



2022 Income Tax Return

Medical Teams International

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

B Check if applicable:	C Name of organization MEDICAL TEAMS INTERNATIONAL	D Employer identification number 93-0878944
Address change	Doing business as	E Telephone number 503-624-1000
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14150 SW MILTON CT	
Initial return	City or town, state or province, country, and ZIP or foreign postal code TIGARD, OR 97224	G Gross receipts \$ 75,055,160.
Final return/terminated	F Name and address of principal officer: MARTHA HOLLEY NEWSOME 14150 SW MILTON CT, TIGARD, OR 97224	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Amended return		H(b) Are all subordinates included? Yes No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527	If "No," attach a list. See instructions
	J Website: WWW.MEDICALTEAMS.ORG	H(c) Group exemption number
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association 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: <u>SEE SCHEDULE O</u>			
Activities & Governance	2 Check this box 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	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	168	
	6 Total number of volunteers (estimate if necessary)	6	523	
	7a 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	Current Year	
	9 Program service revenue (Part VIII, line 2g)	65,585,837.	68,399,102.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,936,946.	1,453,311.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	370,004.	287,979.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	516,644.	408,914.	
		68,409,431.	70,549,306.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,424,380.	29,626,916.	
	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)	30,166,162.	34,131,739.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	6,620,026.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,683,512.	15,913,186.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,274,054.	79,671,841.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,864,623.	-9,122,535.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	40,438,607.	31,819,062.	
	22 Net assets or fund balances. Subtract line 21 from line 20	5,273,454.	5,268,442.	
		35,165,153.	26,550,620.	

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, CHIEF FINANCIAL OFFICER	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name KYLE C. SWARTHOUT	Preparer's signature <i>Kyle C. Swarthout</i>	Date 8/13/2024
	Firm's name KPMG LLP	Check if self-employed <input type="checkbox"/>	PTIN P00951911
	Firm's address 1300 SW 5TH AVENUE, SUITE 3800 PORTLAND, OR 97201	Firm's EIN 13-5565207	Phone no. 503-221-6500

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 \$ 67,827,117. including grants of \$ 29,626,916.) (Revenue \$ 1,453,311.) IN FY23 MEDICAL TEAMS SHIPPED MEDICAL SUPPLIES AND EQUIPMENT, PPE AND VITAMINS TO ARMENIA, BENIN, CAMBODIA, COSTA RICA, ECUDOR, EL SALVADOR, GEORGIA, GREECE, GUATEMALA, HONDURAS, KENYA, MALAWI, NEPAL, NIGERIA, PAKISTAN, PERU, RWANDA, SOUTH SUDAN, UGANDA, UKRAINE, ZIMBABWE, AND THE UNITED STATES

COLOMBIA: IN FY23, MEDICAL TEAMS CONTINUED ITS PROGRAMMING TO ADDRESS BARRIERS TO HEALTH THROUGH HEALTH PROMOTION, INTEGRATION INTO THE HEALTH CARE SYSTEM, CASH VOUCHER ASSISTANCE, DISEASE PREVENTION ACTIVITIES, MEDICAL SCREENINGS AND REFERRALS, AND SUBSIDIZED MATERNAL AND CHILD HEALTH SERVICES TO VENEZUELAN MIGRANTS AND COLOMBIAN RETURNEES IN COLOMBIA. DURING FY23, THE COLOMBIA OFFICE COMPLETED ITS

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 67,827,117.

