FMV		Help people in need and OTC
(7) Good Neighbor Center 11130 SW Greenburg Road Tigard OR	97223	93-1269989	r		7,389	FMV	Hygeine an	Help people in need d OTC
(8) Grace Community Chu 5504 E 146th Avenue Noblesville	46062	35-1837386	3		34,650	FMV	Meds/Med	Help people in need \$upply
(9) House of Zion 1430 E Cleveland Woodburn	OR 97071	93-0871543	3		58,302	FMV	Hygeine ar	Help people in need and OTC
2 Enter total number of	Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table	rt organizations lis	sted in the	line 1 table				A

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public OMB No. 1545-0047 2012 Inspection

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

▶ Attach to Form 990.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Help people in need Help people in need Help people in need need in need need in need need in need in (h) Purpose of grant in in i, Employer identification number or assistance Help people Help people Help people Help people Help people Help people Yes 93-0878944 and OTC and OTC and OTC upply upply and OTC upply Supply upplyPart IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed non-cash assistance (g) Description of Meds/Med Meds/Med Meds/Med Meds/Med Meds/Med Hygeine Hygeine Hygeine Hygeine 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) FMVFMV FMVFMVFMVFMV FMV FMV 107,150 FMV 807 846 746 6666 33, 153, 309 320 088 11,485 (e) Amount of noncash assistance 10, Ŋ. 387, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section if applicable 93-10900(5/3 \sim \sim Medical Teams International 95-4402149 93-6001065 General Information on Grants and Assistance 93-0386801 51-0145008 54-1668650 93-0502822 26-0068805 94-3034161 the selection criteria used to award the grants or assistance? (p) EIN 209 S Main Street OR 97132 (5) Life for Relief & Development Drive 1841 SW Merlo Drive
OR 97006 14600 NW Cornell OR 97229 MI 48075 3338 SE 17th Avenue OR 97202 2740 SE Powell Blvd #6 rtland OR 97202 OR 97204 24201 97301 (a) Name and address of organization 1119 Commonwealth Avenue 1660 Salem Industrical OR (8) Marion Polk Food Share (9) Merlo Station HS CEYP 17300 W 10 Mile Road or government Transitions 727 NE 24th Avenue (4) Kingsway Charities (2) InAct, Inc. (7) Love, Inc. (6) Lifeworks Name of the organization Southfield (1) Housing Beaverton Portland Portland Portland Portland Newberg Bristol (3) JOIN Part | Salem Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 7

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

Schedule I (Form 990) (2012)

56523

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047	2012	Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ² need Help people in need Help people in need Help people in need need in need need in need in need (h) Purpose of grant i, in in iп **Employer identification number** or assistance Help people Help people Help people Help people Help people Help people Yes 93-0878944 and OTC OTC and OTC OTC and OTC and OTC and OTC and OTC and OTC and and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed non-cash assistance (g) Description of Hygeine Hygeine Hygeine Hygeine Hygeine Hygeine Hygeine Hygeine Hygeine 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) FMV FMVFMV FMVFMV FMV FMV 059 FMV . 1691 386 11,058 411,788 499 221 10,973 17,175 (e) Amount of noncash assistance 35, 21, 31, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section if applicable \sim \sim 58-18882! of Medical Teams International 36-4203666 72-1618287 93-0728816 General Information on Grants and Assistance 23-7071094 93-0710963 87-0798687 93-0429004 93-0910213 the selection criteria used to award the grants or assistance? (p) EIN OR 97219 OR 97209 Bible Training 500 E Peyton Street
TX 75090 OR 97217 97201 OR 97209 IL 60188 OR 97212 (4) New Avenues for Youth (NAFY) (a) Name and address of organization (3) National Relief Charities (9) Raphael House of Portland 1220 SW Columbia Avenue 5424 SW Palatine Street (8) Portland Rescue Mission 4110 SE Hawthorne #503 (5) North By Northeast CHC 727 W Burnside 25 W 560 Geneva Road or government (1) Messengers of Mercy (6) Northwest Mission (2) My Fathers House 2724 N Ainsworth 3030 NE MLK Blvd (7) Old Town Clinic 111 W Burnside Carol Streams Name of the organization Portland Portland Portland Portland Portland Portland Portland Sherman Part Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 7

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm DAA}$

Schedule I (Form 990) (2012)

56523

SCHEDULE I (Form 990)

56523

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection OMB No. 1545-0047 2012

▶ Attach to Form 990.

