

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: C Name of organization MEDICAL TEAMS INTERNATIONAL D Employer identification number 93-0878944 E Telephone number 503-624-1000

G Website: WWW.MEDICALTEAMS.ORG J Organization type 501(c)(3) K Check here if the organization is not a 509(a)(3) supporting organization L Gross receipts: 133,434,397.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program revenue, membership dues, interest, dividends, rents, investment income, sales of assets, special events, and inventory.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 6 STATEMENT 7	
22b Other grants and allocations (attach schedule) (cash \$ 1,328,067 noncash \$ 110,493,341) If this amount includes foreign grants, check here <input type="checkbox"/>	111,821,408.	111,821,408.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	681,006.	227,004.	227,001.	227,001.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	6,021,227.	4,461,761.	481,138.	1,078,328.
27 Pension plan contributions not included on lines 25a, b, and c	333,398.	257,290.	26,284.	49,824.
28 Employee benefits not included on lines 25a - 27	966,630.	745,970.	76,204.	144,456.
29 Payroll taxes	471,379.	298,500.	61,862.	111,017.
30 Professional fundraising fees				
31 Accounting fees	87,751.	64,600.	20,320.	2,831.
32 Legal fees	12,623.	9,293.	2,923.	407.
33 Supplies	1,462,241.	1,370,945.	16,492.	74,804.
34 Telephone	140,227.	106,212.	15,112.	18,903.
35 Postage and shipping				
36 Occupancy	539,503.	408,636.	58,140.	72,727.
37 Equipment rental and maintenance	335,685.	262,456.	16,180.	57,049.
38 Printing and publications				
39 Travel	833,309.	738,436.	30,654.	64,219.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	718,827.	592,716.	116,834.	9,277.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	3,644,837.	2,371,792.	174,530.	1,098,515.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	128,070,051.	123,737,019.	1,323,674.	3,009,358.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 12	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 8 	
(Grants and allocations \$ 22,666,143.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	25,414,099.
b SEE STATEMENT 9 	
(Grants and allocations \$ 30,026,574.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	34,066,256.
c SEE STATEMENT 10 	
(Grants and allocations \$ 58,680,972.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	58,707,415.
d SEE STATEMENT 11 	
(Grants and allocations \$ 447,718.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,549,249.
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	123,737,019.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	2,096,008.	45 1,643,851.
	46 Savings and temporary cash investments	1,000,000.	46 150,000.
	47 a Accounts receivable	47a 52,674.	47c 52,674.
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a 2,611,370.	48c 2,596,370.
	b Less: allowance for doubtful accounts	48b 15,000.	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use	7,501,871.	52 10,762,012.
	53 Prepaid expenses and deferred charges	242,862.	53 333,611.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54b 6,703,843.
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 10,916,316.	57c 7,427,010.
b Less: accumulated depreciation	STMT 13 57b 3,489,306.		
58 Other assets, including program-related investments (describe OTHER ASSETS)	20,345.	58 12,345.	
59 Total assets (must equal line 74). Add lines 45 through 58	29,334,267.	59 29,681,716.	
Liabilities	60 Accounts payable and accrued expenses	1,746,123.	60 1,332,617.
	61 Grants payable		61
	62 Deferred revenue	159,488.	62 127,489.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe)		65
66 Total liabilities. Add lines 60 through 65	1,905,611.	66 1,460,106.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	17,751,124.	67 20,307,202.
	68 Temporarily restricted	8,383,376.	68 6,615,252.
	69 Permanently restricted	1,294,156.	69 1,299,156.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	27,428,656.	73 28,221,610.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	29,334,267.	74 29,681,716.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	132,077,213.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-241,952.	
2	Donated services and use of facilities	b2	3,214,208.	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	2,972,256.
c	Subtract line b from line a		c	129,104,957.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	129,104,957.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	131,284,259.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	3,214,208.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	3,214,208.
c	Subtract line b from line a		c	128,070,051.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	128,070,051.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 15		639,463.	41,543.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization N/A _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>3,214,208.</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed OR, WA, CA		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	106