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> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 Rev. Proc. 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> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 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
35b 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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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
THE ORGANIZATION - 503-624-1000
14150 SW MILTON CT, TIGARD, OR 97224

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			X			292,142.	0.	36,100.	
(2) JON BEIGHLE VP, GLOBAL SERVICES	40.00			X			191,552.	0.	27,715.	
(3) ROGER SANDBERG VP, FIELD OPERATIONS	40.00			X			184,505.	0.	31,837.	
(4) CASSONDRA PHILLIPSEN DIRECTOR, DENTAL	40.00					X	176,867.	0.	21,064.	
(5) MICHAEL HOGAN VP, DEVELOPMENT	40.00			X			165,889.	0.	22,256.	
(6) STEPHE DEAN DIRECTOR, INFORMATION SYSTEMS	40.00					X	155,994.	0.	20,516.	
(7) CYNTHIA BREILH EXEC. DIRECTOR, US PROGRAMS	40.00					X	137,878.	0.	20,914.	
(8) TRUDY LARSEN SR. DIRECTOR, HUMAN RESOURCES	40.00					X	135,985.	0.	19,115.	
(9) MICHAEL CHAPMAN SR. DIRECTOR, GLOBAL PROGRAMS	40.00					X	136,730.	0.	18,236.	
(10) SAM WEHBE CHIEF FINANCIAL OFFICER	40.00			X			136,487.	0.	7,435.	
(11) J. MICHAEL GOODWIN CHAIR	1.00	X		X			0.	0.	0.	
(12) GEOFF GUILFOY VICE CHAIR	1.00	X		X			0.	0.	0.	
(13) RYAN MCANINCH TREASURER	1.00	X		X			0.	0.	0.	
(14) BARBARA MCDUGALL DIRECTOR	1.00	X					0.	0.	0.	
(15) DAMETRA JOHNSON-MARLETTI DIRECTOR	1.00	X					0.	0.	0.	
(16) DR. ALBERT MUNANGA DIRECTOR	1.00	X					0.	0.	0.	
(17) DR. CYRUS LEE DIRECTOR	1.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DR. NATHALIE JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(19) E. ANNE PETERSON DIRECTOR	1.00	X						0.	0.	0.
(20) GABE WINSLOW DIRECTOR	1.00	X						0.	0.	0.
(21) JOHN GARDNER DIRECTOR	1.00	X						0.	0.	0.
(22) JOHN PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(23) LARS GUSTAVSSON DIRECTOR	1.00	X						0.	0.	0.
(24) PASTOR GEORGE HOPKINS DIRECTOR	1.00	X						0.	0.	0.
(25) REAGAN CANNON DIRECTOR	1.00	X						0.	0.	0.
(26) SARAH HASSELBECK DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,714,029.	0.	225,188.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,714,029.	0.	225,188.

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 20

	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	(B) Description of services	(C) Compensation
NONE		

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	14,015.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	11,448,496.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	56,936,591.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 25,855,497.			
	h	Total. Add lines 1a-1f		68,399,102.			
Program Service Revenue	2 a	SERVICE FEES	Business Code				
			900099	1,453,311.	1,453,311.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		1,453,311.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		283,873.		283,873.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				4,199,742.	141,830.		
	b	Less: cost or other basis and sales expenses	7b	4,222,596.	114,870.		
	c	Gain or (loss)	7c	-22,854.	26,960.		
	d	Net gain or (loss)		4,106.		4,106.	
8 a	Gross income from fundraising events (not including \$ 14,015. of contributions reported on line 1c). See Part IV, line 18						
		8a	117,900.				
b	Less: direct expenses	8b	168,388.				
c	Net income or (loss) from fundraising events		-50,488.		-50,488.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code				
			900099	459,402.		459,402.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		459,402.				
12	Total revenue. See instructions		70,549,306.	1,453,311.	0.	696,893.	