Employer identification number

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Yes 93-0878944 the selection criteria used to award the grants or 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 Medical Teams International General Information on Grants and Assistance Name of the organization Part I

scribe	monitoring the use	ot grant rur	ids in the United Stal	ies.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Sovernments at received mo	and Orga re than \$	anizations in the 5,000. Part II car	• United States. • be duplicated if	Complete if the additional spa	e organization ce is needed.	l Organizations in the United States. Complete if the organization answered "Yes" to Form 990, nan \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		section if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) Real Hope for Haiti							
PO Box 23		c			7 19 851	He He	Help people in need
, NIL	70000007	7		6701667		пучетне а	
1808 NW Irving							Help people in need
Portland OR 97209	93-1212633	m		11,052	FMV	Hygeine ar	1
(3) Salvadoran American Humanitarian	FO						
2050 Coral Way, Ste 600							Help people in need
Miami FL 33145	59-2339140			697,698	FMV	Hygeine ar	and OTC
(4) Snow Cap Community Charities							
PO Box 160							Help people in need
Fairview OR 97024	93-7121915	3		18,854	FMV	Hygeine ar	and OTC
(5) Sonrise Church							
6701 NE Campus Way							Help people in need
ro	93-0785442	3		12,894	FMV	Hygeine ar	and OTC
(6) Southwest Community Health Center	Д						
7754 SW Capitol Hwy							Help people in need
Portland OR 97219	70-3050497	3		10,476	FMV	Meds/Med S	Supply
(7) Trinity Lutheran Church							
							Help people in need
Portland OR 97218	93-0479868	3		25,141	FMV	Hygeine and	OTO
(8) Union Gospel Mission							
15 NW 3rd Street							Help people in need
Portland OR 97209	93-0401258	3		22,077	FMV	Hygeine and	d OTC
(9) Virginia Garcia Memorial Health (den						
85 N 12th Street	7997170-26	۲۲		TAMA SLV SL	FM17	Hydelpe ar	Help people in need
				0 - 1 0 1	7.T.T.	11 V V V V V V V V V V V V V V V V V V	ション ブ

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

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

Schedule I (Form 990) (2012)

SCHEDULE I (Form 990)

56523

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

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

▶ Attach to Form 990.

Open to Public Inspection OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization						Eml	Employer identification number	1
Medical Teams Inte	Internationa	1				93	93-0878944	
ion on Gra	nd Assistance							
	e the amount of th stance?	e grants or	assistance, the gran	tees' eligibility for the	grants or assistan	ce, and	Yes No	<u> </u>
cribe	nonitoring the use	of grant fu	nds in the United Sta					ļ
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Sovernments at received mo	and Org re than §	Organizations in the United States. nan \$5,000. Part II can be duplicated if	• United States.	Complete if the additional spa	e organization ce is needed.	Complete if the organization answered "Yes" to Form 990, additional space is needed.	990,
1 (a) Name and address of organization or government	(a)	(c) IRC section	(d) Amount of cash arant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	[
(1) Volunteers of America		applicable ii applicable	ò		(1918)			I
ar k	13-1692595	m		25,146	FMV	Hygeine ar	Help people in need and OTC	à
(2) West Women and Children Shelter						1		Ī
2010 NW Kearney		ď		700 11	FM17	Handine ar	Help people in need	ā
(3) White Sheild - Salvation Army				, , , , , , , , , , , , , , , , , , , ,				I
andra Avenue OR 97	2369880-86			DDX.077	FMV	Hvdeine ar	Help people in need	Q
(4) William Temple House								I
Hoyt St	93-0559964	m		6,876	FMV	Hvdeine ar	Help people in need and OTC	Q
								I
34834 Weyerhaeuser Way Federal Way	95-1922279	8		350,000	FMV	Hygeine ar	Help people in need and OTC	ر ت
(6) Younglife's Washington Family Ranch	nch							
1 Muddy Road Antelope OR 97001	84-0385934	ĸ		63,098	FMV	He Hygeine and	Help people in need d OTC	ק
(7)								
(8)								
(6)]
	·							
2 Enter total number of section 501(c)(3) and government organizations listed in	ent organizations lis	sted in the	in the line 1 table				•	1
3 Enter total number of other organizations listed in the line 1 table	line 1 table							:

