

EXTENDED TO AUGUST 15, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MEDICAL TEAMS INTERNATIONAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14150 SW MILTON CT City or town, state or province, country, and ZIP or foreign postal code TIGARD, OR 97224 F Name and address of principal officer: MARTHA HOLLEY NEWSOME 14150 SW MILTON CT, TIGARD, OR 97224 | D Employer identification number 93-0878944 E Telephone number 503-624-1000 G Gross receipts \$ 57,206,796. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.MEDICALTEAMS.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1979 | | M State of legal domicile: OR |

Part I Summary

| | | | |
|---|--|--|-----------------------------|
| | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 126 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 840 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 60,332,812. | Current Year 53,310,165. |
| | 9 Program service revenue (Part VIII, line 2g) | 727,800. | 2,906,701. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,814,333. | 466,147. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 59,016. | 321,009. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 64,933,961. | 57,004,022. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 38,062,096. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 20,370,149. | 24,929,281. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 39,924. | 380,594. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,081,889. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,692,065. | 14,172,324. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 68,164,234. | 57,674,727. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -3,230,273. | -670,705. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 43,037,563. | End of Year 43,129,775. |
| | 21 Total liabilities (Part X, line 26) | 4,420,420. | 4,643,504. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 38,617,143. | 38,486,271. |

Part II Signature Block

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

| | | |
|-------------------------------|---|--|
| Sign Here | Signature of officer SAM WEHBE, CFO/VP-FINANCE Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name JAMES R LANCASTER | Preparer's signature |
| | Firm's name ▶ KPMG LLP Firm's address ▶ 401 UNION STREET, SUITE 2800 SEATTLE, WA 98101 | Date 8/15/22 Check if self-employed <input type="checkbox"/> PTIN P00742579 Firm's EIN ▶ 13-5565207 Phone no. 206-913-4000 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 48,832,478. including grants of \$ 18,192,528.) (Revenue \$ 2,906,701.) SEE SCHEDULE O

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

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

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

4e Total program service expenses 48,832,478.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | 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? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> | 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? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY
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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARTHA NEWSOME PRESIDENT; CEO | 40.00 0.00 | | | X | | | 273,371. | 0. | 47,969. | |
| (2) JON BEIGHLE VP, MARKETING AND DEVELOPMENT | 40.00 0.00 | | | X | | | 183,460. | 0. | 41,123. | |
| (3) ROGER SANDBERG VP, FIELD OPERATIONS | 40.00 0.00 | | | X | | | 166,638. | 0. | 38,022. | |
| (4) GAYLE RIETMULDER VP, FINANCE AND ADMINISTRATION; CFO | 40.00 0.00 | | | X | | | 161,593. | 0. | 21,183. | |
| (5) STEPHE DEAN DIRECTOR, INFORMATION SYSTEMS | 40.00 0.00 | | | | | X | 148,262. | 0. | 16,373. | |
| (6) CYNTHIA BREILH DIRECTOR, US PROGRAMS | 40.00 0.00 | | | | | X | 140,901. | 0. | 20,954. | |
| (7) ROBYN MORDENO DIRECTOR, FINANCE | 40.00 0.00 | | | | | X | 125,619. | 0. | 21,144. | |
| (8) JOSEPH DICARLO GLOBAL AMBASSADOR | 40.00 0.00 | | | | | X | 129,862. | 0. | 16,838. | |
| (9) CASSONDRA PHILLIPSEN DIRECTOR, DENTAL | 40.00 0.00 | | | | | X | 129,425. | 0. | 3,738. | |
| (10) J. MICHAEL GOODWIN CHAIR | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (11) GEOFF GUILFOY VICE CHAIR | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (12) RYAN MCANINCH TREASURER | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (13) BARBARA MCDUGALL DIRECTOR | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (14) DR. NATHALIE JOHNSON DIRECTOR | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (15) BETH WEIBLING DIRECTOR (THRU 05/2021) | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (16) GABE WINSLOW DIRECTOR | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (17) JOHN PHILLIPS DIRECTOR | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| (18) DORA BARILLA DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) SARAH HASSELBECK DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) DAMETRA MARLETTI-JOHNSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) E ANNE PETERSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) REAGAN CANNON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) LARS GUSTAVSSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,459,131. | 0. | 227,344. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,459,131. | 0. | 227,344. |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | NONE | (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) | (B) | (C) | (D) |
|--|---|--|--|------------------------------------|----------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | |
| | b | Membership dues | 1b | | | |
| | c | Fundraising events | 1c | | | |
| | d | Related organizations | 1d | | | |
| | e | Government grants (contributions) | 1e | 8,838,956. | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 44,471,209. | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | |
| | h Total. Add lines 1a-1f | | | 53,310,165. | | |
| Program Service Revenue | 2 a SERVICE FEES | | Business Code | | | |
| | | | 900099 | 2,906,701. | 2,906,701. | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | g Total. Add lines 2a-2f | | | 2,906,701. | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) | 315,040. | | 315,040. |
| | 4 | | Income from investment of tax-exempt bond proceeds | | | |
| | 5 | | Royalties | | | |
| | 6 a | Gross rents | (i) Real | | | |
| | | | (ii) Personal | | | |
| | | | | | | |
| | b | Less: rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 67,392. | 83,715. | |
| | | | (ii) Other | | | |
| | | | | | | |
| | b | Less: cost or other basis and sales expenses | 0. | 0. | | |
| | c | Gain or (loss) | 67,392. | 83,715. | | |
| d Net gain or (loss) | | | 151,107. | | 151,107. | |
| 8 a | Gross income from fundraising events (not including \$ 110,421. of contributions reported on line 1c). See Part IV, line 18 | | 300,424. | | | |
| | | b | Less: direct expenses | 202,774. | | |
| | | c Net income or (loss) from fundraising events | | | 97,650. | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| | | b | Less: direct expenses | | | |
| | | c Net income or (loss) from gaming activities | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | |
| | | b | Less: cost of goods sold | | | |
| | | c Net income or (loss) from sales of inventory | | | | |
| Miscellaneous Revenue | 11 a OTHER REVENUE | | Business Code | | | |
| | | | 900099 | 223,359. | | 223,359. |
| | b | | | | | |
| | c | | | | | |
| | e Total. Add lines 11a-11d | | | 223,359. | | |
| 12 Total revenue. See instructions | | | 57,004,022. | 2,906,701. | 0. | 787,156. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 4,119,559. | 4,119,559. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 14,072,969. | 14,072,969. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 887,389. | 292,749. | 281,340. | 313,300. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 19,266,212. | 14,873,971. | 1,825,653. | 2,566,588. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 298,133. | 226,380. | 31,449. | 40,304. |
| 9 Other employee benefits | 3,716,449. | 3,010,097. | 277,017. | 429,335. |
| 10 Payroll taxes | 761,098. | 426,274. | 123,434. | 211,390. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 79,394. | | 79,394. | |
| c Accounting | 282,582. | | 282,582. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 380,594. | | | 380,594. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 3,677,902. | 3,389,460. | 205,096. | 83,346. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,441,532. | 1,385,665. | 50,573. | 5,294. |
| 17 Travel | 1,353,743. | 1,301,617. | 42,001. | 10,125. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 748,225. | 675,701. | 61,623. | 10,901. |
| 23 Insurance | 313,807. | 247,146. | 60,288. | 6,373. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SUPPLIES | 2,585,300. | 2,219,855. | 152,711. | 212,734. |
| b EQUIPMENT | 587,841. | 528,134. | 35,233. | 24,474. |
| c UTILITIES | 563,935. | 480,510. | 47,487. | 35,938. |
| d VEHICLES | 553,905. | 553,004. | 815. | 86. |
| e All other expenses | 1,984,158. | 1,029,387. | 203,664. | 751,107. |
| 25 Total functional expenses. Add lines 1 through 24e | 57,674,727. | 48,832,478. | 3,760,360. | 5,081,889. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 12,971,626. | 1 | 4,381,157. |
| | 2 Savings and temporary cash investments | 1,697,549. | 2 | 2,014,406. |
| | 3 Pledges and grants receivable, net | 10,611,955. | 3 | 9,937,520. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 8,840,243. | 8 | 8,645,421. |
| | 9 Prepaid expenses and deferred charges | 505,885. | 9 | 883,412. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 13,708,548. | | |
| | b Less: accumulated depreciation | 10b 8,013,059. | 5,628,916. | 10c 5,695,489. |
| | 11 Investments - publicly traded securities | | 11 | 11,572,370. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,781,389. | 12 | 0. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 43,037,563. | 16 | 43,129,775. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,738,874. | 17 | 3,453,043. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 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 | 2,681,546. | 25 | 1,190,461. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,420,420. | 26 | 4,643,504. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 30,083,427. | 27 | 29,204,292. |
| | 28 Net assets with donor restrictions | 8,533,716. | 28 | 9,281,979. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 38,617,143. | 32 | 38,486,271. |
| 33 Total liabilities and net assets/fund balances | 43,037,563. | 33 | 43,129,775. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 57,004,022. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 57,674,727. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -670,705. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 38,617,143. |
| 5 | Net unrealized gains (losses) on investments | 5 | 539,833. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 38,486,271. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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 | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | X | |