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 ...	1,185,202.	1,185,202.		
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	28,441,714.	28,441,714.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,267,025.	464,630.	455,831.	346,564.
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	26,286,614.	20,452,372.	2,377,344.	3,456,898.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,659,619.	4,478,137.	503,621.	677,861.
10 Payroll taxes	918,481.	430,557.	203,155.	284,769.
11 Fees for services (nonemployees):				
a Management				
b Legal	108,074.		108,074.	
c Accounting	325,898.		325,898.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	3,484,660.	2,741,655.	355,412.	387,593.
12 Advertising and promotion	497,050.	58,683.	5,611.	432,756.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,336,736.	1,287,074.	37,637.	12,025.
17 Travel	2,373,392.	2,048,385.	192,412.	132,595.
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	651,590.	589,107.	56,509.	5,974.
23 Insurance	534,631.	479,232.	50,103.	5,296.
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	2,495,862.	2,160,397.	158,632.	176,833.
b OTHER EXPENSES	1,962,822.	1,022,705.	300,840.	639,277.
c VEHICLES	841,332.	838,311.	2,632.	389.
d EQUIPMENT	721,564.	650,197.	39,279.	32,088.
e All other expenses	579,575.	498,759.	51,708.	29,108.
25 Total functional expenses. Add lines 1 through 24e	79,671,841.	67,827,117.	5,224,698.	6,620,026.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,826,100.	1	930,239.
	2 Savings and temporary cash investments	2,050,384.	2	1,046,697.
	3 Pledges and grants receivable, net	8,963,113.	3	5,937,669.
	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	8,987,137.	8	10,544,455.
	9 Prepaid expenses and deferred charges	1,134,657.	9	1,150,392.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,215,365.		
	b Less: accumulated depreciation	10b 9,153,558.		
	11 Investments - publicly traded securities	5,983,534.	10c	6,061,807.
	12 Investments - other securities. See Part IV, line 11	9,493,682.	11	5,994,338.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	0.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,438,607.	15	153,465.	
		16	31,819,062.	
Liabilities	17 Accounts payable and accrued expenses	4,832,094.	17	4,384,255.
	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	441,360.	25	884,187.
	26 Total liabilities. Add lines 17 through 25	5,273,454.	26	5,268,442.
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	27,462,924.	27	22,090,257.
	28 Net assets with donor restrictions	7,702,229.	28	4,460,363.
	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	35,165,153.	32	26,550,620.
	33 Total liabilities and net assets/fund balances	40,438,607.	33	31,819,062.

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	70,549,306.
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,671,841.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,122,535.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,165,153.
5	Net unrealized gains (losses) on investments	5	508,002.
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	26,550,620.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,189,602.	60,332,812.	53,310,165.	65,585,837.	68,399,102.	329,817,518.
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	82,189,602.	60,332,812.	53,310,165.	65,585,837.	68,399,102.	329,817,518.
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)						83,336,497.
6 Public support. Subtract line 5 from line 4.						246,481,021.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	82,189,602.	60,332,812.	53,310,165.	65,585,837.	68,399,102.	329,817,518.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	196,632.	114,205.	315,040.	344,693.	283,873.	1,254,443.
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						331,071,961.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2022 (line 6, column (f), divided by line 11, column (f))	14	74.45 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	70.05 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 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) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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), 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), 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).

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/>	\$ 15,381,651.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 7,378,483.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,005,870.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,130,427.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (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 _____ _____ _____	\$ 7,378,483.	09/30/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

2022

Open to Public
Inspection

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 July 25,2006, 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?

Yes No

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)?

Yes No

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) 2022

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	1,920,123.	2,738,230.	2,345,497.	2,297,266.	2,377,864.
b Contributions					
c Net investment earnings, gains, and losses	379,915.	-709,292.	540,100.	148,301.	37,901.
d Grants or scholarships					
e Other expenditures for facilities and programs	117,584.	108,815.	147,367.	100,070.	118,500.
f Administrative expenses					
g End of year balance	2,182,454.	1,920,123.	2,738,230.	2,345,497.	2,297,265.

- 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		5,660,901.	3,238,614.	2,422,287.
c Leasehold improvements				
d Equipment		8,446,517.	5,707,679.	2,738,838.
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.)				6,061,807.

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	847,901.
(3) LONG TERM LEASE LIABILITIES	36,286.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	71,601,397.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 508,002.		
b	Donated services and use of facilities	2b 375,701.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	883,703.
3	Subtract line 2e from line 1		3	70,717,694.
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 -168,388.		
c	Add lines 4a and 4b		4c	-168,388.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	70,549,306.