Schedule (Form 990) (2012) Medical Teams International	ns Internation	1a1	93-0878944		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	to Individuals in the tional space is neede	United States. Cod.	mplete if the organi	zation answered "Yes" to	Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
1					
2					
3					
4					
D.					
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additiona information.	implete this part to pr	ovide the information	on required in Part I	line 2, Part III, column (b), and any other additional
Part I, Line 2 - Procedures for Mon. Coring the Use of Gran: Funds	ss for Mon Col	ila tha Use	of Grant Fu	spu	
MTI's Local Agency program staff and w		lunteers co	olunteers conduct periodic site	ic site	
visits to the social service agency recipients. Additionally, confirmation	ce agency red	ipients. A	dditionally.	confirmation	
letters outlining the requirements of		the program	the program and requesting	ng	
information on distributing entities a	ng entities ar	re mailed ou	re mailed out on an annual basis.	al basis.	
Information requested includes: Respo		sible Execu	nsible Executive Director, Manager;	r, Manager;	
functional location/address; contact i	ss; contact ir	ıformation,	nformation, phone, fax, email, etc;	email, etc;	
IRS Letter of Determination (501c3);		ind, compati	and, compatible mission statement	statement	

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Medical Teams International **Questions Regarding Compensation**

Employer identification number 93-0878944

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				i
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
0	Did the executive ties were instance and the executive e			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	2		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			<u> </u>
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
3	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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Vinter employment contact X Compensation survey or study			
	Form 990 of other organizations			
	PUBLIC COPY			
4	During the year, did any person listed in Form 990, Part VII, Section A, line Ta, with respect to the filling			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Χ
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Χ
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Χ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only anation 504(a)(0) and 504(a)(4) annoning in a month of annulate lines 5.0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of:			
а	The approximation 0	5a		Х
	Any valeted execution (5b		X
~	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Χ
	Any related organization?	6b		Χ
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			1
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Χ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
	in Part III	8		Χ
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9		1

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

Schedule J (Form 990) 2012

Medical Teams International Schedule J (Form 990) 2012

Part |

56523

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 93-0878944

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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. instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

	(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported as deferred in prior Form 990
Bastian Vanderzalm 1 President	160,601	0	0	46,453	19,191	:	0 0
William Essig (0) 2 VP In't Proq (0)	124,711	0	0	9,151	17,115	150,977	
	. (1						
(i) (ii)	. (1						
(1)	. (1						
(i) 9							
(n) 2 (n) 2		0110					
(n) (n)		פרוכ	COP				
(i) 6							
(0)	0						
(0)							
(ii)							
(ii)) (1						
(ii)	ı) ı)						
(ii))(ı						
(ii) (iii)	, la (0						

Part III

56523

PUBLIC COPY

Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Medical Teams International

Employer identification number 93-0878944

Pa	art I Types of Property							
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution	(d) Method of determining)		
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amo	unts		
1	Art—Works of art							
2	Art—Historical treasures							
3	Aut Frantismal interests							
4	Deale and mublications							
5	Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Cogurities Dublish traded	X	22	356,246	FMV			
10	Securities—Closely held stock	21	<u> </u>	330,240	LIIV			
11	Securities—Partnership, LLC,							
••	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other		DLIDLI		/			
15	Real estate—Residential		PUBLI	C COP1	/			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	500	74,279,747	WAC			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶(Hygiene/OTC)	X	500	9,483,661	FMV			
26	Other ►(
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received by	y the orga	nization during the tax y	year for contributions for				_
	which the organization completed I	orm 8283	B, Part IV, Donee Ackno	owledgement	29			
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years	from the	date of the initial contrib	oution, and which is not re	quired to be			
	used for exempt purposes for the e		ing period?			30a		Χ
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptance	e policy that requires the	e review of any non-stand	ard			
	contributions?					31	Χ	<u> </u>
32a	Does the organization hire or use t	hird partie	s or related organizatio	ns to solicit, process, or s	ell noncash			
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report ar	amount i	n column (c) for a type	of property for which colu	mn (a) is checked,			
	describe in Part II.							<u> </u>

