

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable:	C Name of organization MEDICAL TEAMS INTERNATIONAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14150 SW MILTON CT City or town, state or province, country, and ZIP or foreign postal code TIGARD, OR 97224 F Name and address of principal officer: MARTHA HOLLEY NEWSOME 14150 SW MILTON CT, TIGARD, OR 97224	D Employer identification number 93-0878944 E Telephone number 503-624-1000 G Gross receipts \$ 82,844,609. H(a) Is this a group return for subordinates? Yes ☒ No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		
J Website: WWW.MEDICALTEAMS.ORG		
K Form of organization: ☒ 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>	
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)	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	170
6	Total number of volunteers (estimate if necessary)	600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
8	Contributions and grants (Part VIII, line 1h)	68,399,102.
9	Program service revenue (Part VIII, line 2g)	1,453,311.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	287,979.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	408,914.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,549,306.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,626,916.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,131,739.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	5,167,805.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,913,186.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	79,671,841.
19	Revenue less expenses. Subtract line 18 from line 12	-9,122,535.
20	Total assets (Part X, line 16)	31,819,062.
21	Total liabilities (Part X, line 26)	5,268,442.
22	Net assets or fund balances. Subtract line 21 from line 20	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 11/13/2025
Paid Preparer Use Only	Print/Type preparer's name KYLE C. SWARTHOUT Preparer's signature  Date 10/31/25 Check if self-employed ☐ PTIN P00951911 Firm's name KPMG LLP Firm's EIN 13-5565207 Firm's address 1300 SW 5TH AVENUE, SUITE 3800 PORTLAND, OR 97201 Phone no. 503-221-6500	

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. MEDICAL TEAMS INTERNATIONAL	Taxpayer identification number (TIN) 93-0878944
	Number, street, and room or suite no. If a P.O. box, see instructions. 14150 SW MILTON CT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TIGARD, OR 97224	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE ORGANIZATION**
14150 SW MILTON CT - TIGARD, OR 97224

Telephone No. **503-624-1000** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box _____
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
calendar year 20 _____ or
☒ tax year beginning **OCT 1**, 20 **23**, and ending **SEP 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ No

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

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

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

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

4a (Code:) (Expenses \$ 63,783,866. including grants of \$ 23,390,384.) (Revenue \$ 635,063.)
 IN FY24 MEDICAL TEAMS SHIPPED MEDICAL SUPPLIES AND EQUIPMENT, PPE AND
 VITAMINS TO THE USA, UGANDA, COSTA RICA, CUBA, ECUADOR, KENYA, MALAWI,
 NEPAL, NICARAGUA, RWANDA, THAILAND, SOUTH AFRICA, ZAMBIA, ZIMBABWE,
 GUATEMALA, UKRAINE, ARMENIA, GREECE, COLOMBIA AND TONGA.

COLOMBIA: IN FY24, 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.

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 63,783,866.Form **990** (2023)

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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>	14b 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>	15 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>	16	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	17 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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	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>	27	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	32
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 170		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
b Enter the number of voting members included on line 1a, above, who are independent		15		
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?			2	X
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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website Another's website ☒ 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 0.00			X				295,614.	0.	40,513.
(2) ROGER SANDBERG VP, FIELD OPERATIONS	40.00 0.00				X			219,549.	0.	22,804.
(3) JONATHAN BEIGHLE INTERIM CEO	40.00 0.00			X				199,108.	0.	28,618.
(4) SAM WEHBE CHIEF FINANCIAL OFFICER	40.00 0.00			X				198,452.	0.	23,792.
(5) MICHAEL HOGAN VP, DEVELOPMENT	40.00 0.00				X			178,088.	0.	32,479.
(6) CASSONDRA PALACIOS DIRECTOR, DENTAL	40.00 0.00				X			176,032.	0.	16,447.
(7) MICHAEL CHAPMAN SR. DIRECTOR, GLOBAL PROGRAMS	40.00 0.00				X			158,008.	0.	15,869.
(8) SEHE HAN MOBILE DENTIST	40.00 0.00				X			160,300.	0.	11,839.
(9) GEOFF GUILFOY CHAIR	1.00 0.00	X		X				0.	0.	0.
(10) GABE WINSLOW VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(11) RYAN MCANINCH TREASURER	1.00 0.00	X		X				0.	0.	0.
(12) BARBARA MCDUGALL SECRETARY	1.00 0.00	X		X				0.	0.	0.
(13) DAMETRA JOHNSON-MARLETTI DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) DR. ALBERT MUNANGA DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DR. CYRUS LEE DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DR. NATHALIE JOHNSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) E. ANNE PETERSON DIRECTOR (THRU 03/24)	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) J. MICHAEL GOODWIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JOHN GARDNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JOHN PHILLIPS DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) LARS GUSTAVSSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) PASTOR GEORGE HOPKINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) REAGAN CANNON DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) SARAH HASSELBECK DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,585,151.	0.	192,361.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,585,151.	0.	192,361.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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	