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	80,215,930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 375,701.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	375,701.
3	Subtract line 2e from line 1		3	79,840,229.
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 -168,388.		
c	Add lines 4a and 4b		4c	-168,388.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	79,671,841.

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 EVENTS EXPENSE	-168,388.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	-168,388.
------------------------	-----------

**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

2022

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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1	0	PROGRAM SERVICES	SEE SCHEDULE O	3,624,574.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	SEE SCHEDULE O	319,061.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	1	0	PROGRAM SERVICES	SEE SCHEDULE O	433,922.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	4	0	PROGRAM SERVICES	SEE SCHEDULE O	48,360,709.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	1	0	PROGRAM SERVICES	SEE SCHEDULE O	7,553,403.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SEE SCHEDULE O	1,579,154.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SEE SCHEDULE O	710.
3 a Subtotal	7	0			61,871,533.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	7	0			61,871,533.

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	REFUGEES HUMANITARIAN RESPONSE WORK	400,000.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	256,529.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	REFUGEES HUMANITARIAN RESPONSE WORK	136,600.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	131,734.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	88,317.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	76,922.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	REFUGEES HUMANITARIAN RESPONSE WORK	32,478.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REFUGEES HUMANITARIAN RESPONSE WORK	27,050.	WIRE TRANSFER	0.		

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 **27**

3 Enter total number of other organizations or entities **0**

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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEES HUMANITARIAN RESPONSE WORK	23,357.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	15,011.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	REFUGEES HUMANITARIAN RESPONSE WORK	8,088.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	REFUGEES HUMANITARIAN RESPONSE WORK	6,350.	WIRE TRANSFER	0.		
		RUSSIA/NEWLY IND. STATES	HELP THOSE IN NEED	6,486,506.		0.	MEDS/MED SUPPLY	WAC
		SUB-SAHARAN AFRICA	HELP THOSE IN NEED	2,163,293.		0.	MEDS/MED SUPPLY	WAC
		SOUTH ASIA	HELP THOSE IN NEED	1,054,426.		0.	MEDS/MED SUPPLY	WAC
		EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED	1,038,551.		0.	MEDS/MED SUPPLY	WAC
		EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED	1,016,843.		0.	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)
		CENTRAL AMERICA/CARRIBEAN	HELP THOSE IN NEED	998,832.		0.	MEDS/MED SUPPLY	WAC
		EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED	973,816.		0.	MEDS/MED SUPPLY	WAC
		RUSSIA/NEWLY IND. STATES	HELP THOSE IN NEED	972,650.		0.	MEDS/MED SUPPLY	WAC
		EUROPE/ICELAND/GREENLAND	HELP THOSE IN NEED	962,801.		0.	MEDS/MED SUPPLY	WAC
		RUSSIA/NEWLY IND. STATES	HELP THOSE IN NEED	933,932.		0.	MEDS/MED SUPPLY	WAC
		RUSSIA/NEWLY IND. STATES	HELP THOSE IN NEED	908,402.		0.	MEDS/MED SUPPLY	WAC
		SUB-SAHARAN AFRICA	HELP THOSE IN NEED	405,131.		0.	MEDS/MED SUPPLY	WAC
		CENTRAL AMERICA/CARRIBEAN	HELP THOSE IN NEED	9,163.		0.	MEDS/MED SUPPLY	WAC
		SOUTH ASIA	HELP THOSE IN NEED	8,879.		0.	MEDS/MED SUPPLY	WAC

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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

PARTNERS THROUGH AGREED-UPON BUDGETS AND MEMORANDUMS OF UNDERSTANDING.

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

MEDICAL TEAMS FIELD OFFICE STAFF MEET REGULARLY WITH GRANTEES AND

PARTNERS TO ENSURE PROGRAMMATIC GOALS ARE BEING MET.