Form **990** (2020)

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 59,142,987. | 52,640,734. | 82,189,602. | 60,332,812. | 53,310,165. | 307,616,300. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 59,142,987. | 52,640,734. | 82,189,602. | 60,332,812. | 53,310,165. | 307,616,300. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 94,202,805. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 213,413,495. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 59,142,987. | 52,640,734. | 82,189,602. | 60,332,812. | 53,310,165. | 307,616,300. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 141,805. | 139,410. | 196,632. | 114,205. | 315,040. | 907,092. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 308,523,392. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 6,873,512. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 69.17 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 68.05 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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> | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 |
| 2a | | |
| b Did the activities described in line 2a, above, 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> | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| 3a | | |
| 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> | | |
| 3b | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|---|--|---|
| 1 | Distributable amount for 2020 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2020 | | |
| a | From 2015 | | |
| b | From 2016 | | |
| c | From 2017 | | |
| d | From 2018 | | |
| e | From 2019 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2020 distributable amount | | |
| i | Carryover from 2015 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2020 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2016 | | |
| b | Excess from 2017 | | |
| c | Excess from 2018 | | |
| d | Excess from 2019 | | |
| e | Excess from 2020 | | |

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

| | |
|--|--|
| 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 | <hr/> <hr/> <hr/> | \$ 10,390,153. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 3,247,411. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 7,203,696. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 1,877,152. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | 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) _____ _____ _____ | \$ 3,247,411. | 12/31/21 |
| 4 | MEDICAL SUPPLIES (VARIOUS DATES) _____ _____ _____ | \$ 1,877,152. | 12/31/21 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

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

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

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

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

2020

Open to Public Inspection

Name of the organization MEDICAL TEAMS INTERNATIONAL **Employer identification number** 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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,345,497. | 2,297,266. | 2,377,864. | 2,305,606. | 2,066,365. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 540,100. | 148,301. | 37,901. | 187,488. | 345,593. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 147,367. | 100,070. | 118,500. | 115,230. | 106,352. |
| f Administrative expenses | | | | | |
| g End of year balance | 2,738,230. | 2,345,497. | 2,297,265. | 2,377,864. | 2,305,606. |