91 a	The books are in care of MEDICAL TEAMS INTERNATIONAL Telephone no. 503-624-1000 Located at 14150 SW MILTON CT, TIGARD, OR ZIP + 4 97224		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country SEE STATEMENT 16		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country **SEE STATEMENT 18**
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MDCC SERVICE FEES					378,236.
b HANDLING FEES					342,113.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	591,515.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-29,075.	
101 Net income or (loss) from special events			01	155,468.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	57,348.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		775,256.	720,349.
105 Total (add line 104, columns (B), (D), and (E))					1,495,605.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: _____ Date: _____
PAMELA BLIKSTAD, VP OF FINANCE
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **MOSS ADAMS LLP**
805 SW BROADWAY, #1200
PORTLAND, OREGON 97205 EIN: _____
 Phone no.: **(503) 242-1447**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization MEDICAL TEAMS INTERNATIONAL	Employer identification number 93 0878944
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RICHARD FREDERICK 1920 116TH AVENUE NE SUITE 201, BELLE	DIR WEST WASHINGTON 40.00	85,738.	5,781.	
CAROL KOLLER 14150 SW MILTON CT., PORTLAND, OR 972	DIR MAJOR DONOR DEV 40.00	84,660.	5,698.	
JANIS LINDSTEADT 14150 SW MILTON CT., PORTLAND, OR 972	DIR OF TECHNICAL SVC 40.00	84,408.	5,687.	
VICKIE KEHLER 14150 SW MILTON CT., PORTLAND, OR 972	DIR HUMAN RESOURCES 40.00	84,240.	4,316.	
DAVID BELTZ 14150 SW MILTON CT, PORTLAND, OR 9722	DIR INTL COMMODITIES 40.00	80,957.	5,457.	
Total number of other employees paid over \$50,000 ▶	22			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
THE KELLER GROUP 7900 W SNOQUALMIE VALLEY RD NE, CAMATION, WA 9801	MEDIA CONSULTANT	85,501.
THE COLLINS GROUP 501 E PINE ST, SUITE 201, SEATTLE, WA 98122	CAPITAL CAMPAIGN	84,016.
MONTERO PRODUCTIONS 10628 NE 13TH STREET, BELLEVUE, WA 98004	EVENT MANAGEMENT	69,640.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	87030860.	116,741,421.	238,531,495.	145,743,901.	588047677.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,295,841.	501,196.	501,689.	432,105.	2,730,831.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	878,502.	615,131.	198,306.	344,976.	2,036,915.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	241,263.	167,849.	SEE STATEMENT 19 69,512.	128,033.	606,657.
23 Total of lines 15 through 22	89446466.	118,025,597.	239,301,002.	146,649,015.	593422080.
24 Line 23 minus line 17	88150625.	117,524,401.	238,799,313.	146,216,910.	590691249.
25 Enter 1% of line 23	894,465.	1,180,256.	2,393,010.	1,466,490.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 11813825.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 590691249.
d Add: Amounts from column (e) for lines: 18 2,036,915. 19 _____ 22 606,657. 26b _____					26d 2,643,572.
e Public support (line 26c minus line 26d total)					26e 588047677.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.5525%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b Other transactions:		
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	3,738,502.	3,748,964.	0.	-10,462.
TO FORM 990, PART I, LINE 8	3,738,502.	3,748,964.	0.	-10,462.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
TOYOTA HI-ACE LH	05/06/05	12/31/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
MR. N.W.J.P THUSITHANANDA	15,489.	14,311.	0.	0.	1,178.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2003 JEEP	03/01/06	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VINEYARD USA	0.	8,622.	0.	0.	-8,622.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2005 CHEVY VAN	02/16/06	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VINEYARD USA	0.	11,169.	0.	0.	-11,169.
TO FM 990, PART I, LN 8	15,489.	34,102.	0.	0.	-18,613.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
PORTLAND DINNER	930,499.	715,918.	214,581.	159618.	54,963.
WOODLAND BANQUET	86,935.	86,935.		0.	0.
SEATTLE AUCTION	1490663.	1003402.	487,261.	386756.	100,505.
TO FM 990, PART I, LINE 9	2508097.	1806255.	701,842.	546374.	155,468.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS	-241,952.
TOTAL TO FORM 990, PART I, LINE 20	-241,952.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	210,875.	160,432.	45,871.	4,572.
VEHICLES	472,888.	460,799.	1,419.	10,670.
CONSULTANTS	396,136.	126,018.	9,439.	260,679.
MARKETING	205,773.	24,840.	1,112.	179,821.
ADVERTISING	460,651.	0.	0.	460,651.
OTHER EXPENSES	516,342.	284,028.	64,294.	168,020.
OTHER CONSULTING SVCS	226,264.	166,570.	52,395.	7,299.
PROGRAM ACTIVITIES	1,155,908.	1,149,105.	0.	6,803.
TOTAL TO FM 990, LN 43	3,644,837.	2,371,792.	174,530.	1,098,515.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
MEDICAL AND OTHER RELIEF AFRICA PROJECTS 14150 SW MILTON CT TIGARD, OR 97224	270,287.
MEDICAL AND OTHER RELIEF ASIA PROJECTS 14150 SW MILTON CT TIGARD, OR 97224	456,485.
MEDICAL AND OTHER RELIEF LATIN AMERICA PROJECTS 14150 SW MILTON CT TIGARD, OR 97224	322,955.
MEDICAL AND OTHER RELIEF UNITED STATES PROJECTS 14150 SW MILTON CT TIGARD, OR 97224	257,672.
MEDICAL AND OTHER RELIEF DISASTER AND OTHER DEVELOPMENT 14150 SW MILTON CT TIGARD, OR 97224	20,668.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,328,067.