Part 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))
		GREAT ADVENTURE (event type)	HEALTHY WOMEN HEALTH WORLD (event type)	NONE (total number)	
Revenue	1 Gross receipts	105,665.	26,250.		131,915.
	2 Less: Contributions	14,015.	0.		14,015.
	3 Gross income (line 1 minus line 2)	91,650.	26,250.		117,900.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,727.	2,533.		7,260.
	6 Rent/facility costs	605.			605.
	7 Food and beverages	18,635.	23,964.		42,599.
	8 Entertainment		7,386.		7,386.
	9 Other direct expenses	61,961.	48,577.		110,538.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				168,388.
11 Net income summary. Subtract line 10 from line 3, column (d)				-50,488.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input 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: 3111 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

2022

**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.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUMANITY & INCLUSION 8757 GEORGIA AVE, SUITE 420 SILVER SPRING, MD 20910	55-0914744	501(C)(3)	307,660.	0.			HELP THOSE IN NEED
MEDAIR PO BOX 4476 WHEATON, IL 60189	26-0611369	501(C)(3)	70,000.	0.			HELP THOSE IN NEED
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501(C)(3)	48,178.	0.			HELP THOSE IN NEED
FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034	95-2680390	501(C)(3)	6,335.	0.			HELP THOSE IN NEED
BIRCH COMMUNITY SERVICES 17780 NE SAN RAFAEL PORTLAND, OR 97230	93-1186020	501(C)(3)	0.	319,903.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
CLACKAMAS SERVICE CENTER 8800 SE 80TH AVE PORTLAND, OR 97206	93-0626175	501(C)(3)	0.	59,007.	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 **26.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM TEMPLE HOUSE 2023 NW HOYT ST PORTLAND, OR 97209	93-0559964	501(C)(3)	0.	24,380.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
VIRGINIA GARCIA MEMORIAL HEALTH - CORNELIUS - 1151 N. ADAIR ST. - CORNELIUS, OR 97113	91-2077840	501(C)(3)	0.	23,264.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
ROSE HAVEN 1808 NW IRVING PORTLAND, OR 97209	93-1212633	501(C)(3)	0.	18,304.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
GEORGE FOX UNIVERSITY NURSING PROGRAM - 414 N MERIDIAN STREET - NEWBERG, OR 97132	93-0386839	501(C)(3)	0.	17,587.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
VIRGINIA GARCIA MEMORIAL HEALTH - MCMINNVILLE - 115 NE MAY LN - MCMINNVILLE, OR 97128	91-2077840	501(C)(3)	0.	15,885.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
URBAN LEAGUE OF PORTLAND - EAST OFFICE - 10 N RUSSELL ST, UNIT A - PORTLAND, OR 97233	93-0395590	501(C)(3)	0.	15,209.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
HOUSE OF ZION 1430 E. CLEVELAND WOODBURN, OR 97071	93-0871543	501(C)(3)	0.	14,961.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
TACOMA NEEDLE EXCHANGE 3716 PACIFIC AVE F TACOMA, WA 98418	91-1435394	501(C)(3)	0.	14,503.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
HOUSING TRANSITIONS PROGRAM CATHOLIC CHARITIES - 2740 SE POWELL BLVD - PORTLAND, OR 97202	72-0590685	501(C)(3)	0.	12,502.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY TEAM 634 SPROUL STREET CHESTER, PA 19013	94-1501265	501(C)(3)	0.	11,660.	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.	10,699.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
OREGON SPINAL CORD INJURY CONNECTION - 6645 NE 78TH CT C6 - PORTLAND, OR 97218	81-1037564	501(C)(3)	0.	9,353.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
LIFEWORCS NW 5415 SW WESTGATE DR PORTLAND, OR 97221	93-0502822	501(C)(3)	0.	8,948.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
PROVIDENCE STREET MEDICINE 01 W 8TH AVE SPOKANE, WA 99204	91-1097056	501(C)(3)	0.	8,795.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
JOIN 1435 NE 81ST AVE #100 PORTLAND, OR 97213	93-1090005	501(C)(3)	0.	8,538.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
LOVE INC TIGARD TUALATIN SHERWOOD 10900 SW 121ST AVE TIGARD, OR 97223	27-2581050	501(C)(3)	0.	8,444.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
SHARE HOMELESS SHELTERS 2306 NE ANDERSON RD VANCOUVER, WA 98661	91-1205119	501(C)(3)	0.	8,389.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
CENTRAL CITY CONCERN (IMANI CENTER) - 2040 SE POWELL BLVD - PORTLAND, OR 97202	93-0728816	501(C)(3)	0.	7,284.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION NIGHTWATCH 302 14TH AVE S SEATTLE, WA 98144	91-0964027	501(C)(3)	0.	6,112.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
WALLACE MEDICAL CONCERN 18633 SE STARK STREET, SUITE 401 PORTLAND, OR 97233	93-0853709	501(C)(3)	0.	5,856.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARTHA NEWSOME PRESIDENT; CEO	(i)	292,142.	0.	0.	21,310.	14,790.	328,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JON BEIGHLE VP, GLOBAL SERVICES	(i)	191,552.	0.	0.	14,128.	13,587.	219,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROGER SANDBERG VP, FIELD OPERATIONS	(i)	184,505.	0.	0.	13,529.	18,308.	216,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CASSONDR A PHILLIPSEN DIRECTOR, DENTAL	(i)	176,867.	0.	0.	7,477.	13,587.	197,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL HOGAN VP, DEVELOPMENT	(i)	165,889.	0.	0.	8,775.	13,481.	188,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHE DEAN DIRECTOR, INFORMATION SYSTEMS	(i)	155,994.	0.	0.	10,920.	9,596.	176,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CYNTHIA BREILH EXEC. DIRECTOR, US PROGRAMS	(i)	137,878.	0.	0.	10,249.	10,665.	158,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TRUDY LARSEN SR. DIRECTOR, HUMAN RESOURCES	(i)	135,985.	0.	0.	9,519.	9,596.	155,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL CHAPMAN SR. DIRECTOR, GLOBAL PROGRAMS	(i)	136,730.	0.	0.	9,781.	8,455.	154,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	261,959.	FAIR MARKET VALUE
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	78	24,772,173.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (HYGIENE/OTC)	X	61	1,083,324.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 3 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) 2022

