

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
 Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MEDICAL TEAMS INTERNATIONAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14150 SW MILTON CT City or town, state or province, country, and ZIP or foreign postal code TIGARD OR 97224	<b>D</b> Employer identification number 93-0878944 <b>E</b> Telephone number 503-624-1000 <b>G</b> Gross receipts \$ 85,274,414
<b>F</b> Name and address of principal officer: MARTHA NEWSOME 14150 SW MILTON CT TIGARD OR 97224		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <a href="http://WWW.MEDICALTEAMS.ORG">HTTP://WWW.MEDICALTEAMS.ORG</a>		<b>L</b> Year of formation: 1979
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: OR

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		17
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>		115
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		1631
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>		0
<b>Revenue</b>			Prior Year	Current Year
	<b>8</b> Contributions and grants (Part VIII, line 1h)		52,640,734	82,189,602
	<b>9</b> Program service revenue (Part VIII, line 2g)		738,384	887,764
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		84,116	220,523
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-90,846	713,134
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		53,372,388	84,011,023
<b>Expenses</b>				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28,682,136	44,140,732
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,427,644	17,305,786
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		24,322	38,062
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,392,041			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,638,280	10,878,656
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,772,382	72,363,236
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-399,994	11,647,787
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)		32,345,042	45,335,014
	<b>21</b> Total liabilities (Part X, line 26)		2,204,491	3,637,352
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		30,140,551	41,697,662

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ GAYLE RIETMULDER Type or print name and title	Date _____ VP/CFO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name FRITZ S. DUNCAN	Preparer's signature FRITZ S. DUNCAN	Date 07/16/20	Check <input type="checkbox"/> if self-employed PTIN P00036435
	Firm's name ▶ JONES & ROTH, P.C. PO BOX 10086	Firm's EIN ▶ 93-0819646	Firm's address ▶ EUGENE, OR 97440	Phone no. 541-687-2320

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 65,425,837 including grants of \$ 44,140,732 ) (Revenue \$ 887,764 )  
SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
N/A

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
N/A

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 65,425,837

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 115		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 17		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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**

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

MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON CT.  
TIGARD

OR 97224

503-624-1000

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J. MICHAEL GOODWIN	1.00									
CHAIR	0.00	X		X			0	0	0	
(2) DR. TODD ULMER	1.00									
CHAIR, PROGRAM COMM	0.00	X		X			0	0	0	
(3) MIKE BUTLER	1.00									
CHAIR, FINANCE COMM	0.00	X		X			0	0	0	
(4) PAT RESER	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(5) RYAN MCANINCH	1.00									
TREASURER	0.00	X		X			0	0	0	
(6) REV. SHARI JACKSON MONSON	1.00									
SECRETARY	0.00	X		X			0	0	0	
(7) DR. NATHALIE JOHNSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) ELIZABETH LIE	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) KATIE TAYLOR	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) BETH WEIBLING	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) GABE WINSLOW	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GEOFF GUILFOY	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) SEAN ROBBINS	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) MICHAEL LEVELLE	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) BARBARA MCDUGALL	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) FRED GREGORY	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) JOHN PHILLIPS	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) MARTHA NEWSOME	40.00									
CEO	0.00			X			218,153	0	40,670	
(19) PAMELA S. BLIKSTAD	40.00									
VP/CFO	0.00			X			163,752	0	25,316	
<b>1b Sub-total</b>							<b>381,905</b>		<b>65,986</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>876,557</b>		<b>189,005</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>1,258,462</b>		<b>254,991</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 2,272,026				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 5,933,481				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 73,984,095				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 41,018,189					
	<b>h Total.</b> Add lines 1a-1f		82,189,602			
<b>Program Service Revenue</b>	<b>2a</b> SERVICE FEES	<b>Busn. Code</b>	887,764	887,764		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		887,764			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		196,632		196,632	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	490,852			
		(ii) Other	25,622			
	<b>b</b> Less: cost or other basis & sales exps.	468,160	24,423			
	<b>c</b> Gain or (loss)	22,692	1,199			
	<b>d</b> Net gain or (loss)		23,891	23,891		
	<b>8a</b> Gross income from fundraising events (not including \$ 2,272,026 of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 1,350,405				
		<b>b</b> Less: direct expenses	770,808			
<b>c</b> Net income or (loss) from fundraising events			579,597			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b> 55,100					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities		55,100		55,100	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> OTHER REVENUE		78,437	78,437			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		78,437				
<b>12 Total revenue.</b> See instructions.		84,011,023	990,092	0	251,732	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,136,952	13,136,952		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	31,003,780	31,003,780		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	952,766	290,330	351,384	311,052
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	13,451,055	10,469,999	948,157	2,032,899
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	284,300	231,994	13,457	38,849
<b>9</b> Other employee benefits	2,100,515	1,540,531	169,446	390,538
<b>10</b> Payroll taxes	517,150	242,411	89,034	185,705
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	51,088	23,028	15,048	13,012
<b>c</b> Accounting	101,624	45,807	29,933	25,884
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	38,062			38,062
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,887,186	743,510	275,713	867,963
<b>12</b> Advertising and promotion	447,394	3,256	4,071	440,067
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,606,445	1,388,516	82,902	135,027
<b>17</b> Travel	1,598,632	1,335,348	126,559	136,725
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	761,337	634,703	94,020	32,614
<b>23</b> Insurance	266,201	183,575	81,610	1,016
<b>24</b> 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.)				
<b>a</b> SUPPLIES	2,593,248	2,346,171	66,327	180,750
<b>b</b> OTHER	1,011,415	570,780	145,675	294,960
<b>c</b> VEHICLES	882,792	879,921	1,033	1,838
<b>d</b> EQUIPMENT	412,010	355,225	20,896	35,889
<b>e</b> All other expenses	-740,716		30,093	-770,809
<b>25</b> Total functional expenses. Add lines 1 through 24e	72,363,236	65,425,837	2,545,358	4,392,041
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	1,781,329	1	4,820,738
	2	Savings and temporary cash investments	1	2	994,679
	3	Pledges and grants receivable, net	2,880,114	3	13,666,092
	4	Accounts receivable, net	872,136	4	419,019
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	16,453,873	8	15,280,174
	9	Prepaid expenses and deferred charges	260,098	9	216,326
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,657,331		
	b	Less: accumulated depreciation	10b 8,236,616	10c	7,420,715
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	2,963,742	12	2,517,271
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	32,345,042	16	45,335,014	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,702,135	17	2,584,573
	18	Grants payable		18	
	19	Deferred revenue	2,356	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	500,000	25	1,052,779
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,204,491	26	3,637,352
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	25,918,227	27	32,931,366
	28	Temporarily restricted net assets	1,844,460	28	6,469,031
	29	Permanently restricted net assets	2,377,864	29	2,297,265
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	30,140,551	33	41,697,662
34	<b>Total liabilities and net assets/fund balances</b>	32,345,042	34	45,335,014	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	84,011,023
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	72,363,236
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,647,787
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	30,140,551
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-90,676
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	41,697,662