Form **990** (2023)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	76,980.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	38,964,735.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	38,775,561.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 23,617,388.					
	h Total. Add lines 1a-1f							77,817,276.
Program Service Revenue	2 a SERVICE FEES	Business Code	900099	635,063.	635,063.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			635,063.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			195,542.			195,542.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(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		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b	3,097,116. 209,004.					
c Gain or (loss)		7c	3,151,154. 179,377.					
d Net gain or (loss)			-54,038. 29,627.					
8 a Gross income from fundraising events (not including \$ 76,980. of contributions reported on line 1c). See Part IV, line 18		8a		419,441.				
b Less: direct expenses		8b		140,057.				
c Net income or (loss) from fundraising events				279,384.			279,384.	
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						
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	471,167.			471,167.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			471,167.				
	12 Total revenue. See instructions			79,374,021.	635,063.	0.	921,682.	

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 ...	1,127,572.	1,127,572.		
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	22,262,812.	22,262,812.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	695,959.	147,320.	401,319.	147,320.
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	28,117,731.	22,714,567.	2,426,816.	2,976,348.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,184,159.	5,173,921.	417,030.	593,208.
10 Payroll taxes	778,899.	339,796.	201,619.	237,484.
11 Fees for services (nonemployees):				
a Management				
b Legal	128,480.		128,480.	
c Accounting	296,668.		296,668.	
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.)	2,618,887.	2,133,463.	3,385.	482,039.
12 Advertising and promotion	365,480.	56,840.	88.	308,552.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,352,732.	1,316,411.	24,535.	11,786.
17 Travel	2,356,552.	2,219,677.	68,560.	68,315.
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	625,363.	564,877.	54,703.	5,783.
23 Insurance	514,921.	476,349.	34,884.	3,688.
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	2,922,685.	2,544,358.	187,451.	190,876.
b VEHICLES	849,040.	847,612.	1,124.	304.
c EQUIPMENT	810,271.	718,200.	40,456.	51,615.
d OTHER EXPENSES	674,864.	603,009.		71,855.
e All other expenses	596,568.	537,082.	40,854.	18,632.
25 Total functional expenses. Add lines 1 through 24e	73,279,643.	63,783,866.	4,327,972.	5,167,805.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	930,239.	1	1,780,874.
	2 Savings and temporary cash investments	1,046,697.	2	5,141,879.
	3 Pledges and grants receivable, net	5,937,669.	3	7,266,745.
	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	10,544,455.	8	18,745,011.
	9 Prepaid expenses and deferred charges	1,150,392.	9	949,788.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,908,269.		
	b Less: accumulated depreciation	10b 9,650,877.		
	11 Investments - publicly traded securities	6,061,807.	10c	5,257,392.
	12 Investments - other securities. See Part IV, line 11	5,994,338.	11	5,893,172.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	153,465.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,819,062.	15	36,236.	
17 Accounts payable and accrued expenses	4,384,255.	16	45,071,097.	
18 Grants payable		17	3,906,765.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	884,187.	24		
26 Total liabilities. Add lines 17 through 25	5,268,442.	25	7,754,970.	
27 Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		26	11,661,735.	
28 Net assets without donor restrictions	22,090,257.	27	26,800,823.	
29 Net assets with donor restrictions	4,460,363.	28	6,608,539.	
30 Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	26,550,620.	32	33,409,362.	
34 Total net assets or fund balances	31,819,062.	33	45,071,097.	