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)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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) 2022

232211 10-28-22

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. 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. IN THE U.S., WE PROVIDE FREE DENTAL AND MEDICAL SERVICES TO PEOPLE WITH LITTLE OR NO ACCESS TO HEALTHCARE THROUGH OUR MOBILE HEALTH PROGRAM, TRAVELING TO SERVE COMMUNITIES WITH UNMET HEALTH NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SECOND YEAR OF ITS PRM AWARD, STARTED TO WORK WITH NEW DONORS INCLUDING THE SIMON BOLVAR FOUNDATION AND THE NEW ZEALAND AND AUSTRALIAN EMBASSIES. AS A PART OF THIS GROWTH, COLOMBIA OPENED 4 NEW OFFICES IN TWO NEW REGION (CALI IN VALE DE CAUCA AND URABA IN ANTIOQUIA), RECRUITED A PROGRAM DIRECTOR AND TWO NEW REGIONAL TEAMS TO OPEN NEW PROJECT AND SUPPORT THE OVERALL COUNTRY PROGRAM QUALITY. IN URABA, MEDICAL TEAMS RESPONDED TO THE DARIEN GAP CRISIS BY SUPPORTING MIGRANTS PREPARING TO CROSS THE BORDER WITH PANAMA AND CONTINUE THEIR JOURNEY. 54,481 PEOPLE WERE SERVED THROUGH THE HEALTH PROGRAMMING IN FY23 IN COLOMBIA.