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</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.	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JON BEIGHLE	40.00									
VP MARKETING & DEV.	0.00			X			160,913	0	32,576	
(21) ROGER SANDBERG	40.00									
VP FIELD OPERATIONS	0.00			X			140,832	0	34,042	
(22) STEVEN MYHRE	40.00									
HR DIRECTOR	0.00					X	118,629	0	27,079	
(23) CYNTHIA BREILH	40.00									
US PROGRAMS DIRECTOR	0.00					X	118,165	0	25,371	
(24) JOSEPH DICARLO	40.00									
GLOBAL AMBASSADOR	0.00					X	116,703	0	16,032	
(25) ANDREW HOSKINS	40.00									
UG COUNTRY DIRECTOR	0.00					X	110,734	0	29,790	
(26) DEVON PEARCE	40.00									
COMPLIANCE DIRECTOR	0.00					X	110,581	0	24,115	
<b>1b Sub-total</b>							876,557		189,005	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

**Section B. Independent Contractors**

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

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

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

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

**2018****Open to Public  
Inspection**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2018

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	187,147,733	112,075,001	59,142,987	52,640,734	82,189,602	493,196,057
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	187,147,733	112,075,001	59,142,987	52,640,734	82,189,602	493,196,057
<b>5</b> 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)						205,425,610
<b>6 Public support.</b> Subtract line 5 from line 4						287,770,447

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	187,147,733	112,075,001	59,142,987	52,640,734	82,189,602	493,196,057
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	106,881	107,073	141,805	139,410	196,632	691,801
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						493,887,858
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	8,697,204

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	58.27%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	<b>15</b>	50.47%

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	187,147,733	112,075,001	59,142,987	52,640,734	82,189,602	493,196,057
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,723,690	1,795,507	1,443,692	1,417,709	2,316,606	8,697,204
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	78,000	74,600	31,800	55,350	55,100	294,850
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	188,949,423	113,945,108	60,618,479	54,113,793	84,561,308	502,188,111
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	123,055,781	73,237,210	8,882,437	13,281,550	12,891,286	231,348,264
<b>b</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						
<b>c</b> Add lines 7a and 7b	123,055,781	73,237,210	8,882,437	13,281,550	12,891,286	231,348,264
<b>8 Public support.</b> (Subtract line 7c from line 6.)						270,839,847

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	188,949,423	113,945,108	60,618,479	54,113,793	84,561,308	502,188,111
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	106,881	107,073	141,805	139,410	196,632	691,801
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	106,881	107,073	141,805	139,410	196,632	691,801
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	189,056,304	114,052,181	60,760,284	54,253,203	84,757,940	502,879,912
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	53.86%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	45.25%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013 .....			
<b>b</b> From 2014 .....			
<b>c</b> From 2015 .....			
<b>d</b> From 2016 .....			
<b>e</b> From 2017 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014 .....			
<b>b</b> Excess from 2015 .....			
<b>c</b> Excess from 2016 .....			
<b>d</b> Excess from 2017 .....			
<b>e</b> Excess from 2018 .....			

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

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 0

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2018**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAT J. RESER 8080 SW 175TH AVE BEAVERTON OR 97007-8774	\$ 10,501,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MEDLINE INDUSTRIES 1170 S. NORTH POINT BLVD WAUKEGAN IL 60087	\$ 8,785,600	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES CASE POSTALE 25000 CH-1211 GENEVE 2 DEPOT GENEVA	\$ 6,918,635	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	U.S. DEPARTMENT OF STATE, BUREAU OF POPULATION, REFUGEES AND MIGRATION 2201 C STREET NW, 8TH FLOOR, SA-9 WASHINGTON DC 20520	\$ 5,809,099	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BECTON DICKINSON 1 BECTON DRIVE FRANKLIN LAKES NJ 07417	\$ 5,119,200	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	PERRIGO 515 EASTERN AVENUE ALLEGAN MI 49010	\$ 4,105,686	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FRANK BATTEN THE DOMINION ENTERPRISES BLDG, 150 GRANDY ST., 19TH FLOOR NORFOLK VA 23510	\$ 2,600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BETHANNE WIEBLING 4029 WILLIAMS AVE N RENTON WA 98056-2118	\$ 2,552,630	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	WORLD FOOD PROGRAMME VIA C.G. VIOLA 68 PARCO DEI MEDICI 00148 ROME	\$ 2,038,394	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 8,785,600	
5	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 5,119,200	
6	MEDICAL SUPPLIES (VARIOUS DATES)	\$ 4,105,686	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

93-0878944

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding collections of art and historical treasures.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	2,377,864	2,305,606	2,066,365	1,867,460	2,063,693
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....	37,901	187,488	345,593	198,905	-103,048
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	118,500	115,230	106,352		93,185
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	2,297,265	2,377,864	2,305,606	2,066,365	1,867,460