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Part XI Reconciliation of Net AssetsCheck 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	79,374,021.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,279,643.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,094,378.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,550,620.
5	Net unrealized gains (losses) on investments	5	764,364.
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	33,409,362.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2023)

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

2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,332,812.	53,310,165.	65,585,837.	68,399,102.	77,817,276.	325,445,192.
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	60,332,812.	53,310,165.	65,585,837.	68,399,102.	77,817,276.	325,445,192.
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)						67,076,509.
6 Public support. Subtract line 5 from line 4.						258,368,683.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	60,332,812.	53,310,165.	65,585,837.	68,399,102.	77,817,276.	325,445,192.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	114,205.	315,040.	344,693.	283,873.	195,542.	1,253,353.
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						326,698,545.
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	79.08	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	74.45	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☒
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☐
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			☐
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			☐

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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	☐ 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) 2023

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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) organization4947(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).

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

Schedule B (Form 990) (2023)

Name of organization MEDICAL TEAMS INTERNATIONAL	Employer identification number 93-0878944
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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		\$ 15,191,144.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 12,228,141.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
3		\$ 3,523,392.	Person Payroll Noncash ☒ (Complete Part II for noncash contributions.)
4		\$ 2,715,807.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
5		\$ 2,243,000.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
6		\$ 1,658,802.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MEDICAL TEAMS INTERNATIONAL	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

2023

Open to Public
Inspection

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	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?	Yes	No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,182,454.	1,920,123.	2,738,230.	2,345,497.	2,297,266.
b Contributions					
c Net investment earnings, gains, and losses	518,620.	379,915.	-709,292.	540,100.	148,301.
d Grants or scholarships					
e Other expenditures for facilities and programs	131,110.	117,584.	108,815.	147,367.	100,070.
f Administrative expenses					
g End of year balance	2,569,964.	2,182,454.	1,920,123.	2,738,230.	2,345,497.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 100 %

c Term endowment .0000 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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.	3,429,520.	2,231,381.
c Leasehold improvements				
d Equipment		8,139,421.	6,014,092.	2,125,329.
e Other		207,265.	207,265.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,257,392.

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	7,718,733.
(3) LONG TERM LEASE LIABILITIES	36,237.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,754,970.

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 ... ☒

Schedule D (Form 990) 2023

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	80,694,321.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	764,364.
b	Donated services and use of facilities	2b	415,879.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,180,243.
3	Subtract line 2e from line 1	3	79,514,078.
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	-140,057.
c	Add lines 4a and 4b	4c	-140,057.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	79,374,021.

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	73,835,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	415,879.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	415,879.
3	Subtract line 2e from line 1	3	73,419,700.
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	-140,057.
c	Add lines 4a and 4b	4c	-140,057.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	73,279,643.

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 FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS

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

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

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

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 -140,057.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE -140,057.

**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

2023Open to Public
Inspection

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1	0	PROGRAM SERVICES	SEE SCHEDULE O	4,935,110.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	SEE SCHEDULE O	490.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SEE SCHEDULE O	839,640.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	SEE SCHEDULE O	23,992.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	1	0	PROGRAM SERVICES	SEE SCHEDULE O	4,978,851.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	SEE SCHEDULE O	106.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	SEE SCHEDULE O	379.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	4	0	PROGRAM SERVICES	SEE SCHEDULE O	47,918,917.
3 a Subtotal	6	0			58,697,485.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	6	0			58,697,485.

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

Schedule F (Form 990) 2023

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)
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	410,513.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	300,928.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	262,400.	WIRE TRANSFER	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	REFUGEES HUMANITARIAN RESPONSE WORK	233,672.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	141,442.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEES HUMANITARIAN RESPONSE WORK	50,037.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEES HUMANITARIAN RESPONSE WORK	19,126.	WIRE TRANSFER	0.		
		SUB-SAHARA AFRICA	REFUGEES HUMANITARIAN RESPONSE WORK	14,757.	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 20