- 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 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 900,682. | | 900,682. |
| b Buildings | | 5,617,004. | 1,254,552. | 4,362,452. |
| c Leasehold improvements | | | | |
| d Equipment | | 6,983,597. | 6,551,242. | 432,355. |
| e Other | | 207,265. | 207,265. | 0. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 5,695,489. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) REFUNDABLE ADVANCES | 1,190,461. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,190,461. |

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

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

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

| | | | | |
|----------|--|----------------------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 61,828,597. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a 539,832. | | |
| b | Donated services and use of facilities | 2b 4,081,969. | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 4,621,801. |
| 3 | Subtract line 2e from line 1 | | 3 | 57,206,796. |
| 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 -202,774. | | |
| c | Add lines 4a and 4b | | 4c | -202,774. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 57,004,022. |

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 | 61,959,470. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a 4,081,969. | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d 202,774. | | |
| e | Add lines 2a through 2d | | 2e | 4,284,743. |
| 3 | Subtract line 2e from line 1 | | 3 | 57,674,727. |
| 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 | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 57,674,727. |

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 X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITIONS

MEDICAL TEAMS IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE (IRC). IN ADDITION, MEDICAL TEAMS QUALIFIES FOR

THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND

HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION

UNDER SECTION 509(A)(2). HOWEVER, MEDICAL TEAMS REMAINS SUBJECT TO INCOME

TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS,

REGULARLY CARRIED ON AND NOT IN FUTURE OF THE PURPOSE FOR WHICH IT WAS

GRANTED EXCEPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET

INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF

MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

Part XIII Supplemental Information (continued)

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS
 CODIFICATION (ASC) TOPIC 740, INCOME TAXES, RELATED TO ACCOUNTING FOR
 UNCERTAINTY IN INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND
 MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND
 MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX
 RETURN. THIS STANDARD REQUIRES THAT THE ENTITY ACCOUNT FOR AND DISCLOSE IN
 THE FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION IF THAT POSITION
 WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATIONS, INCLUDING
 RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE
 TECHNICAL MERITS OF THE POSITION. MEDICAL TEAMS HAS EVALUATED THE
 FINANCIAL STATEMENT IMPACT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN
 AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE TAX
 ASSETS OR LIABILITIES TO BE RECORDED IN ACCORDANCE WITH ACCOUNTING
 GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

MEDICAL TEAMS INTERNATIONAL

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 | 0 | PROGRAM SERVICES | SEE SCHEDULE O | 7,288,966. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | SEE SCHEDULE O | 2,311,328. |
| MIDDLE EAST AND NORTH AFRICA | 1 | 0 | PROGRAM SERVICES | SEE SCHEDULE O | 774,448. |
| RUSSIA AND NEIGHBORING STATES | 0 | 0 | PROGRAM SERVICES | SEE SCHEDULE O | 761,369. |
| SOUTH ASIA | 1 | 0 | PROGRAM SERVICES | SEE SCHEDULE O | 488,379. |
| SUB-SAHARAN AFRICA | 3 | 0 | PROGRAM SERVICES | SEE SCHEDULE O | 32,018,933. |
| 3 a Subtotal | 7 | 0 | | | 43,643,423. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 7 | 0 | | | 43,643,423. |

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

Schedule F (Form 990) 2020

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|-------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | MIDDLE EAST AND NORTH AFRICA | REFUGEES HUMANITARIAN RESPONSE WORK | 247,330. | WIRE TRANSFER | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | REFUGEES HUMANITARIAN RESPONSE WORK | 145,424. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | REFUGEES HUMANITARIAN RESPONSE WORK | 67,341. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | REFUGEES HUMANITARIAN RESPONSE WORK | 33,812. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | COVID RESPONSE AID | 8,419. | WIRE TRANSFER | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | HELP THOSE IN NEED | 0. | | 836,781. | MEDS/MED SUPPLY | WAC |
| | | CENTRAL AMERICA AND THE CARIBBEAN | HELP THOSE IN NEED | 0. | | 145,152. | MEDS/MED SUPPLY | WAC |
| | | CENTRAL AMERICA AND THE CARIBBEAN | HELP THOSE IN NEED | 0. | | 3,080,207. | MEDS/MED SUPPLY | WAC |

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

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | CENTRAL AMERICA AND THE CARIBBEAN | HELP THOSE IN NEED | 0. | | 725,766. | MEDS/MED SUPPLY | WAC |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | HELP THOSE IN NEED | 0. | | 908,722. | MEDS/MED SUPPLY | WAC |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | HELP THOSE IN NEED | 0. | | 991,184. | MEDS/MED SUPPLY | WAC |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | HELP THOSE IN NEED | 0. | | 887,283. | MEDS/MED SUPPLY | WAC |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | HELP THOSE IN NEED | 0. | | 976,618. | MEDS/MED SUPPLY | WAC |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | HELP THOSE IN NEED | 0. | | 1,037,450. | MEDS/MED SUPPLY | WAC |
| | | RUSSIA AND NEIGHBORING STATES | HELP THOSE IN NEED | 0. | | 234,835. | MEDS/MED SUPPLY | WAC |
| | | RUSSIA AND NEIGHBORING STATES | HELP THOSE IN NEED | 0. | | 920,611. | MEDS/MED SUPPLY | WAC |
| | | RUSSIA AND NEIGHBORING STATES | HELP THOSE IN NEED | 0. | | 426,125. | MEDS/MED SUPPLY | WAC |

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | SUB-SAHARAN AFRICA | HELP THOSE IN NEED | 0. | | 201,139. | MEDS/MED SUPPLY | WAC |
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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

MEDICAL TEAMS MONITORS THE USE OF GRANT FUNDS TO OTHER ORGANIZATIONS AND

PARTNERS THROUGH AGREED-UPON BUDGETS AND MEMORANDUMS OF UNDERSTANDING.