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

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ 100.00%
- c** Temporarily restricted endowment ▶ .....%

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		1,732,777		1,732,777
<b>b</b> Buildings .....		6,875,837	3,077,026	3,798,811
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		6,841,452	4,952,325	1,889,127
<b>e</b> Other .....		207,265	207,265	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,420,715

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <b>MUTUAL FUNDS</b>	2,517,271	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,517,271	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ADVANCES</b>	1,052,779
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,052,779

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	87,605,708
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-90,676	
b	Donated services and use of facilities	2b	2,912,485	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	772,876	
e	Add lines 2a through 2d	2e	3,594,685	
3	Subtract line 2e from line 1	3	84,011,023	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	84,011,023	

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

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

1	Total expenses and losses per audited financial statements		1	76,048,597
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,912,485	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	772,876	
e	Add lines 2a through 2d	2e	3,685,361	
3	Subtract line 2e from line 1	3	72,363,236	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	72,363,236	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES \$ 770,808

RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS \$ 2,068

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

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES \$ 770,808

RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS \$ 2,068



**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

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

▶ Attach to Form 990.

**2018****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	2		PROGRAM SERVICES	SEE SCHEDULE O	8,932,881
(1)					
EAST ASIA AND THE PACIFIC	1		PROGRAM SERVICES	SEE SCHEDULE O	2,139,768
(2)					
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	SEE SCHEDULE O	5,620,749
(3)					
MIDDLE EAST AND NORTH AFRICA	1		PROGRAM SERVICES	SEE SCHEDULE O	255,326
(4)					
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	SEE SCHEDULE O	10,081,642
(5)					
SOUTH ASIA	1		PROGRAM SERVICES	SEE SCHEDULE O	9,450,280
(6)					
SUB-SAHARAN AFRICA	3		PROGRAM SERVICES	SEE SCHEDULE O	15,311,817
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....	8				51,792,463
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)	8				51,792,463

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	HELP THOSE IN NEED	30,058	WIRE TRANSFER			
(2)			MIDDLE EAST AND NORTH AFRICA	HELP THOSE IN NEED	255,326	WIRE TRANSFER			
(3)			EUROPE	HELP THOSE IN NEED	596,125	WIRE TRANSFER			
(4)			RUSSIA AND NEWLY INDEPENDENT STATES	HELP THOSE IN NEED			1,111,266	MEDICAL SUPPLY	WAC
(5)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			1,896,829	MED SUPP & EQ	WAC
(6)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			2,076,786	MED & MED SUPP	WAC
(7)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			955,782	MED SUPP & EQ	WAC
(8)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			1,429,470	MED & MED EQT	WAC
(9)			EUROPE	HELP THOSE IN NEED			3,219,046	MED SUPP & EQT	WAC
(10)			RUSSIA AND NEWLY INDEPENDENT STATES	HELP THOSE IN NEED			2,026,208	MED SUPP & EQT	WAV
(11)			CENTRAL AMERICA AND CARIBBEAN	HELP THOSE IN NEED			1,085,573	MED & MED SUPP	WAC
(12)			SOUTH ASIA	HELP THOSE IN NEED			9,450,280	MED & MED SUPP	WAC
(13)			EUROPE	HELP THOSE IN NEED			883,872	MEDICAL SUPPLY	WAC
(14)			EUROPE	HELP THOSE IN NEED			891,648	MEDICAL SUPPLY	WAC
(15)			RUSSIA AND NEWLY INDEPENDENT STATES	HELP THOSE IN NEED			1,094,493	MED SUPP & EQT	WAC
(16)			RUSSIA AND NEWLY INDEPENDENT STATES	HELP THOSE IN NEED			4,001,018	MED SUPP & EQT	WAC

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **16**

3 Enter total number of other organizations or entities .....



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2018

**Part V Supplemental Information**

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

## PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

MEDICAL TEAMS MONITORS THE USE OF GRANT FUNDS TO OTHER ORGANIZATIONS AND PARTNERS THROUGH AGREED-UPON BUDGETS AND MEMORANDUMS OF UNDERSTANDING. MONTHLY BVA REPORTS ARE REVIEWED BY SENIOR PROGRAM STAFF AND HQ FINANCE. MEDICAL TEAMS FIELD OFFICE STAFF MEET REGULARLY WITH GRANTEEES AND PARTNERS TO ENSURE PROGRAMMATIC GOALS ARE BEING MET.

## PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND THE CARIBBEAN	\$ 8,932,881	\$ 0
EAST ASIA AND THE PACIFIC	\$ 2,139,768	\$ 0
EUROPE (INCLUDING ICELAND AND GREENLAND)	\$ 5,620,749	\$ 0
MIDDLE EAST AND NORTH AFRICA	\$ 255,326	\$ 0
RUSSIA AND NEIGHBORING STATES	\$ 10,081,642	\$ 0
SOUTH ASIA	\$ 9,450,280	\$ 0
SUB-SAHARAN AFRICA	\$ 15,311,817	\$ 0

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GATEWAY COMMUNICATIONS 16805 NE MASON COURT PORTLAND OR 97230	SOLICITING		X	63,982	38,062	25,920
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				63,982	38,062	25,920

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GREAT ADVENTURE</u>	<u>FIELD OF DREAMS</u>	<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(col. (c))
Revenue	1	Gross receipts	2,001,000	1,621,431	3,622,431
	2	Less: Contributions	846,310	1,425,716	2,272,026
	3	Gross income (line 1 minus line 2)	1,154,690	195,715	1,350,405
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		55,160	55,160
	6	Rent/facility costs		86,233	86,233
	7	Food and beverages	79,065	102,731	181,796
	8	Entertainment			
	9	Other direct expenses	244,526	203,093	447,619
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				579,597

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue		55,100	55,100	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 75.00% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				55,100

9 Enter the state(s) in which the organization conducts gaming activities: OR, WA  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain:  
 .....