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)
		CENTRAL AMERICA AND THE CARIBBEAN	REFUGEES HUMANITARIAN RESPONSE WORK	10,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HELP THOSE IN NEED	0.		2,116,370.	MEDS/MED SUPPLY	WAC
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HELP THOSE IN NEED	0.		1,868,409.	MEDS/MED SUPPLY	WAC
		SUB-SAHARA AFRICA	HELP THOSE IN NEED	0.		1,050,021.	MEDS/MED SUPPLY	WAC
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HELP THOSE IN NEED	0.		978,884.	MEDS/MED SUPPLY	WAC
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HELP THOSE IN NEED	0.		972,068.	MEDS/MED SUPPLY	WAC
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HELP THOSE IN NEED	0.		532,097.	MEDS/MED SUPPLY	WAC
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HELP THOSE IN NEED	0.		465,092.	MEDS/MED SUPPLY	WAC
		SUB-SAHARA AFRICA	HELP THOSE IN NEED	0.		11,568.	MEDS/MED SUPPLY	WAC

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	HELP THOSE IN NEED	0.		8,579.	MEDS/MED SUPPLY	WAC
		CENTRAL AMERICA AND THE CARIBBEAN	HELP THOSE IN NEED	0.		6,064.	MEDS/MED SUPPLY	WAC
		SUB-SAHARA AFRICA	HELP THOSE IN NEED	0.		5,231.	MEDS/MED SUPPLY	WAC

Part III can be duplicated if additional space is needed.

[illegible]

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

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.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DUNHAM+COMPANY - 6111 W PLANO PKWY SUITE 2700, PLANO, TX	SOLICITING		X	168,278.	578,768.	0.
GATEWAY COMMUNICATION - 16805 NE MASON COURT, PORTLAND, OR	SOLICITING		X	88,843.	216,052.	0.
Total				257,121.	794,820.	

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

AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO

MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV

WY

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

39

22421021 153541 2594413

2023.06020 MEDICAL TEAMS INTERNATIONAL 25944131

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 GALA & GATHERING (event type)	(b) Event #2 HEALTHY WOMEN HEALTH WORLD (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	323,069.	173,352.		496,421.
	2 Less: Contributions	70,480.	6,500.		76,980.
	3 Gross income (line 1 minus line 2)	252,589.	166,852.		419,441.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,000.	10,814.		16,814.
	7 Food and beverages	37,232.	29,320.		66,552.
	8 Entertainment	500.	7,300.		7,800.
	9 Other direct expenses	38,101.	10,790.		48,891.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				140,057.
	11 Net income summary. Subtract line 10 from line 3, column (d)				279,384.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DUNHAM+COMPANY

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

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATION

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

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

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

2023

**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)	324,877.	0.			HELP THOSE IN NEED
BIRCH COMMUNITY SERVICES 17780 NE SAN RAFAEL PORTLAND, OR 97230	93-1186020	501(C)(3)	0.	302,976.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
CLACKAMAS SERVICE CENTER 8800 SE 80TH AVE PORTLAND, OR 97206	93-0626175	501(C)(3)	0.	16,382.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
WILLIAM TEMPLE HOUSE 2023 NW HOYT ST PORTLAND, OR 97209	93-0559964	501(C)(3)	0.	25,389.	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.	10,662.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
ROSE HAVEN 1808 NW IRVING PORTLAND, OR 97209	93-1212633	501(C)(3)	0.	7,518.	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 28.