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ETHIOPIA: IN FY23, MEDICAL TEAMS SCALED UP ITS RESPONSE AND EXPANDED ITS WORK WITH REFUGEES AND CHOLERA RESPONSE INTO SOMALI AND BENISHANGUL GUMZ REGIONS WHILE CONTINUING TO WORK IN TIGRAY, AMHARA AND AFAR REGIONAL STATES. MEDICAL TEAMS IN ETHIOPIA WORKS WITH HEALTH POSTS AND CLINICS, INCLUDING THOSE WHICH WERE DAMAGED DURING CONFLICT, TO REESTABLISH THEM WITH MEDICAL STAFF, ESSENTIAL DRUGS, AND COMMUNITY HEALTH EXTENSION WORK. MEDICAL TEAM PROVIDES 22,665 HEALTH CONSULTATIONS ON AVERAGE PER MONTH IN ETHIOPIA THROUGH ITS WORK IN 43 HEALTH FACILITIES AND THROUGH 6 MOBILE HEALTH TEAMS AND MANAGES 339 NUTRITION SITES. DESPITE CONTINUED SECURITY RISKS, THE PROGRAM IS REACHING THOSE MOST IN NEED WHILE WE STRIVE TO MAINTAIN THE SAFETY OF THE STAFF AND ASSETS.

SUDAN: FY23 SAW A MAJOR ESCALATION OF THE CONFLICT ESSENTIALLY SPLITTING THE COUNTRY INTO TWO AREAS OF CONTROL BETWEEN TWO WARRING PARTIES. MEDICAL TEAMS CONTINUED ITS RESPONSE TO THE REFUGEE INFLUX FROM TIGRAY ETHIOPIA INTO SUDAN BUT QUICKLY PIVOTED IN RESPONSE TO THE CRISIS. IN FY23 MEDICAL TEAMS EXPANDED ITS RESPONSE INTO WHITE NILE STATE FOLLOWING AN MEASLES OUTBREAK IN REFUGEE CAMPS AND SINCE EXPANDED SIGNIFICANTLY WITHIN BOTH STATES. CURRENTLY MEDICAL TEAMS SUPPORT PRIMARY HEALTH AND NUTRITION SERVICES FOR REFUGEE AND HOST COMMUNITIES IN GEDAREF AND WHITE NILE STATES OF SUDAN. THROUGH 87 HEALTH AND NUTRITION FACILITIES MEDICAL TEAMS SUDAN MANAGES, WE PROVIDE AN AVERAGE OF 34,656 CONSULTATIONS PER MONTH.

TANZANIA: IN FY23, MEDICAL TEAMS CONTINUED OPERATIONS IN WESTERN TANZANIA, PROVIDING HEALTH AND NUTRITION SERVICES IN NYARUGUSU AND NDUITA REFUGEE CAMPS, IN THE NEIGHBOURING COMMUNITIES, IN KIGOMA, AND IN

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DAR ES SALAM. MEDICAL TEAMS CONTINUED AS A UNHCR HEALTH-IMPLEMENTING PARTNER IN BOTH CAMPS, PROVIDING REPRODUCTIVE HEALTHCARE, COMMUNITY OUTREACH, REFERRAL SERVICES, 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 MATERNAL AND CHILD HEALTH CARE, AND BUILD CAPACITY AND SUSTAINABILITY OF LOCAL HEALTH SERVICES THROUGH SUPPORTING REGIONAL HOSPITALS IN KIGOMA, AND TRAINING CLINICAL STAFF. BOTH PARTNERS SUPPORT MEDICAL TEAMS IN OFFERING EMERGENCY AND ELECTIVE MEDICAL SERVICES THROUGH CONTRACTED HEALTH FACILITIES; THEY ARE ALSO FUNDING THE NON-COMMUNICABLE DISEASES PROGRAM. IN FY23 MEDICAL TEAMS CONTINUED TO PARTNER WITH THE GOVERNMENT OF TANZANIA AND COLLABORATED WITH THE UNHCR AND THE OTHER CAMP ACTORS TO FACILITATE THE PROMOTION AND SAFE REPATRIATION OF BURUNDIAN REFUGEES. FINALLY, 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. THE TEAM IN UGANDA RESPONDED TO REFUGEE INFLUXES AND DISEASE OUTBREAKS. THE COUNTRY OFFICE STRENGTHENED ITS RISK ASSESSMENTS