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

b If "Yes," explain:  
 .....

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a 44.00%
b An outside facility 13b 56.00%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name MEDICAL TEAMS INTERNATIONAL
14150 SW MILTON CT
Address TIGARD OR 97224

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

Name
Address

16 Gaming manager information:
Name JON BEIGHLE
Gaming manager compensation \$
Description of services provided VP MARKETING AND DEVELOPMENT
 Director/officer  Employee  Independent contractor

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

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

.....

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**MEDICAL TEAMS INTERNATIONAL**

Employer identification number

**93-0878944**

**Part I General Information on Grants and Assistance**

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

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

<b>1</b>	<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
<b>(1)</b>	MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK GA 31525	36-2586390	3	86,253				HELP PEOPLE IN NEED
<b>(2)</b>	FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX AZ 85034	95-2680390	3	196,539				HELP PEOPLE IN NEED
<b>(3)</b>	HUMANITY & INCLUSION 8757 GEORGIA AVE, SUITE 420 SILVER SPRING MD 20910	55-0914744	3	429,154				HELP PEOPLE IN NEED
<b>(4)</b>	BIRCH COMMUNITY SERVICES 17780 NE SAN RAFAEL PORTLAND OR 97230	93-1186020	3		480,499	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
<b>(5)</b>	BLANCHET HOUSE 340 NW GLISAN PORTLAND OR 97208	93-6031009	3		16,549	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
<b>(6)</b>	CENTRAL CITY CONCERN (RECUPERATIVE) 309 SW 4TH PORTLAND OR 97204	93-0728816	3		14,844	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
<b>(7)</b>	CHILDREN'S COMMUNITY CLINIC 27 NE KILLINGSWORTH PORTLAND OR 97221	93-0811915	3		16,941	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
<b>(8)</b>	CHRISTIAN AID MINISTRIES PO BOX 360 BERLIN OH 44610-0360	34-1344364	3		1,437,302	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
<b>(9)</b>	CITY TEAM MINISTRIES 2304 ZANKER ROAD SAN JOSE CA 95131	94-1501265	3		12,079	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **32**

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

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

**Schedule I (Form 990) (2018)**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

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Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CLACKAMAS WOMEN'S SERVICES 704 MAIN ST. # 200 OREGON CITY OR 97045	93-0900119	3		14,977	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(2)	GEORGE FOX UNIVERSITY - NURSING 414 N MERIDIAN ST NEWBERG OR 97132	93-0386839	3		6,667	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(3)	HOPSCOTCH 2730 SE KNAPP ST PORTLAND OR 97202	81-1462055	3		203,426	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(4)	HOUSE OF ZION 1430 E. CLEVELAND WOODBURN OR 97071	93-0871543	3		63,405	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(5)	KINGSWAY CHARITIES 1119 COMMONWEALTH AVE. BRISTOL VA 24201	54-1668650	3		5,659,145	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(6)	LIFEWORCS 14600 NW CORNELL PORTLAND OR 97229	93-0502822	3		10,520	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(7)	LOVE, INC 209 S MAIN STREET NEWBERG OR 97132	26-0068805	3		52,514	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(8)	MONMOUTH CHRISTIAN CHURCH 959 CHRUCH ST W MONMOUTH OR 97361	93-0419360	3		5,110	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(9)	NEW AVENUES FOR YOUTH 1220 SW COLUMBIA AVENUE PORTLAND OR 97201	93-0910213	3		7,722	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED

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

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

**Schedule I (Form 990) (2018)**



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**MEDICAL TEAMS INTERNATIONAL**

Employer identification number

**93-0878944**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NORTHWEST MISSION BIBLE TRAINING CE 2724 N AINSWORTH PORTLAND OR 97217	23-7071094	3		17,709	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(2)	OPERATION NIGHTWATCH 1432 SW 13TH AVE PORTLAND OR 97201	93-0805248	3		10,936	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(3)	PORTLAND HOMELESS FAMILY SOLUTION 6220 SE 92ND ST PORTLAND OR 97266	26-3967833	3		5,708	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(4)	PORTLAND RESCUE MISSION 111 W BURNSIDE PORTLAND OR 97209	93-0429004	3		15,884	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(5)	RAPHAEL HOUSE OF PORTLAND 4110 SE HAWTHORNE # 503 PORTLAND OR 97214	93-0710963	3		15,191	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(6)	ROSEHAVEN 1808 NW IRVING PORTLAND OR 97209	93-1212633	3		6,015	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(7)	SHARE HOMELESS SHELTERS PO BOX 1209 VANCOUVER WA 98666-1209	91-1205119	3		8,452	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(8)	SOCIETY OF ST. VINCENT DE PAUL 8101 SW CORNELL ST PORTLAND OR 97206	93-0456525	3		9,384	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED
(9)	UNION GOSPEL MISSION 15 NW 3RD PORTLAND OR 97208	93-0401258	3		20,322	WAC	MEDS/MED SUPPLY	HELP PEOPLE IN NEED

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

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

**Schedule I (Form 990) (2018)**

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization MEDICAL TEAMS INTERNATIONAL

Employer identification number 93-0878944

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include URBAN LEAGUE OF PORTLAND, VOLUNTEERS OF AMERICA, WALLACE MEDICAL CONCERN, WILLIAM TEMPLE HOUSE, and YOUNGLIFE'S WASHINGTON FAMILY RANCH.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 MEDICAL TEAM'S LOCAL AGENCY PROGRAM STAFF AND VOLUNTEERS CONDUCT PERIODIC  
 SITE VISITS TO THE SOCIAL SERVICE AGENCY RECIPIENTS. ADDITIONALLY,  
 CONFIRMATION LETTERS OUTLINING THE REQUIREMENTS OF THE PROGRAM AND  
 REQUESTING INFORMATION ON DISTRIBUTING ENTITIES ARE MAILED OUT ON AN ANNUAL  
 BASIS. INFORMATION REQUESTED INCLUDES: RESPONSIBLE EXECUTIVE DIRECTOR,  
 MANAGER; FUNCTIONAL LOCATION/ADDRESS; CONTACT INFORMATION, PHONE, FAX,  
 EMAIL, ETC; IRS LETTER OF DETERMINATION (501C3); AND, COMPATIBLE MISSION  
 STATEMENT