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

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

Schedule I (Form 990) 2023

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
VIRGINIA GARCIA MEMORIAL HEALTH - MCMINNVILLE - 115 NE MAY LN - MCMINNVILLE, OR 97128	91-2077840	501(C)(3)	0.	7,603.	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.	39,143.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
TACOMA NEEDLE EXCHANGE 3716 PACIFIC AVE F TACOMA, WA 98418	91-1435394	501(C)(3)	0.	10,647.	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.	14,000.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
CITY TEAM 634 SPROUL STREET CHESTER, PA 19013	94-1501265	501(C)(3)	0.	7,043.	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.	8,165.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
JOIN 1435 NE 81ST AVE #100 PORTLAND, OR 97213	93-1090005	501(C)(3)	0.	7,000.	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.	7,142.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
SHARE HOMELESS SHELTERS 2306 NE ANDERSON RD VANCOUVER, WA 98661	91-1205119	501(C)(3)	0.	6,662.	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
CENTRAL CITY CONCERN (IMANI CENTER) - 2040 SE POWELL BLVD - PORTLAND, OR 97202	93-0728816	501(C)(3)	0.	6,785.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
OPERATION NIGHTWATCH 302 14TH AVE S SEATTLE, WA 98144	91-0964027	501(C)(3)	0.	18,002.	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.	17,775.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
PORTLAND RESCUE MISSION 111 W. BURNSIDE PORTLAND, OR 97209	93-0429004	501(C)(3)	0.	22,321.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
NORTHWEST BIBLE TRAINING CENTER 23172 S BLUHM RD BEAVERCREEK, OR 97004	23-7071094	501(C)(3)	0.	23,464.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
ROAD TO HOPE 1500 NW 167TH PLACE BEAVERTON, OR 97006	93-1212633	501(C)(3)	0.	14,901.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
MOTHER & CHILD EDUCATION CENTER 1515 NE 41ST AVENUE PORTLAND, OR 97232	23-7097546	501(C)(3)	0.	8,380.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
ST. VINCENT DE PAUL 8101 SE CORNWELL ST PORTLAND, OR 97206	93-0456525	501(C)(3)	0.	8,201.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
SAVING GRACE MATERNITY HOME 6789 LOIS ST HILLSBORO, WA 97123	47-4088854	501(C)(3)	0.	8,138.	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
A CARING CLOSET 800 NE TENNEY ROAD SUITE 110-558 VANCOUVER, WA 98665	81-1517903	501(C)(3)	0.	6,741.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
WILD CAT RIDGE SANCTUARY 21389 HAZELNUT RIDGE RD SCOTTS MILLS, OR 97375	93-1320051	501(C)(3)	0.	6,518.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
CONFEDERATED TRIBES OF WARM SPRINGS - 1233 VETERANS ST - WARM SPRINGS, OR 97761	93-0383362	STATE OF OR	0.	6,485.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
NEW HEIGHTS CLINIC 5912 NE 78TH STREET VANCOUVER, WA 98665	91-2009672	501(C)(3)	0.	5,538.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED
NORTH BY NORTHEAST CHC 714 NE ALBERTA STREET PORTLAND, OR 97211	72-1618287	501(C)(3)	0.	5,183.	WAC	MEDS/MED SUPPLY	HELP THOSE IN NEED

Schedule I (Form 990)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

**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

2023

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (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.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ 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		

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

Schedule J (Form 990) 2023

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)	295,614.	0.	0.	21,470.	19,043.	336,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROGER SANDBERG VP, FIELD OPERATIONS	(i)	219,549.	0.	0.	12,026.	10,778.	242,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JONATHAN BEIGHLE INTERIM CEO	(i)	199,108.	0.	0.	14,570.	14,048.	227,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAM WEHBE CHIEF FINANCIAL OFFICER	(i)	198,452.	0.	0.	9,769.	14,023.	222,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL HOGAN VP, DEVELOPMENT	(i)	178,088.	0.	0.	13,436.	19,043.	210,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CASSONDRA PALACIOS DIRECTOR, DENTAL	(i)	176,032.	0.	0.	5,311.	11,136.	192,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL CHAPMAN SR. DIRECTOR, GLOBAL PROGRAMS	(i)	158,008.	0.	0.	8,938.	6,931.	173,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SEHE HAN MOBILE DENTIST	(i)	160,300.	0.	0.	932.	10,907.	172,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023

**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.

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	23	673,430.	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	1,448	22,416,760.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (HYGIENE/OTC)	X	48	527,198.	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 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.		

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

Schedule M (Form 990) 2023

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

SCHEDULE O
(Form 990)

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

2023

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.

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

CARE TO PEOPLE WHO HAVE BEEN IMPACTED BY EMERGENCIES AND CONFLICT AND

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

DURING FY24, THE COLOMBIA OFFICE CONTINUED TO WORK WITH SIMON BOLVAR FOUNDATION AS WELL AS FUNDING FROM NEW ZEALAND AND GERMANY. 916,831 PEOPLE WERE SERVED THROUGH THE HEALTH PROGRAMMING IN FY24 IN COLOMBIA.