Schedule M (Forn	n 990) (2012) N	<u> Medical</u> T	<u>Ceams I</u> n	<u>ternati</u> o:	<u>nal</u>	<u>93-08</u> 78	<u> </u>	Page 2
Part II	Suppleme and 33, an	ental Informated whether the	tion. Comple e organizatio	ete this part to n is reporting	provide the in Part I, colu	nformation rec	3 9 4 4 Juired by Part I, mber of contribu	lines 30b, 32b, utions, the
	number of	items receive	ed, or a comb	pination of bot	th. Also comp	lete this part fo	or any additional	information.
			····PU	BLIC	COF	Υ		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

Medical Teams International

Employer identification number 93-0878944

Form 990 - Organization's Mission or Most Significant Activities
Medical Teams International is a Christian global health organization,
helping people affected by disaster, conflict and poverty around the
world. We deliver medical and dental care, humanitarian aid, and holistic
development programs to all people in need, regardless of religion,
nationality, sex, or race. We respond to disasters around the world-and
here at home-by sending teams of volunteer medical professionals and
medical supplies to care for the sick and injured. We also mobilize long-
term health promotion initiatives, collaborating with established partners
within each community to ensure that our programs have a sustainable
impact. PUBLIC COPY
Form 990, Part I, Line 6
Volunteers host visitors and tour groups in our multi-sensory exhibit,
provide general office assistance, represent the organization in community
events, help prepare medical supplies and equipment for shipment to
international offices and partners, provide free dental care in the Pacifi
Northwest and Minnesota, provide health care to people in need in
developing countries and disaster-affected areas, and implement emergency
preparedness programs.
Form 990, Part III, Line 4a - First Accomplishment
AFRICA
Medical Teams International (MTI) deployed 32 volunteer health care teams
to eight countries: Burundi, Cameroon, Gabon, Guinea, Mali, Niger, South

Page 2

Employer identification number Name of the organization Medical Teams International 93-0878944 Sudan, and Uganda. These teams were comprised of a total of 122 volunteers. Teams provided direct medical services and training for African physicians and nurses in the areas of general surgery and surgical training, family practice, pediatrics, internal medicine, dental services and training, obstetrics and gynecology, anesthesiology, midwifery, radiology, ultrasound training, emergency services, and surgical nurse training. MTI also shipped life-saving medicines, supplies and equipment to 15 countries: Burundi, Cameroon, Gabon, Ghana, Kenya, Libya, Mali, Mozambique, Niger, Senegal, Sierra Leone, Somalia, Uganda, Zambia, and Zimbabwe. Mali: MTI partnered with a Malian organization to support nurse training of Malians. Two nurses were supported in their pursuit of advanced nursing degrees and both successfully passed their final exams in June. Seven other nursing students were su ds their first degree in nursing. The trained nurses will provide quality care for the pediatric and maternal, neo-natal programs of the hospital. Liberia: In FY 13, MTI implemented the one-year Essential Package of Health Services project in Grand Cape Mount County funded by the Ministry of Health and Social Welfare. MTI worked in partnership with the County Health Team to increase access to and improve quality of basic health care services in 24 health facilities. The project also strengthened 902 Community Health Volunteers (CHVs) and 100 peer educators in ten school health clubs. Ethiopia: MTI supported a local partner for the final year of a three year <u>community-based project targeting HIV positive mothers who live in Debre</u>

Name of the organization Employer identification number Medical Teams International 93-0878944 Birhan, Ethiopia. The goal of the program was to reduce the vertical transmission of HIV from mother to child. During the final year, over 4,000 women participated in HIV/AIDS education and 448 women were mobilized to participate in 27 HIV/AIDS/PMTCT awareness and education sessions. Additionally, 100 church volunteers provided care and support to people living with HIV/AIDs. Malawi: In FY 13 MTI, in partnership with a local organization in Malawi, supported a project that improved access to and use of safe potable water for 3000 households and improved latrine facilities and sanitation practices at two schools. Mozambique: In October, 2012, MTI closed a three-year USAID funded project, "Building Bette PUBLIC COP" trengthened the work of established indigenous communities and faith-based organizations. During the life of the project 639 orphans and vulnerable children were reached through education and/or vocational training, food and/or nutritional support or general health support services and 1304 chronically ill HIV+ patients were reached through Home Based Care services. 2,362 persons were reached with HIV prevention messages. South Sudan: In FY 13, MTI supported and provided technical advice to a local organization to improve maternal health in Nzara County, Western Equitoria State of South Sudan. MTI staff provided technical support to the project which directly benefited women of reproductive age. Three certified midwives received training, four supervisors provided oversight