MONTHLY BVA REPORTS ARE REVIEWED BY SENIOR PROGRAM STAFF AND HQ FINANCE.

MEDICAL TEAMS FIELD OFFICE STAFF MEET REGULARLY WITH GRANTEEES AND

PARTNERS TO ENSURE PROGRAMMATIC GOALS ARE BEING MET.

Part 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 (add col. (a) through col. (c)) |
|-----------------|----|--|-------------------------------|------------------------|--|
| | | FIELD OF DREAMS (event type) | HEALTHY WOMEN (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 309,252. | 101,593. | 410,845. |
| | 2 | Less: Contributions | 110,421. | 0. | 110,421. |
| | 3 | Gross income (line 1 minus line 2) | 198,831. | 101,593. | 300,424. |
| Direct Expenses | 4 | Cash prizes | 0. | 0. | |
| | 5 | Noncash prizes | 169. | 0. | 169. |
| | 6 | Rent/facility costs | 0. | 0. | |
| | 7 | Food and beverages | 697. | 154. | 851. |
| | 8 | Entertainment | 2,100. | 1,300. | 3,400. |
| | 9 | Other direct expenses | 129,277. | 69,077. | 198,354. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 202,774. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | 97,650. |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the 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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DUNHAM+COMPANY

(I) ADDRESS OF FUNDRAISER: 6111 W PLANO PKWY, SUITE 2700, PLANO, TX 75093

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATION

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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. Yes No

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525 | 36-2586390 | 501(C)(3) | 25,000. | 0. | | | HELP THOSE IN NEED |
| FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034 | 95-2680390 | 501(C)(3) | 187,131. | 0. | | | HELP THOSE IN NEED |
| HUMANITY & INCLUSION 8757 GEORGIA AVE, SUITE 420 SILVER SPRING, MD 20910 | 55-0914744 | 501(C)(3) | 425,021. | 0. | | | HELP THOSE IN NEED |
| BIRCH COMMUNITY SERVICES 17780 NE SAN RAFAEL PORTLAND, OR 97230 | 93-1186020 | 501(C)(3) | 0. | 242,559. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| CENTRAL CITY CONCERN 309 SW 4TH PORTLAND, OR 97204 | 93-0728816 | 501(C)(3) | 0. | 5,315. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| CHRISTIAN AID MINISTRIES PO BOX 360 BERLIN, OH 44610 | 34-1344364 | 501(C)(3) | 0. | 2,405,058. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2020**

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CLACKAMAS SERVICE CENTER 8800 SE 80TH AVE PORTLAND, OR 97206 | 93-0626175 | 501(C)(3) | 0. | 9,175. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| HARBOR OF HOPE 1616 NW 13TH AVE PORTLAND, OR 97209 | 47-0779961 | 501(C)(3) | 0. | 13,100. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| HOPSCOTCH FOUNDATION 2730 SE KNAPP ST PORTLAND, OR 97202 | 81-1462055 | 501(C)(3) | 0. | 15,992. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| HOUSE OF ZION 1430 E. CLEVELAND WOODBURN, OR 97071 | 93-0871543 | 501(C)(3) | 0. | 61,524. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| KINGSWAY CHARITIES 1119 COMMONWEALTH AVE. BRISTOL, VA 24201 | 54-1668650 | 501(C)(3) | 0. | 453,497. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| LIFEWORKS NW 5415 SW WESTGATE DR PORTLAND, OR 97221 | 93-0502822 | 501(C)(3) | 0. | 11,482. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| LOVE, INC 209 S MAIN STREET NEWBERG, OR 97132 | 26-0068805 | 501(C)(3) | 0. | 24,707. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| RAPHAEL HOUSE OF PORTLAND 4110 SE HAWTHORNE # 503 PORTLAND, OR 97214 | 93-0710963 | 501(C)(3) | 0. | 6,769. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| ROSE HAVEN 1808 NW IRVING PORTLAND, OR 97209 | 93-1212633 | 501(C)(3) | 0. | 7,887. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SHARE INC. 2306 NE ANDERSEN RD VANCOUVER, WA 98661 | 91-1205119 | 501(C)(3) | 0. | 12,078. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| SOCIETY OF ST. VINCENT DE PAUL 8101 SE CORNWELL ST PORTLAND, OR 97206 | 93-0456525 | 501(C)(3) | 0. | 6,379. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| UNION GOSPEL MISSION 15 NW 3RD PORTLAND, OR 97208 | 93-0401258 | 501(C)(3) | 0. | 5,906. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| URBAN LEAGUE OF PORTLAND 10 N RUSSELL ST PORTLAND, OR 97227 | 93-0395590 | 501(C)(3) | 0. | 28,214. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| VIRGINIA GARCIA 3305 NW ALOCLEK DR HILLSBORO, OR 97124 | 93-0717997 | 501(C)(3) | 0. | 5,964. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| WASHINGTON FAMILY RANCH 1 MUDDY RD ANTELOPE, OR 97001 | 84-0385934 | 501(C)(3) | 0. | 7,729. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| WILLIAM TEMPLE HOUSE 2023 NW HOYT ST PORTLAND, OR 97209 | 93-0559964 | 501(C)(3) | 0. | 22,162. | WAC | MEDS/MED SUPPLY | HELP THOSE IN NEED |
| | | | | | | | |
| | | | | | | | |

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MEDICAL TEAMS INTERNATIONAL

Employer identification number
93-0878944

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 | 1b | |
| 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? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" 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? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 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 | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2020

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 16 | 556,536. | 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 | 55 | 11,484,361. | FMV |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (HYGENE/OTC) | X | 38 | 3,233,254. | FMV |
| 26 Other (DENTAL SUPPLI) | X | 5 | 37,241. | FMV |
| 27 Other | | | | |
| 28 Other | | | | |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEDICAL TEAMS INTERNATIONAL IS A CHRISTIAN HUMANITARIAN RELIEF AGENCY

FOCUSED ON PROVIDING LIFE-SAVING MEDICAL CARE FOR PEOPLE IN CRISIS. SEE

SCHEDULE O FOR FURTHER DETAIL.