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AND AWARENESS AND CONTINUED TO INFLUENCE THE HEALTH SECTOR IN UGANDA WITH ACTIVE ENGAGEMENT IN COORDINATION. ACROSS UGANDA IN FY23, MEDICAL TEAMS PROVIDED COMPREHENSIVE HEALTH AND NUTRITION SUPPORT TO 1,564,470 PEOPLE. MEDICAL TEAMS CONDUCTED 1,499,257 PRIMARY HEALTHCARE OUTPATIENT CONSULTATIONS AND SUPPORTED 30,517 LIVE BIRTHS AT HEALTH FACILITIES.

UKRAINE AND MOLDOVA: IN FY23, MEDICAL TEAMS CLOSED ITS OFFICE IN MOLDOVA AND FOCUSED IMPLEMENTING DIRECT SUPPORT FOR PEOPLE IN UKRAINE. MOBILE MEDICAL UNITS WERE ESTABLISHED TO REACH RURAL AREAS AND A TEAM DEVOTED TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT OFFERED GROUP ACTIVITIES AND ONE ON ONE SESSIONS AS NEEDED. DURING FY23, 138,927 PEOPLE ARE ESTIMATED TO HAVE ACCESS TO HEALTH AND PSYCHOSOCIAL SUPPORT THROUGH THE WORK OF MEDICAL TEAMS. ADDITIONALLY, A LARGE GENERATOR DISTRIBUTION TO HOSPITALS BENEFITED A CATCHMENT POPULATION OF 1,104,958.

US PROGRAMS: THE DOMESTIC EXPRESSION OF MEDICAL TEAMS INTERNATIONAL, SERVING THE ORAL HEALTH NEEDS OF VULNERABLE POPULATIONS IN THE STATES OF OREGON AND WASHINGTON, UTILIZING A MOBILE CLINIC MODEL. OUR NINE LARGE MOBILE CLINIC VEHICLES, DESIGNED FOR DENTAL SERVICES, CAN ALSO PROVIDE MEDICAL SERVICES IN OUR CARE & CONNECT PROGRAM WHICH INTEGRATES MEDICAL AND DENTAL SERVICES, ALONG WITH MEDICAID ELIGIBILITY AND VERIFICATION, ENROLLMENT, AND REFERRALS TO OTHER CARE PROVIDERS AS NEEDED. MEDICAL SERVICES ARE PRIMARILY CHRONIC DISEASE SCREENING AND EDUCATION. IN THE CARE AND CONNECT STRATEGY, THE US PROGRAM PARTNERS WITH FQHCs, CONFEDERATED TRIBES, HOSPITAL NETWORKS, AND STATE HEALTH ASSOCIATIONS TO ENSURE A COMPREHENSIVE PACKAGE OF MEDICAL CARE. THE MEDICAL TEAMS MOBILE ORAL HEALTH CLINICS BECOME THE ACCESS POINT TO

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WHERE PATIENTS ARE CONNECTED TO MEDICAL, BEHAVIORAL HEALTH, AND OTHER SOCIAL SERVICES.

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

UGANDA, LIBERIA, GUATEMALA, TANZANIA, LEBANON

FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:

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 B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT/CFO AND THE FINANCE COMMITTEE OF THE ORGANIZATION BEFORE A PUBLIC INSPECTION COPY IS MADE AVAILABLE TO THE FULL BOARD. BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND EXPRESS CONCERNS PRIOR TO FILING THE RETURN.

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

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.

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

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.

OTHER EMPLOYEES' SALARIES ARE SET BY EVALUATING TWO SOURCES OF MARKET DATA

ON US-BASED NON-PROFIT SALARIES. THOSE SOURCES ARE UTILIZED BY THE HR

DEPARTMENT TO DEVELOP SALARY SCALES THAT ARE THEN APPROVED BY THE CEO. THE

LAST DATE FOR REVIEW OF ALL CURRENT SALARIES WAS 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 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.