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

MEDICAL TEAMS INTERNATIONAL

Employer identification number  
93-0878944**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARTHA NEWSOME CEO	(i) 218,153	0	0	15,747	24,923	258,823	0
	(ii) 0	0	0	0	0	0	0
2 PAMELA S. BLIKSTAD VP/CFO	(i) 163,752	0	0	11,732	13,584	189,068	0
	(ii) 0	0	0	0	0	0	0
3 JON BEIGHLE VP MARKETING & DEV.	(i) 160,913	0	0	11,847	20,729	193,489	0
	(ii) 0	0	0	0	0	0	0
4 ROGER SANDBERG VP FIELD OPERATIONS	(i) 140,832	0	0	10,419	23,623	174,874	0
	(ii) 0	0	0	0	0	0	0
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						



**SCHEDULE M  
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

**2018****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

93-0878944

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	64	2,611,005	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	500	30,877,446	WAC
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE/OTC)	X	500	7,529,738	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

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

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

Schedule M (Form 990) 2018





**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

FORM 990 - ORGANIZATION'S MISSION

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

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

WE PROVIDE DIRECT MEDICAL CARE TO PEOPLE WHO HAVE BEEN IMPACTED BY EMERGENCIES AND CONFLICT AND HAVE LIMITED OR NO ACCESS TO LIFE-SAVING CARE.

WE USE PROFESSIONALLY TRAINED VOLUNTEERS AND STAFF TO OPERATE FIXED OR MOBILE HEALTH CENTERS. IN THE U.S., WE PROVIDE FREE DENTAL CARE SERVICES TO PEOPLE WITH NO ACCESS TO DENTAL CARE THROUGH OUR MOBILE DENTAL PROGRAM. WE WORK DIRECTLY WITH HEALTH FACILITIES TO IMPROVE AND STRENGTHEN THE QUALITY OF MEDICAL SERVICES BEING PROVIDED. IN MANY CASES, THIS INVOLVES TRAINING OF HEALTH CARE PROFESSIONALS AND SEEKING TO IMPROVE ACCESS AND MANAGEMENT OF MEDICINES AND MEDICAL SUPPLIES.

WE WORK IN PARTNERSHIP WITH COMMUNITIES, ESPECIALLY WITH WOMEN AND CHILDREN, TO EMPOWER THEM TO MANAGE AND PROMOTE THEIR OWN HEALTH AS WELL AS REDUCE PREVENTABLE DISEASES AND ENSURE SUSTAINABILITY AND WELL-BEING LONG AFTER WE LEAVE.

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FORM 990, PART I, LINE 6

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

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

SEE SCHEDULE O

IN FY19, MEDICAL TEAMS INTERNATIONAL DEPLOYED 49 VOLUNTEER HEALTH CARE TEAMS TO FOUR COUNTRIES: BANGLADESH, GUATEMALA, LEBANON AND UGANDA. TEAMS PROVIDED DIRECT MEDICAL SERVICES AND TRAINING FOR PHYSICIANS AND NURSES IN THE AREAS OF FAMILY PRACTICE, PEDIATRICS, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, EMERGENCY MEDICINE, MIDWIFERY, ULTRASOUND TRAINING, MANAGEMENT OF CHILDHOOD ILLNESS, AND NUTRITION.

MEDICAL TEAMS ALSO SHIPPED LIFE-SAVING MEDICINES, SUPPLIES AND EQUIPMENT TO BELARUS, DOMINICAN REPUBLIC, GEORGIA, GREECE, GUATEMALA, HAITI, HONDURAS, MOZAMBIQUE, TURKEY, UKRAINE AND THE UNITED STATES.

BANGLADESH: IN FY19, THE JOINT ROHINGYA RESPONSE PROGRAM (JRRP), COMPRISING THE FOOD FOR THE HUNGRY (FH) AND MEDICAL TEAMS INTERNATIONAL PARTNERSHIP, SOUGHT TO ADDRESS THE OVERALL HEALTH AND REHABILITATION OF AFFECTED COMMUNITIES IN THE ROHINGYA REFUGEE CAMPS IN COX'S BAZAR DISTRICT. THE PROGRAM DELIVERED A COMPREHENSIVE PACKAGE OF SERVICES BY ADDRESSING

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Schedule O (Form 990 or 990-EZ) (2018)

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SPECIFIC HEALTH NEEDS OF VULNERABLE POPULATIONS THROUGH DIRECT HEALTH SERVICES, HEALTH SYSTEM STRENGTHENING, AND COMMUNITY SYSTEM STRENGTHENING.

IN FY19 JRRP HAD THREE PRIMARY HEALTH CENTERS (PHC) AND ONE HEALTH POST (HP) IN KUTUPALONG CAMP. COVERING FOUR CAMP ZONES OF THE REFUGEE CAMP. DIRECT HEALTH SERVICES WERE COMPLEMENTED BY AN EXTENSIVE COMMUNITY HEALTH WORKERS (CHW) PROGRAM.

JRRP SOUGHT TO COHESIVELY INTEGRATE HEALTH SERVICES, COMMUNITY HEALTH WORKERS (CHWS), AND NUTRITION SERVICES IN ITS HEALTH FACILITIES AND TARGETED COMMUNITIES. PARTICIPATORY ACTIVITIES WERE EXTENDED AND CONDUCTED WITHIN HEALTH FACILITIES THAT, IN PART, ACTED AS COMMUNITY HUBS TO ENSURE COMMUNITIES' ACCESS TO INFORMATION AND SERVICES. THIS INCREASED THE JRRP'S COVERAGE OF HEALTH NEEDS, AS WELL AS THE QUALITY OF ITS SERVICES, WHICH WERE ADAPTED TO THE TARGETED POPULATION OF 107,126 ROHINGYA REFUGEES.