and support to 40 community health outreach workers who collectively

Employer identification number

Name of the organization

Medical Teams International 93-0878944 conducted an average of 283 home visits per month and made an average of 51 referrals of women each month for antenatal care and delivery by a skilled attendant at the health facility. Uganda: MTI is implementing emergency and preventative health care programming through targeted relief and development strategies in the northern and southwestern regions of Uganda. In North Uganda, MTI continued a four-year USAID supported Child Survival Project. The goal of Child Survival was to reduce child morbidity and mortality in Lira District, in support of Uganda Ministry of Health goals, objectives and strategies. The project directly benefited 21,948 children under age five and 24,624 women of reproductive age. In Pader district, MTI ary Health Care programming in local health facilities and through community outreaches to improve the health status of resettling communities and increase primary health care services to more than 15,000 direct beneficiaries. Our local Ugandan medical staff conducted 67 integrated outreaches in hard to reach and underserved communities and supported the immunization of over 3,500 children. Also in Pader, MTI continued to support children affected by "Nodding Syndrome". MTI worked to orient 415 caregivers on patient care for children living with Nodding and continued to support the provision of medicines for 323 children with Nodding. MTI managed the Ogur Youth Information and Care Center which provided youth-friendly services to prevent HIV infections, promoted healthy behaviors, and increased access to counseling and testing services, treatments and medicines to prevent HIV & AIDS related opportunistic

Name of the organization Employer identification number Medical Teams International 93-0878944 infections. In FY 13, 4,600 children and youth were counseled and tested, and 240 pregnant youth were counseled and tested. Over 3,000 children and youth received spiritual and psychosocial support. In SW Uganda, with support from the U.S. State Department and UNHCR, MTI is providing medical care to 60,000 refugees crossing and living along the border of southwestern Uganda. MTI is now staffing six permanent medical facilities in Nakivale with a goal to reduce morbidity and mortality of refugees living in the resettlement camps. Through those clinics, MTI provides medical and health services, including treatment of acute and critical pediatric and medical illnesses, minor surgery, antenatal care, obstetrical assessments and referral, HIV testing and counseling, immunizations, and referral with ces include health transportation to health promotion and education, distribution of insecticide treated mosquito nets, training of community health workers, monitoring-assessment- response to any disease outbreaks, and psychological services to refugees. There are staff quarters on site at the clinic where many of our national staff live and provide 24/7 care to the refugees. DISASTER RESPONSE Medical Teams International deployed a total of 53 volunteers in FY 13 for direct curative care following a disaster. The Emergency Relief and Global Security Unit of Medical Teams International responded in three countries -18 medical teams to a Western Uganda refugee transit camp; two medical teams to South Sudan; and two medical teams to Lebanon to assist Syrian

Employer identification number Name of the organization Medical Teams International 93-0878944 LATIN AMERICA In FY13, MTI Latin America programs served 161,500 people. MTI provided health training, medical care and community development through 56 volunteer teams (379 volunteers) sent to El Salvador, Guatemala, Haiti, Honduras, Mexico and Nicaragua. The teams reached approximately 11,709 direct beneficiaries including 5,000 children. MTI sent two containers of medical supplies, equipment and vitamins in FY13. One container of vitamin A, womens' multivitamins and albendozole was sent to Guatemala and served over 18,000 women of reproductive age and over 11,000 children under five. A second container was sent to Haiti and provided medical supplies and equipment to Haiti Foundation of Hope, the Beraca hospital and the MTI Advantage program. PUBLIC COPY Additionally, MTI supported health projects throughout the region including the Haiti Foundation of Hope community health program, the MTI Haiti-Crochu community health program, the MTI-Haiti Advantage Rehab Therapy Program, the Beraca medical hospital program, two Community Health Projects in Guatemala; the Cadena de Amor Healthy Smiles Dental Project in Honduras, a Holistic Community Health and Dental Project in Nicaragua and the Amextra Community Health Project in Mexico. El Salvador: In FY13 MTI supported the work of our partner ASAPROSAR by sending two teams that provided ophthalmology surgeries. The teams served nearly 150 patients, most with severe cataracts, giving sight to the blind. Guatemala: In FY13, MTI-Guatemala continued its maternal and child health

program in 22 communities of the municipality of San Juan Chamelco, Alta Verapaz. This program aims to reduce the incidence and improve case management of diarrhea, malnutrition and acute respiratory infections in children, while simultaneously improving maternal health. In FY 13 MTI helped to train over 10,000 community members and supported the construction of 450 ventilated cook stoves and 371 sanitary latrines.