ETHIOPIA: IN FY24, MEDICAL TEAMS CONTINUED ITS WORK WITH REFUGEES AND NATIONALS THROUGHOUT SOMALI, BENISHANGUL GUMZ, 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 TEAMS PROVIDED ASSISTANCE TO A CATCHMENT POPULATION OF 4,923,433. THIS LARGE NUMBER WAS ACHIEVED BY PROVIDING ASSISTANCE TO HOSPITALS TO INCREASE THEIR CAPACITY TO SERVE THE

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

POPULATION. DESPITE CONTINUED SECURITY RISKS, THE PROGRAM IS REACHING

THOSE MOST IN NEED WHILE WE STRIVE TO MAINTAIN THE SAFETY OF THE STAFF

AND ASSETS. ETHIOPIA DONORS IN FY24 INCLUDED UN, EUROPEAN, AND US

FUNDING.

SUDAN: IN FY24 MEDICAL TEAMS CONTINUED ITS RESPONSE TO THE REFUGEE

INFLUX FROM ETHIOPIA AND SOUTH SUDAN IN ADDITION TO INTERNAL CONFLICT

RESPONSE. IN FY24 MEDICAL TEAMS CONTINUED ITS RESPONSE IN WHITE NILE

AND GEDAREF STATES SUPPORTING PRIMARY HEALTH AND NUTRITION SERVICES FOR

REFUGEE AND HOST COMMUNITIES. THROUGH SERVICES IN HEALTH CLINICS AND

NUTRITION SITES, SUDAN SERVED A POPULATION OF 1,213,781 WITH THE

SUPPORT OF UN AGENCIES.

TANZANIA: IN FY24, MEDICAL TEAMS CONTINUED OPERATIONS IN WESTERN

TANZANIA, PROVIDING HEALTH AND NUTRITION SERVICES IN NYARUGUSU AND

NDUTA REFUGEE CAMPS, IN THE NEIGHBOURING COMMUNITIES, IN KIGOMA, AND IN

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 FY24 MEDICAL TEAMS CONTINUED TO

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

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 226,629 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

AND AWARENESS AND CONTINUED TO INFLUENCE THE HEALTH SECTOR IN UGANDA

WITH ACTIVE ENGAGEMENT IN COORDINATION. ACROSS UGANDA IN FY24, MEDICAL

TEAMS PROVIDED COMPREHENSIVE HEALTH AND NUTRITION SUPPORT TO 1,561,199

PEOPLE. FUNDING FOR THE UGANDA PROGRAM IN FY24 WAS FROM THE US, EUROPE,

AND UN AGENCIES.

UKRAINE: IN FY24, MEDICAL TEAMS CONTINUED ITS DIRECT SUPPORT FOR PEOPLE

IN UKRAINE THROUGH MOBILE MEDICAL UNITS. THESE MMUS INTEGRATED PRIMARY

AND MENTAL HEALTH SUPPORT TO REACH RURAL AREAS. GROUP ACTIVITIES AND

ONE ON ONE SESSIONS ARE OFFERED FOR MENTAL AND PSYCHOSOCIAL SUPPORT.

DURING FY24, 260,700 PEOPLE ARE ESTIMATED TO HAVE ACCESS TO HEALTH AND

PSYCHOSOCIAL SUPPORT THROUGH THE WORK OF MEDICAL TEAMS.

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

US PROGRAMS: MEDICAL TEAMS INTERNATIONAL SERVES 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 WHERE PATIENTS ARE CONNECTED

TO MEDICAL, BEHAVIORAL HEALTH, AND OTHER SOCIAL SERVICES. IN FY24,

MEDICAL TEAMS HELD 783 CLINICS, PROVIDING 2.6M USD IN DENTAL SERVICES,

AND WORKED ALONGSIDE NEARLY 400 VOLUNTEERS.

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

COLOMBIA, ETHIOPIA, SUDAN, TANZANIA,

UGANDA, UKRAINE

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 CFO AND THE FINANCE COMMITTEE OF THE

ORGANIZATION BEFORE A PUBLIC INSPECTION COPY IS MADE AVAILABLE TO THE FULL

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

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

Name of the organization

MEDICAL TEAMS INTERNATIONAL

Employer identification number

93-0878944

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.