LEBANON: IN FY19, MEDICAL TEAMS CONTINUED ITS WORK SERVING SYRIAN REFUGEES IN THE BEKAA VALLEY IN LEBANON. THE PRIMARY TARGETED BENEFICIARIES WERE SYRIAN REFUGEES LIVING IN 120 INFORMAL REFUGEE SETTLEMENTS IN THE CENTRAL BEKAA VALLEY, LEBANON. TO STRENGTHEN BOTH THE HEALTH SYSTEMS AND COMMUNITY SYSTEMS, MEDICAL TEAMS USES 200+ REFUGEE OUTREACH VOLUNTEERS (ROVS) WHO HAVE BEEN TRAINED ON NON-COMMUNICABLE DISEASE (NCD) ISSUES, COMPLICATIONS, MEASUREMENTS, AND LIFE HABITS. AN ADDITIONAL 30 SENIOR ROVS (SROVS) WERE RECRUITED AND TRAINED TO PROVIDE THEM WITH MORE HEALTH KNOWLEDGE TO COVER AN AVERAGE OF 4 SETTLEMENTS EACH. THESE VOLUNTEERS ORGANIZE AND CONDUCT AWARENESS SESSIONS TO AN AVERAGE OF 4,000 REFUGEES MONTHLY ON HEALTH TOPICS RELEVANT TO THAT COMMUNITY.

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PROJECT PARTICIPANTS ARE ALL NCD PATIENTS, AND THOSE AT RISK OF DEVELOPING A CHRONIC DISEASE, WHO ARE RESIDING IN INFORMAL SETTLEMENTS THAT ARE LOCATED IN MEDICAL TEAMS PROJECT AREAS, WITH LIMITED OR NO ACCESS TO PRIMARY HEALTH CENTER SERVICES.

TURKEY: MEDICAL TEAMS PHASED OUT THE CROSS-BORDER SUPPORT IN SYRIA PROJECT, PAUSING PROGRAMMING IN JANUARY 2019 AND CLOSING THE PROGRAM IN APRIL 2019. MEDICAL TEAMS WAS NO LONGER ABLE TO PROVIDE SERVICES IN THE AREA DUE TO A CHANGE IN POWER IN THE REGION.

LIBERIA: IN FY19, MEDICAL TEAMS STRENGTHENED LOGISTICS MANAGEMENT AND COMPLIANCE, AND IMPLEMENTED NUTRITION AND HEALTH SYSTEMS STRENGTHENING PROGRAMS, SUPPORTING 196,348 REFUGEES AND HOST COMMUNITY MEMBERS. MEDICAL TEAMS ESTABLISHED NUTRITION SERVICES IN SEVEN COUNTIES THROUGH UNICEF, PROVIDED TRAINING FOR HEALTH PROFESSIONALS, SUPPORTED OVER 200 HEALTH FACILITIES, AND IMPLEMENTED A POST-EBOLA HEALTH SYSTEM STRENGTHENING AND EPIDEMIC PREVENTION PROGRAM. MEDICAL TEAMS RECRUITED AND TRAINED SEVEN NUTRITION OFFICERS AND ONE NUTRITION PROGRAM MANAGER. MEDICAL TEAMS STARTED THE PROCESS OF HIBERNATING AND PROGRAM. AFTER WRAPPING THESE PROGRAMS, MEDICAL TEAMS PAUSED PROGRAMMATIC ACTIVITIES IN LIBERIA DUE TO FUNDING.

UGANDA: MEDICAL TEAMS IS IMPLEMENTING EMERGENCY AND PREVENTATIVE HEALTH CARE PROGRAMMING THROUGH TARGETED RELIEF AND DEVELOPMENT STRATEGIES IN THE NORTHWESTERN, SOUTHWESTERN, AND WESTERN REGIONS OF UGANDA. MEDICAL TEAMS IS A LEAD HEALTH IMPLEMENTING PARTNER FOR UNHCR IN NAKIVALE AND ORUCHINGA SETTLEMENTS IN SOUTHWEST UGANDA, IN ADJUMANI (11 SETTLEMENTS), ARUA (IMVEPI

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SETTLEMENT AND RHINO CAMP), AND MOYO (PALORINYA SETTLEMENT) DISTRICTS IN WEST NILE.

IN SOUTHWEST UGANDA, WITH SUPPORT FROM THE WORLD FOOD PROGRAM, U.S. STATE DEPARTMENT AND UNHCR, MEDICAL TEAMS IS PROVIDING MEDICAL CARE TO OVER 213,000 HOST COMMUNITY MEMBERS AND REFUGEES CROSSING AND LIVING ALONG THE BORDER OF SOUTHWESTERN UGANDA. MEDICAL TEAMS CONTINUES TO STAFF MEDICAL FACILITIES IN NAKIVALE AND ORUCHINGA WITH A GOAL TO REDUCE MORBIDITY AND MORTALITY OF REFUGEES LIVING IN THE RESETTLEMENT CAMPS. THROUGH THOSE CLINICS, MEDICAL TEAMS PROVIDES MEDICAL AND HEALTH SERVICES, INCLUDING TREATMENT OF ACUTE AND CRITICAL PEDIATRIC AND MEDICAL ILLNESSES, MINOR SURGERY, ANTENATAL CARE, OBSTETRICAL ASSESSMENTS AND REFERRAL, HIV TESTING AND COUNSELING, IMMUNIZATIONS, NUTRITION FOR INFANT AND YOUNG CHILDREN, AND REFERRAL WITH TRANSPORTATION TO HEALTH CENTERS. EXPANDED SERVICES INCLUDE ACUTE MALNUTRITION TREATMENT TO REDUCE MORTALITY RATES.