MTI-Guatemala hosted 11 work teams, two medical brigades and four dental teams for a total of 17 teams during FY13.

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

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

Employer identification number Name of the organization Medical Teams International 93-0878944 Honduras: MTI continues to support the work of our partners Cadena de Amor (CDA), Proyecto Aldea Global (PAG), Asociacion el Buen Pastor (ABP), and PREDISAN in Honduras. Through the "Healthy Smiles" program supported by MTI funds and volunteer dental teams, CDA impacted the life of 2,000 children and their families in FY13. Three additional volunteer teams served with our partners PAG, ABP and PREDISAN. These teams served the needs of over 1,200 people by providing training and services in areas such as nutrition, community health, dentistry, and medical specialties such s gastroenterology, radiology, ultrasound, and OB/GYN. Mexico: MTI supported six months of a community health program managed by a partner organization, AMEXTRA in the Oaxaca valley. The program includes peace education workshor hurches and schools. The peace education workshops focus on gender equity and conflict resolution in order to provide individuals with the skills necessary to help their communities live peacefully and prosperously. One medical team was sent from MTI to work with AMEXTRA which served nearly 600 people. In addition, 173 children age five and under are attending growth monitoring and promotion sessions and there has been an improvement in nutrition due to AMEXTRA's home visits and counseling sessions with mothers of children who have malnutrition. AMEXTRA is now running the community health program in Oaxaca independent of MTI support. Given AMEXTRA's 27 years of program implementation in Mexico and their success at engaging the communities in Oaxaca, they have great potential to continue to have an impact on marginalized communities in Oaxaca.

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization Employer identification number Medical Teams International 93-0878944 Nicaraqua: In FY13 MTI provided funding to support the second year of a community health (CH) project for our partner Accion Medica Cristiana (AMC). The CH project is focused in two main areas: 1) Improving women's health by increasing the detection of cervical cancer, and 2) Improving children's oral health by decreasing the decayed, missing, and filled (DMF) index for school age children. During the fiscal year the project touched the lives of 3,500 people in the region of Matagalpa where program is being implemented. MTI also sent one medical brigade to serve the medical needs of the population served by AMC's program. The teams provided services to an additional 500 people. ASIA AND EURASIA Cambodia: In FY 13, MTI sent 14 volunteer teams to Cambodia. Four of these teams were for the EMS r with the Kampong Cham (KC) Ministry of Health. This three year partnership provides comprehensive EMS training and equipping of emergency "corners" in all 11 hospitals in the Kampong Cham province in Cambodia. EMS Basic and intermediate courses are taught to create a Trainer of Trainers group in KC. FY 13 concluded this three year project. One other teaching team was sent to our partner, Angkor Hospital for Children. MTI also sent two dental teams to Foursquare Children of Promise, and one medical team to our partner New Life, and we one training team specializing in nutrition. To our new partner, CRM, we sent two medical

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

teams and one dental team.

Name of the organization Employer identification number Medical Teams International 93-0878944 and women of reproductive age. Our health promoters are delivering immunizations, nutrition training, controlling diarrheal disease, and addressing water and sanitation issues. Over 500 community members participated in five educational events. 142 Village health volunteers were trained in updated Integrated Management of Childhood Illness lessons. Indonesia: MTI has been focusing on a maternal health and child survival project on Nias Island for eight years. In Nias, MTI has provided training to staff and community members related to health clinics and health posts throughout the area. Over 4,600 mothers participated in village care groups where they learned how to care for their children when they are sick through instruction in hygiene and the care of those with diarrhea. 150 mothers participated in planting family gardens which provided additional nuti ir families and communities. One important aspect of this project was to work with the local Ministry of Health to strengthen and revitalize the local village health posts. These 58 health posts were revitalized by working with the cadres (health volunteers) in each village and encouraging their participation. MTI also trained and worked with these cadres to provide further education and support. Japan: MTI worked with our local partner, Japan Campus Crusade for Christ, to provide psycho-social and suicide prevention training to local church members and to people living in the tsunami/earthquake/nuclear disaster region. A special manga (Japanese style comic book) was produced which guided readers to discussions about psycho-social issues. Over 6,000 of