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 1

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

FORM 990, PART III, LINE 4A

IN FY21, MEDICAL TEAMS SHIPPED MEDICAL SUPPLIES AND EQUIPMENT, PPE AND VITAMINS TO ARMENIA, DOMINICAN REPUBLIC, ETHIOPIA, GREECE, GUATEMALA, HAITI, HONDURAS, LEBANON, LIBERIA, MEXICO, NICARAGUA C.A., ROMANIA, SUDAN, TANZANIA, UGANDA, AND UKRAINE.

BANGLADESH: IN FY21, THE JOINT ROHINGYA RESPONSE PROGRAM (JRRP), COMPRISING THE FOOD FOR THE HUNGRY (FH) AND MEDICAL TEAMS INTERNATIONAL PARTNERSHIP, SOUGHT TO ADDRESS THE OVERALL HEALTH AND REHABILITATION OF AFFECTED COMMUNITIES IN THE ROHINGYA REFUGEE CAMPS IN COX'S BAZAR DISTRICT. THE PROGRAM DELIVERED A COMPREHENSIVE PACKAGE OF SERVICES BY ADDRESSING SPECIFIC HEALTH NEEDS OF VULNERABLE POPULATIONS THROUGH DIRECT HEALTH SERVICES, HEALTH SYSTEM STRENGTHENING, AND COMMUNITY SYSTEM STRENGTHENING. ADDITIONALLY, JRRP RESPONDED TO THE ONGOING

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

COVID-19 PANDEMIC.

IN FY21, JRRP HAD TWO PRIMARY HEALTH CENTERS (PHC), ONE HEALTH POST (HP), AND ONE 50-BED SEVERE ACUTE RESPIRATORY INFECTION ISOLATION AND TREATMENT CENTER (SARI ITC) IN KUTUPALONG CAMP. DIRECT HEALTH SERVICES WERE COMPLEMENTED BY AN EXTENSIVE COMMUNITY HEALTH WORKERS (CHW) PROGRAM WHICH COVERED THREE CAMPS WITHIN KUTUPALONG REFUGEE CAMP. THE COMMUNITY HEALTH PROGRAM CONSISTED OF 95 CHWS, 20 COMMUNITY PSYCHOSOCIAL VOLUNTEERS, AND 18 TRADITIONAL BIRTH ATTENDANTS, WHO REACHED MORE THAN 13,000 HOUSEHOLDS WITH HEALTH EDUCATION MESSAGING, REFERRALS TO HEALTH FACILITIES, AND INTEGRATED DISEASE SURVEILLANCE SERVICES.

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 58,636 ROHINGYA REFUGEES AND BANGLADESHI NATIONALS.

COLOMBIA: IN FY21, MEDICAL TEAMS CONTINUED ITS PROGRAMMING TO ADDRESS BARRIERS TO HEALTH THROUGH HEALTH PROMOTION, DISEASE PREVENTION ACTIVITIES, MEDICAL SCREENINGS AND REFERRALS, AND SUBSIDIZED MATERNAL AND CHILD HEALTH SERVICES TO A CATCHMENT POPULATION OF 60,654 VENEZUELAN MIGRANTS IN COLOMBIA ACROSS THREE CITIES. MEDICAL TEAMS

BEGAN IMPLEMENTING THE COMMUNITY- AND HEALTH SYSTEM-STRENGTHENING

| | |
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| Name of the organization MEDICAL TEAMS INTERNATIONAL | Employer identification number 93-0878944 |
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PROGRAM IN SANTA MARTA (MAGDALENA DEPARTMENT) IN OCTOBER 2020, AND EXPANDED PROGRAM ACTIVITIES TO TWO ADDITIONAL CITIES WITH LARGE POPULATIONS OF VENEZUELAN MIGRANTS: CINAGA (MAGDALENA DEPARTMENT) AND TUNJA (BOYAC DEPARTMENT) IN FEBRUARY 2021. MEDICAL TEAMS WAS THE FIRST NGO TO DELIVER SERVICES TO MIGRANTS IN THESE NEW SITES AND, PER THE REQUEST OF IOM, PROVIDED HEALTH INFORMATION, SCREENINGS, AND REFERRALS TO CAMINANTES (MIGRANTS-IN-TRANSIT) ALONG MIGRANT ROUTES THROUGH MOBILE HEALTH POINTS. MIGRANTS WERE REGISTERED TO COMMUNICATION NETWORKS USING WHATSAPP TO PROVIDE KEY HEALTH INFORMATION, INCLUDING GUIDANCE ON NEARBY HEALTH FACILITIES AND VACCINES.

MEDICAL TEAMS RECRUITED AND TRAINED A CADRE OF 57 COMMUNITY HEALTH VOLUNTEERS (CHVS) AND DEVELOPED A CONTEXT-SPECIFIC COMMUNITY HEALTH TOOLKIT COVERING TOPICS SUCH AS SEXUAL AND REPRODUCTIVE RIGHTS, BREASTFEEDING, VACCINATIONS, COVID-19 SYMPTOMS AND PREVENTION, AND DATA COLLECTION. BETWEEN JANUARY AND JULY 2021, MEDICAL TEAMS SUBSIDIZED MEDICAL CONSULTATIONS AND SERVICES PROVIDED TO WOMEN OF REPRODUCTIVE AGE, PREGNANT AND LACTATING WOMEN, AND CHILDREN UNDER 5 AT CONTRACTED LOCAL PRIMARY HEALTH CENTERS. ALSO IN THIS TIME PERIOD, CHVS REACHED ABOUT 6,137 PEOPLE PER MONTH WITH HEALTH EDUCATION MESSAGING.