IN WEST NILE, IN PARTNERSHIP WITH UNHCR, WFP, AND U.S. STATE DEPARTMENT, MEDICAL TEAMS PROVIDES MEDICAL CARE AND NUTRITION SUPPORT TO APPROXIMATELY 602,400 REFUGEES IN ADJUMANI, MOYO, AND ARUA DISTRICTS OF WEST NILE, UGANDA. MEDICAL TEAMS PROVIDES MEDICAL AND HEALTH SERVICES, INCLUDING TREATMENT OF ACUTE AND CRITICAL PEDIATRIC AND MEDICAL ILLNESSES, MINOR SURGERY, ANTENATAL CARE, OBSTETRICAL ASSESSMENTS AND REFERRAL, HIV TESTING AND COUNSELING, IMMUNIZATIONS, AND REFERRAL WITH TRANSPORTATION TO HEALTH CENTERS. IN ADDITION, MEDICAL TEAMS PROVIDED MEDICAL SCREENING SERVICES IN BORDER CROSSING RECEPTION CENTERS, INCLUDING PROVIDING VACCINATIONS AND SCREENING MOTHERS AND CHILDREN FOR MALNOURISHMENT.

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IN WESTERN UGANDA, MEDICAL TEAMS PROVIDED EMERGENCY OPERATIONS IN HOIMA DISTRICT IN WESTERN UGANDA, RESPONDING TO THE INFLUX CONGOLESE REFUGEES CROSSING LAKE ALBERT AND THE EBOLA PREVENTION FROM THE OUTBREAK IN THE CONGO. MEDICAL TEAMS PROVIDES MEDICAL CARE AND NUTRITION SUPPORT TO APPROXIMATELY 93,000 REFUGEES IN THE KYANGWALI SETTLEMENT IN HOIMA DISTRICT. MEDICAL TEAMS IMPROVED HEALTH CARE ACCESS FOR REFUGEES THROUGH REPRODUCTIVE/HIV SERVICES, NUTRITION CARE FOR MALNOURISHED CHILDREN, AND DISEASE VACCINATION AND TREATMENT.

GUATEMALA: IN FY19, MEDICAL TEAMS FINALIZED ITS MATERNAL AND CHILD HEALTH PROGRAM IN 12 COMMUNITIES IN CHICAMAN. THESE PROJECTS AIM TO REDUCE THE INCIDENCE AND IMPROVE CASE MANAGEMENT OF DIARRHEA, PNEUMONIA, MALNUTRITION AND ACUTE RESPIRATORY INFECTIONS IN CHILDREN, WHILE SIMULTANEOUSLY IMPROVING ACCESS TO QUALITY MATERNAL HEALTH SERVICES. MEDICAL TEAMS ALSO WORKED TO HELP STRENGTHEN COMMUNITY SYSTEMS THROUGH VOLUNTEER TEAMS' CONSTRUCTION OF LATRINES, STOVES AND WATER SYSTEMS. MEDICAL TEAMS HELPED TO TRAIN 80 MEMBERS OF THE GUATEMALAN MINISTRY OF HEALTH IN NUTRITION, PREVENTION AND CASE MANAGEMENT OF CHILDHOOD ILLNESSES, AND EMERGENCY OBSTETRIC AND NEONATAL CARE. THIRTY-THREE COMMUNITY IMPACT TEAMS WERE DEPLOYED TO GUATEMALA IN FY19.

MOZAMBIQUE: MEDICAL TEAMS SENT A HUMANITARIAN RESPONSE TEAM TO RESPOND TO CYCLONE IDAI IN MOZAMBIQUE, SUPPORTING HUMANITARIAN EFFORTS WITH LOGISTICS AND MEDICAL SUPPLIES.

TANZANIA: IN FY19, MEDICAL TEAMS STARTED OPERATIONS IN WESTERN TANZANIA IN

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PARTNERSHIP WITH THE TANZANIAN RED CROSS SOCIETY, TO PROVIDE HEALTH SERVICES IN NYARUGUSU AND MTENDELI REFUGEE CAMPS. THE PROGRAM INITIALLY FOCUSED ON REDUCING MORBIDITY AND MORTALITY DUE TO MALARIA FOR CHILDREN UNDER FIVE, AND WITH SUPPORT FROM THE U.S. DEPARTMENT OF STATE, EXPANDED IN 2018 TO INCLUDE BUILDING CAPACITY AND DELIVERY OF COMMUNITY HEALTH SERVICES THROUGH SUPPORT OF COMMUNITY HEALTH WORKERS, IMPROVING OUTCOMES IN REPRODUCTIVE HEALTH INCLUDING EMERGENCY OBSTETRIC CARE, AND BUILDING CAPACITY AND SUSTAINABILITY OF LOCAL HEALTH SERVICES THROUGH EQUIPPING AND SUPPLYING CLINICS, AND TRAINING CLINICAL AND MANAGEMENT STAFF. MEDICAL TEAMS IS IMPROVING ACCESS TO QUALITY HEALTH CARE IN THE CAMPS FOR 214,000 REFUGEES FROM BURUNDI AND DEMOCRATIC REPUBLIC OF CONGO, AND TANZANIANS WHO ACCESS CARE IN THE CAMPS. MEDICAL TEAMS SUPPORTED 11 CLINICS AND 266 COMMUNITY HEALTH WORKERS TO HELP REESTABLISH CONSISTENT AND RELIABLE HEALTH CARE IN THE CAMPS AS WELL AS BUILD COMMUNITY TRUST.