these were distributed in the region. Special trainings were held to teach

Page 2

Name of the organization Employer identification number Medical Teams International 93-0878944 over 300 people how to use this manga, called "Risk Ride", in speaking with individuals. A special website training was also created along with a training video. Through these tools people who were at risk for suicide were identified and referred to local providers and counselors. Romania: Medical Teams International partners with Fundatia Heart of Hope (FHH) in Romania. MTI is helping FHH to increase its organizational capacity and long-term funding base. FHH helped to increase health and improve living conditions for children living in nine government placement centers, two transition homes and several poor villages in Sibiu and Brasov counties in FY13. Medical Teams International sent four volunteer teams to Romania this year. These teams included two dental teams, one physical therapy team and one gift of hope team. Afghanistan: Medical Teams International continued working with CURE International and Mornir ovide primary health care and medical services to the residents of the Kabul, and the surrounding catchment areas. MTI was involved in the implementation of primary health care programs and training for medical workers and healthcare providers. MTI partnered with both organizations in the establishment of medical services, and recruited and deployed short term teams of medical professionals. Uzbekistan: MTI implemented the Cervical Cancer Prevention project and trained nurses and staffs were able to vaccinate close to 10,000 teens, and provide training to medical staff at the ObGyn Institution. Moldova: Medical Teams International worked in the villages in Oxentea, Moldova, completing the Community Health Evangelism (CHE) training program.

Employer identification number Name of the organization Medical Teams International 93-0878944 In this village, MTI trained 350 CHE volunteers from the local schools in health messages which they then taught other village families. We shipped one container of humanitarian aid to Moldova, containing supplies which benefitted 35 hospitals and other organizations. India: Established the partnership with Emanuel Hospital association to mobilize medical volunteer teams into Hospitals in Tezpur and Herbertpur regions. DPRK (North Korea): Established the partnership with Pyongyang University Science and Technology and medical clinic to mobilize medical volunteer teams for training, and medical supplies to the local clinic. Form 990, Part V, Line PUBLIC COPYn Foreign Countries Mexico, Uzbekistan, Uganda, Liberia, Guatemala, Cambodia, Haiti Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is sent to all members of the Board of Directors for their review. Questions and concerns are directed to management for clarification. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy All staff members are required to sign the organization's conflict of interest statement when hired; board members sign when joining the Board of Directors. Staff and board members are required to disclose any potential conflicts of interest, and agree to disclose any conflicts of interest that may occur in the future. For conflicts involving board members, the <u>executive committee attempts to resolve any actual or potential conflicts</u>

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Name of the organization Employer identification number Medical Teams International 93-0878944 and, in the absence of resolution, refers the matter to the Board of Directors. For staff members, the CEO resolves all matters related to actual or potential conflicts of interest. Form 990, Part VI, Line 15a - Compensation Process for Top Official MTI attempts to pay salaries competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. The Director of Human Resources carries out regular surveys of salaries paid by comparable employers. Salary increases are based on availability of funds, performance evaluations, changes in responsibilities, and adjustments based on the annual market surveys. The Executive Committee of the Board of Directors reviews and approves the President/CEO's salary. PUBLIC COPY Form 990, Part VI, Line 15b - Compensation Process for Officers MTI attempts to pay salaries competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. The Director of Human Resources carries out regular surveys of salaries paid by comparable employers. Salary increases are based on availability of funds, performances evaluations, changes in responsibilities, and adjustments based on the annual market surveys. Executive staff and key employee salaries are reviewed and approved by the CEO of the organization. Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Pennsylvania, Alabama, Alaska, Kansas, Massachusetts, Hawaii, New York, North Carolina, Ohio, Virginia, New Mexico, Tennessee, Wisconsin,

Page 2

Name of the organization Medical Teams International	Employer identification number 93-0878944
Rhode Island, Kentucky, West Virginia, Arkansas, New E	Hampshire, Georgia,
Form 990, Part VI, Line 19 - Governing Documents Disc. Governing documents and the conflict of interest police the Executive department and are available upon requeses statements are available on the Organization's website	cy are on file with
Form 990, Part XI, Line 9 - Reconciliation of Changes	
Reclassification of fundraising event expenses	\$ 676,385
Reclassification of fundraising event expenses	\$ -676,385
PUBLIC COPY	