ETHIOPIA: IN FY21, MEDICAL TEAMS DEPLOYED MEMBERS OF ITS HUMANITARIAN RESPONSE TEAM IN RESPONSE TO CONFLICT IN THE TIGRAY REGION OF ETHIOPIA AND RENEWED ACCESS FOR HUMANITARIAN WORKERS. THEY IDENTIFIED GREAT HEALTH NEEDS AND DECIDED TO SET UP OPERATIONS AROUND SHIRE IN ETHIOPIA. THROUGHOUT THE FY, MEDICAL TEAMS ACHIEVED REGISTRATION, SET UP OFFICES IN SHIRE AND ADDIS ABABA, AND HIRED 21 STAFF TO SUPPORT THE WORK.

MEDICAL TEAMS IN ETHIOPIA WORKS WITH HEALTH POSTS AND CLINICS THAT WERE

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

DAMAGED DURING CONFLICT TO REESTABLISH THEMSELVES WITH MEDICAL STAFF,

ESSENTIAL DRUGS, AND COMMUNITY BASED WORK. TOTAL PHC CONSULTATIONS

DURING FY21 WAS OVER 10,000.

GUATEMALA: IN FY21, MEDICAL TEAMS CONTINUED ITS MATERNAL AND CHILD

HEALTH PROGRAM IN 12 COMMUNITIES IN CHICAMN. THESE PROJECTS AIM TO

REDUCE THE INCIDENCE AND IMPROVE CASE MANAGEMENT OF DIARRHEA,

PNEUMONIA, MALNUTRITION AND ACUTE RESPIRATORY INFECTIONS IN CHILDREN,

WHILE SIMULTANEOUSLY IMPROVING ACCESS TO QUALITY MATERNAL HEALTH

SERVICES. USING A TRAIN-THE-TRAINER MODEL, MEDICAL TEAMS STAFF TRAINED

A CADRE OF MORE THAN 150 MOTHER COUNSELORS ON VARIOUS HEALTH TOPICS,

WHO THEN PASS ON THESE LESSONS TO FAMILIES IN THEIR COMMUNITIES.

ADDITIONALLY, COMMUNITY NUTRITION SURVEILLANCE TEAMS MONITORED THE

NUTRITION STATUS OF MORE THAN 500 CHILDREN, REFERRING MALNUTRITION

CASES FOR TREATMENT AS NEEDED. MEDICAL TEAMS TRAINED 19 MINISTRY OF

HEALTH (MOH) HEALTH PROVIDERS ON EMERGENCY OBSTETRIC AND NEONATAL CARE

PROTOCOLS. ADDITIONALLY, THE PROGRAM SUPPORTED THE CONSTRUCTION OF 137

LATRINES, 170 STOVES AND 200 WATER SYSTEMS, AND MORE THAN 200 COMMUNITY

MEMBERS WERE TRAINED ON MAINTENANCE OF THE SYSTEMS.

MEDICAL TEAMS IMPLEMENTED A RESPONSE PROGRAM TO HURRICANES ETA AND IOTA

FROM NOVEMBER 2020 TO JANUARY 2021. MEDICAL TEAMS TRAINED AND EQUIPPED

10 MOBILE MEDICAL TEAMS PROVIDING A BASIC HEALTH SERVICE PACKAGE

INCLUDING VACCINATIONS, GROWTH MONITORING, ANTENATAL CARE CHECKUPS, AND

PSYCHOLOGICAL SERVICES. STOVES, LATRINES, AND SHOWERS WERE INSTALLED AT

9 SHELTERS. MEDICAL TEAMS ORGANIZED 9 SHELTER COMMITTEES AND TRAINED 55

PEOPLE ON SHELTER MANAGEMENT. PPE AND HYGIENE KITS WERE DISTRIBUTED,

AND HYGIENE PROMOTION WAS CONDUCTED IN SPANISH AND LOCAL LANGUAGES.

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

FROM JULY 2020 TO MAY 2021, MEDICAL TEAMS IMPLEMENTED A COVID-19 PANDEMIC RESPONSE IN MIXCO, GUATEMALA CITY. A TOTAL OF ABOUT 23,800 PEOPLE WERE ENROLLED IN THE PROJECT TO RECEIVE EDUCATION ON HYGIENE AND COVID-19 PREVENTION AND SYMPTOMS, AND HOME VISITS FOR QUARANTINE FOLLOW UP AND CONTACT TRACING. MORE THAN 8,500 HYGIENE KITS WERE DELIVERED TO 43,450 PEOPLE, WHO REPORTED A 99% SATISFACTION FOR THE CONTENTS AND QUALITY OF THE KITS. MEDICAL TEAMS TRAINED 296 COMMUNITY MEMBERS AND 263 MOH HEALTH STAFF ON COVID-19 INFECTION AND PREVENTION PROTOCOLS AND CONTACT TRACING, SUPPORTED 50 TESTING DAYS, AND CONDUCTED MORE THAN 2,800 COVID-19 TESTS. OVERALL, AN ESTIMATED 470,000 PEOPLE WERE REACHED THROUGH A MULTI-MEDIA RISK COMMUNICATION CAMPAIGN, INCLUDING LOUDSPEAKERS, FLYERS, AND FACEBOOK.