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

UGANDA, LIBERIA, GUATEMALA, TANZANIA, LEBANON

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

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MAY OCCUR IN THE FUTURE. FOR CONFLICTS INVOLVING BOARD MEMBERS, THE EXECUTIVE COMMITTEE ATTEMPTS TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS AND, IN THE ABSENCE OF RESOLUTION, REFERS THE MATTER TO THE BOARD OF DIRECTORS. FOR STAFF MEMBERS, THE CEO RESOLVES ALL MATTERS RELATED TO ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL MEDICAL TEAMS ATTEMPTS TO PAY SALARIES COMPETITIVE WITH THOSE PAID BY OTHER RELIEF AND DEVELOPMENT ORGANIZATIONS, CONSISTENT WITH THE APPLICABLE LABOR MARKETS. THE DIRECTOR OF HUMAN RESOURCES CARRIES OUT REGULAR SURVEYS OF SALARIES PAID BY COMPARABLE EMPLOYERS. SALARY INCREASES ARE BASED ON AVAILABILITY OF FUNDS, PERFORMANCE EVALUATIONS, CHANGES IN RESPONSIBILITIES, AND ADJUSTMENTS BASED ON THE ANNUAL MARKET SURVEYS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PRESIDENT/CEO'S SALARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS MEDICAL TEAMS ATTEMPTS TO PAY SALARIES COMPETITIVE WITH THE APPLICABLE LABOR MARKETS. THE DIRECTOR OF HUMAN RESOURCES CARRIES OUT REGULAR SURVEYS OF SALARIES PAID BY COMPARABLE EMPLOYERS. SALARY INCREASES ARE BASED ON AVAILABILITY OF FUNDS, PERFORMANCE EVALUATIONS, CHANGES IN RESPONSIBILITIES, AND ADJUSTMENTS BASED ON THE ANNUAL MARKET SURVEYS. THE CEO APPROVES SALARIES FOR THE OTHER OFFICERS OF THE ORGANIZATION.

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,



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RHODE ISLAND, KENTUCKY, ARKANSAS, WEST VIRGINIA, NEW HAMPSHIRE, GEORGIA, OKLAHOMA, MAINE, SOUTH CAROLINA, COLORADO

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE ON FILE WITH THE EXECUTIVE DEPARTMENT AND ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES	\$	770,808
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$	2,068
RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES	\$	-770,808
RECLASSIFICATION OF LOSSES ON ASSET DISPOSALS	\$	-2,068

Form **990****Event Income and Deduction Worksheet****2018**Description **GREAT ADVENTURE**

Name

**MEDICAL TEAMS INTERNATIONAL**

Taxpayer Identification Number

**93-0878944**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>1,154,690</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<u>846,310</u>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>2,001,000</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>323,591</u>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>323,591</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>1,677,409</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E  
 Schedule F  
 Schedule G  
 Schedule I  
 Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	<u>79,065</u>
Entertainment (Part II only)	_____
Other direct expenses	<u>244,526</u>
<b>Total Fundraising Expense</b>	<u>323,591</u>

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form **990****Event Income and Deduction Worksheet****2018**Description **FIELD OF DREAMS**

Name

**MEDICAL TEAMS INTERNATIONAL**

Taxpayer Identification Number

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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>195,715</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<u>1,425,716</u>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>1,621,431</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>447,217</u>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>447,217</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>1,174,214</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E  
 Schedule F  
 Schedule G  
 Schedule I  
 Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	<u>55,160</u>
Rent and facility costs	<u>86,233</u>
Food & beverages (Part II only)	<u>102,731</u>
Entertainment (Part II only)	_____
Other direct expenses	<u>203,093</u>
<b>Total Fundraising Expense</b>	<u>447,217</u>

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form **990****Event Income and Deduction Worksheet****2018**Description **RAFFLE**

Name

**MEDICAL TEAMS INTERNATIONAL**

Taxpayer Identification Number

**93-0878944**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>55,100</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>55,100</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. <b>Total expenses.</b> Add lines 8 through 14	15.	_____
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>55,100</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E  
 Schedule F  
 Schedule G  
 Schedule I  
 Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
<b>Total Fundraising Expense</b>	_____

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS AND INTEREST	\$ 196,632		14			
TOTAL	<u>\$ 196,632</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
COMPUTER SUPPORT	\$ 3,327	\$ 1,500	\$ 980	\$ 847
IND CONTRACTS & STIPENDS	278,432	125,503	82,013	70,916
CONSULTANTS	1,605,427	616,507	192,720	796,200
TOTAL	<u>\$ 1,887,186</u>	<u>\$ 743,510</u>	<u>\$ 275,713</u>	<u>\$ 867,963</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PROGRAM ACTIVITIES	\$ 30,093	\$	\$ 30,093	\$
PART VIII, LINE 8B	-770,809			-770,809
TOTAL	<u>\$ -740,716</u>	<u>\$ 0</u>	<u>\$ 30,093</u>	<u>\$ -770,809</u>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ACTAVIS PHARMACEUTICALS	\$ 172,461,151	\$ 162,583,394
PERRIGO	18,698,574	8,820,817
MEDLINE COMPANY	40,188,539	30,310,782
BECTON DICKSON	12,965,131	3,087,374
PFIZER	2,211,888	
PAT J. RESER	10,501,000	623,243
FRANK BATTEN	2,600,000	
BETHANNE WEIBLING	2,552,630	
TOTAL	<u>\$ 262,178,913</u>	<u>\$ 205,425,610</u>

**Federal Statements****Schedule A, Part III, Line 7a - Support from Disqualified Persons**

<u>Donor Name</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
TEVA PHARMACEUTICALS	\$	\$	\$	\$	\$
ACTAVIS PHARMACEUTICALS	114,842,641	57,618,510			
PERRIGO	3,831,364	2,925,086	2,403,657	5,432,781	4,105,686
MEDLINE COMPANY	4,381,776	12,693,614	6,478,780	7,848,769	8,785,600
TOTAL	<u>\$ 123,055,781</u>	<u>\$ 73,237,210</u>	<u>\$ 8,882,437</u>	<u>\$ 13,281,550</u>	<u>\$ 12,891,286</u>