LEBANON: IN FY21, MEDICAL TEAMS CONTINUED ITS WORK SERVING SYRIAN REFUGEES IN THE BEKAA VALLEY IN LEBANON. THE PRIMARY TARGETED BENEFICIARIES WERE 43,593 SYRIAN REFUGEES LIVING IN 136 INFORMAL REFUGEE SETTLEMENTS IN THE CENTRAL BEKAA VALLEY, LEBANON. TO STRENGTHEN BOTH THE HEALTH SYSTEMS AND COMMUNITY SYSTEMS, MEDICAL TEAMS USES 172 REFUGEE OUTREACH VOLUNTEERS (ROVS) WHO HAVE BEEN TRAINED ON NON-COMMUNICABLE DISEASES, MATERNAL AND CHILD HEALTH AND OUTBREAK PREVENTION AND RESPONSE. OUTREACH VOLUNTEERS PROVIDE HEALTH PROMOTION MESSAGING, DISEASE MONITORING AND REFERRALS TO PRIMARY HEALTH CARE AND OTHER SERVICES. MEDICAL TEAMS CONDUCTED 20,503 HEALTH AWARENESS SESSIONS IN FY21.

THE PROGRAM ALSO INCLUDES MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) THROUGH A LICENSED PSYCHOLOGIST OFFERING INDIVIDUAL COUNSELING

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| Name of the organization MEDICAL TEAMS INTERNATIONAL | Employer identification number 93-0878944 |
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AND GROUP PSYCHOSOCIAL SUPPORT. IN FY21, MEDICAL TEAMS CONDUCTED 1,003

MHPSS CONSULTATIONS.

IN RESPONSE TO COVID-19, OUTREACH VOLUNTEERS SHARED INFECTION

PREVENTION AND CONTROL MESSAGES WITH THE COMMUNITY THROUGH WHATSAPP

NETWORKS AND REFERRED PATIENTS FOR TESTING AND VACCINATION AS NEEDED.

MEDICAL TEAMS PARTNERED WITH THE MINISTRY OF HEALTH TO SUPPORT OVER

1,000 REFUGEES TO REGISTER FOR THE COVID-19 VACCINE.

SUDAN: IN FY21, MEDICAL TEAMS SENT MEMBERS OF THE HUMANITARIAN RESPONSE

TEAM TO SUDAN DUE TO THE CONFLICT IN TIGRAY ETHIOPIA CAUSING AN INFLUX

OF REFUGEES INTO SOUTHERN SUDAN. URGENT HEALTH NEEDS IN THE REFUGEE

CAMPS WERE FOUND, AND THEREFORE MEDICAL TEAMS PURSUED SETTING UP A

COUNTRY OFFICE. DURING THE FISCAL YEAR, MEDICAL TEAMS ACHIEVED

REGISTRATION, BUT ALSO PARTNERED WITH ANOTHER INTERNATIONAL

ORGANIZATION WITH MANY YEARS OF EXPERIENCE IN SUDAN CALLED ZOA.

TOGETHER THE ORGANIZATIONS BUILT AND RAN A PRIMARY HEALTH CLINIC IN UM

RAKOUBA CAMP IN GEDAREF STATE. MEDICAL TEAMS HAS BUILT UP A TEAM OF

STAFF BOTH IN KHARTOUM AND AT THE GEDAREF LEVEL WITH THE GOAL OF BEING

MORE INDEPENDENT DURING FY22 AND OBTAIN ITS OWN DONOR FUNDING. TOTAL

CATCHMENT AREA FOR THE ESTABLISHED CLINIC WAS AROUND 3,000 SUDANESE

HOST COMMUNITY AND 2,500 ETHIOPIAN REFUGEES.

FORM 990, PART III, LINE 4A (CONTINUED)

TANZANIA: IN FY21, MEDICAL TEAMS CONTINUED OPERATIONS IN WESTERN

TANZANIA, PROVIDING HEALTH SERVICES IN NYARUGUSU, MTENDELI AND NDATA

REFUGEE CAMPS. MEDICAL TEAMS CONTINUED AS A UNHCR HEALTH-IMPLEMENTING

PARTNER IN THE CAMPS, PROVIDING REPRODUCTIVE HEALTHCARE, COMMUNITY

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

OUTREACH, REFERRAL SERVICES TO SECONDARY AND TERTIARY HEALTH CLINICS

AND NUTRITION SUPPORT TO VULNERABLE POPULATIONS. MEDICAL TEAMS ALSO

CONTINUED ITS PARTNERSHIP WITH THE U.S. DEPARTMENT OF STATE TO

STRENGTHEN COMMUNITY HEALTH SERVICES THROUGH SUPPORT OF COMMUNITY

HEALTH WORKERS, IMPROVE OUTCOMES IN REPRODUCTIVE HEALTH INCLUDING

EMERGENCY OBSTETRIC CARE, AND BUILD CAPACITY AND SUSTAINABILITY OF

LOCAL HEALTH SERVICES THROUGH EQUIPPING AND SUPPLYING CLINICS, AND

TRAINING CLINICAL STAFF. MEDICAL TEAMS IMPROVED ACCESS TO QUALITY

HEALTH CARE IN THE CAMPS FOR OVER 200,000 REFUGEES FROM BURUNDI AND

DEMOCRATIC REPUBLIC OF CONGO, AND TANZANIANS WHO ACCESS CARE IN THE

CAMPS.

UGANDA: MEDICAL TEAMS IS IMPLEMENTING EMERGENCY AND PREVENTATIVE HEALTH

CARE PROGRAMMING THROUGH TARGETED RELIEF AND DEVELOPMENT STRATEGIES IN

THE NORTHWESTERN, SOUTHWESTERN, AND WESTERN REGIONS OF UGANDA. MEDICAL

TEAMS IS A LEAD HEALTH IMPLEMENTING PARTNER FOR UNHCR IN NAKIVALE AND

ORUCHINGA SETTLEMENTS IN SOUTHWEST UGANDA, KYANGWALI, KYAKA II AND

RWAMWANJA SETTLEMENTS IN MIDWESTERN UGANDA, AND IN ADJUMANI (12

SETTLEMENTS) AND MOYO/OBONGI DISTRICT (PALORINYA SETTLEMENT) DISTRICTS

IN WEST NILE.

IN SOUTHWEST UGANDA, WITH SUPPORT FROM THE WORLD FOOD PROGRAM, U.S.

STATE DEPARTMENT AND UNHCR, MEDICAL TEAMS IS PROVIDING MEDICAL CARE TO

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,

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

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

IN WESTERN UGANDA, MEDICAL TEAMS PROVIDES MEDICAL CARE AND NUTRITION SUPPORT TO REFUGEES IN KYANGWALI SETTLEMENT IN KIKUUBE DISTRICT, KYAKA II SETTLEMENT IN KYEGEGWA DISTRICT, AND RWAMWANJA SETTLEMENT IN KAMWENGE DISTRICT. MEDICAL TEAMS IMPROVED HEALTH CARE ACCESS FOR REFUGEES THROUGH REPRODUCTIVE/HIV SERVICES, NUTRITION CARE FOR MALNOURISHED CHILDREN, AND DISEASE VACCINATION AND TREATMENT.

ACROSS UGANDA IN FY21, MEDICAL TEAMS PROVIDED COMPREHENSIVE HEALTH AND NUTRITION SUPPORT TO 742,000 REFUGEES AND 398,000 NATIONALS. MEDICAL TEAMS CONDUCTED 1,316,974 PRIMARY HEALTHCARE OUTPATIENT CONSULTATIONS

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| Name of the organization MEDICAL TEAMS INTERNATIONAL | Employer identification number 93-0878944 |
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AND SUPPORTED 31,806 LIVE BIRTHS AT HEALTH FACILITIES.

US PROGRAMS: THE DOMESTIC EXPRESSION OF MEDICAL TEAMS INTERNATIONAL, SERVING THE HEALTH NEEDS OF VULNERABLE POPULATIONS IN THE STATES OF OREGON AND WASHINGTON USING A MOBILE CLINIC MODEL. THIRTEEN LARGE MOBILE CLINIC VEHICLES DESIGNED FOR DENTAL SERVICES, 3 MINI-VANS AND OVER 600 VOLUNTEERS SUPPORTED THE 55 STAFF TO DEPLOY 1,601 CLINICS AND 2,401 SHIFTS OF SCHEDULED VOLUNTEERS. ONE CLINIC EQUALS A CLINIC DAY IN SERVICE AT A PARTNER SITE. SEVERAL NOTABLE CHANGES OCCURRED AS THE PROGRAM ADDED COVID-19 MOBILE TESTING AND VACCINATIONS, INCLUDING THE NEED FOR ADDITIONAL PAID CLINICAL STAFF AND INCREASED ATTENTION TO INFECTION CONTROL PRACTICES. THERE WERE NO KNOWN CASES OF CLINIC COVID TRANSMISSION DURING THE YEAR. TO SUPPORT THE MORE THAN TRIPLE GROWTH IN PATIENT ENCOUNTERS, THE DEPARTMENT WAS RESTRUCTURED TO INCLUDE A DEDICATED SUPPORT SERVICES TEAM COMPOSED OF FLEET MANAGEMENT, IT, HR, FINANCE, VOLUNTEER ENGAGEMENT AND GRANTS ADMINISTRATION. OF THE 54,475 PATIENTS ENCOUNTERED, SERVICES INCLUDED 5,016 DENTAL VISITS, 37,869 COVID TESTS AND 13,379 COVID IMMUNIZATIONS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

UGANDA, LIBERIA, GUATEMALA, TANZANIA, LEBANON

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT/CFO AND THE FINANCE COMMITTEE OF THE ORGANIZATION BEFORE A PUBLIC INSPECTION COPY IS MADE

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

AVAILABLE TO THE FULL BOARD. BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO ASK

QUESTIONS AND EXPRESS CONCERNS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY

ALL STAFF MEMBERS ARE REQUIRED TO SIGN THE ORGANIZATION'S CONFLICT OF

INTEREST STATEMENT WHEN HIRED; BOARD MEMBERS SIGN WHEN JOINING THE BOARD OF

DIRECTORS. STAFF AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL

CONFLICTS OF INTEREST AND AGREE TO DISCLOSE ANY CONFLICTS OF INTEREST THAT

MAY OCCUR IN THE FUTURE. FOR CONFLICTS INVOLVING BOARD MEMBERS, THE

EXECUTIVE COMMITTEE ATTEMPTS TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS

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

DIRECTORS. FOR STAFF MEMBERS, THE CEO RESOLVES ALL MATTERS RELATED TO

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

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.

COMPENSATION PROCESS FOR OTHER EMPLOYEE'S SALARIES ARE SET BY EVALUATING

TWO SOURCES OF MARKET DATA ON US-BASED NON-PROFIT SALARIES. THOSE SOURCES

ARE UTILIZED BY THE HR DEPARTMENT TO DEVELOP SALARY SCALES THAT ARE THEN

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

APPROVED BY THE CEO. THE LAST DATE FOR REVIEW OF ALL CURRENT SALARIES WAS
 DECEMBER 2021. THE EXTERNAL SOURCES OF DATA ARE THE BIRCHES SALARY SURVEY
 AND THE PRM CONSULTING COMPENSATION SALARY SURVEY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH
 OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, 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.