FORM 990

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 7

CLASS OF ACTIVITY: MEDICAL SUPPLIES

DONEE'S NAME AND ADDRESS

AFRICA PROJECTS
14150 SW MILTON CT
TIGARD, OR 97224

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
UNRELATED	MEDICAL SUPPLIES	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COMPARABLE SALES

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COMPARABLE SALES	14,484,468.	14,484,468.

CLASS OF ACTIVITY: MEDICAL SUPPLIES

DONEE'S NAME AND ADDRESS

ASIA PROJECTS
14150 SW MILTON CT
TIGARD, OR 97224

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
UNRELATED	MEDICAL SUPPLIES	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COMPARABLE SALES

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COMPARABLE SALES	22,721,372.	22,721,372.

CLASS OF ACTIVITY: MEDICAL SUPPLIES

DONEE'S NAME AND ADDRESS

LATIN AMERICA
 14150 SW MILTON CT
 TIGARD, OR 97224

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
UNRELATED	MEDICAL SUPPLIES	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COMPARABLE SALES

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COMPARABLE SALES	44,601,331.	44,601,331.

CLASS OF ACTIVITY: MEDICAL SUPPLIES

DONEE'S NAME AND ADDRESS

UNITED STATES PROJECTS
 14150 SW MILTON CT
 TIGARD, OR 97224

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
UNRELATED	MEDICAL SUPPLIES	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COMPARABLE SALES

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COMPARABLE SALES	1,027,493.	1,027,493.

CLASS OF ACTIVITY: MEDICAL SUPPLIES

DONEE'S NAME AND ADDRESS

DISTRIBUTION CENTER
14150 SW MILTON CT
TIGARD, OR 97224

RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
UNRELATED	MEDICAL SUPPLIES	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COMPARABLE SALES

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
COMPARABLE SALES	27,658,677.	27,658,677.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	110,493,341.
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DESCRIPTION OF PROGRAM SERVICE ONE

AFRICA: MEDICAL TEAMS INTERNATIONAL (MTI) DEPLOYED TWENTY-TWO VOLUNTEER HEALTH CARE TEAMS TO CAMEROON, ETHIOPIA, LIBERIA, MALI AND NIGER. TEAMS PROVIDED SERVICES AND TRAINING IN THE AREAS OF HIV/AIDS, GENERAL SURGERY, FAMILY PRACTICE, DENTAL, ORTHOPEDIC SURGERY, PEDIATRICS, OBSTETRICS AND GYNECOLOGY, PLASTIC SURGERY, ANESTHESIOLOGY, PATHOLOGY, ULTRASOUND TRAINING, NURSE TRAINING AND PHARMACY TRAINING. MTI SHIPPED LIFE SAVING MEDICINES, SUPPLIES AND EQUIPMENT TO LIBERIA AND NIGER.

IN BURKINA FASO, MTI PARTNERED WITH A LOCAL ORGANIZATION IN A HYGIENE AND SANITATION PROJECT IN WHICH 100 LATRINES WERE CONSTRUCTED, 1,015 PEOPLE WERE TRAINED IN BASIC GOOD HYGIENE AND SANITATION PRACTICES, AND 15 VILLAGE COMMITTEES WERE ESTABLISHED TO PROMOTE HEALTHY PRACTICES. THE PROJECT RESULTED IN A 60% REDUCTION IN ILLNESSES RELATED TO POOR SANITATION AND HYGIENE.

IN LIBERIA, MTI IS IMPLEMENTING A USAID CHILD SURVIVAL PROJECT SERVING 127,000 PEOPLE INCLUDING THE TARGET POPULATION OF 58,000 CHILDREN UNDER FIVE AND WOMEN OF REPRODUCTIVE AGE IN GRAND CAPE MOUNT COUNTY. MTI IS TRAINING COUNTY HEALTH WORKERS AND COMMUNITY MEMBERS IN THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES AND IS ALSO ASSISTING FIVE GOVERNMENT CLINICS IN GRAND CAPE MOUNT COUNTY BY PROVIDING OPERATIONAL SUPPORT, STAFF TRAINING, ESSENTIAL MEDICINES AND MEDICAL SUPPLIES. TRAINING IN PROJECT CYCLE MANAGEMENT WAS ALSO PROVIDED BY MTI FOR STAFF IN LIBERIA.

IN ETHIOPIA AND MOZAMBIQUE, MTI PROVIDED SUPPORT TO LOCAL PARTNERS FOR HIV/AIDS PROJECTS AND PROVIDED TECHNICAL ASSISTANCE IN PROPOSAL WRITING FOR GRANT SUBMISSION TO THE US GOVERNMENT. HOME BASED CARE GIVERS AND VOLUNTEER COUNSELORS WERE TRAINED TO PROVIDE COUNSELING AND QUALITY HOME BASED CARE TO PEOPLE LIVING WITH HIV/AIDS. ORPHANS AND VULNERABLE CHILDREN (OVC) WERE PROVIDED WITH EDUCATIONAL, NUTRITIONAL SUPPORT AND COUNSELING SERVICES. THOUSANDS OF YOUTHS AND ADULTS PARTICIPATED IN HIV INFECTION PREVENTION EDUCATION. MTI DEPLOYED TEAMS TO PROVIDE PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT) TRAINING TO LOCAL HEALTH CARE PROVIDERS.

IN UGANDA, IN RESPONSE TO THE HUMANITARIAN CRISIS IN UGANDA CAUSED BY THE REBEL FIGHTING, MTI IS IMPLEMENTING EMERGENCY HEALTH CARE AND PREVENTIVE HEALTH PROGRAMMING. THE GOAL IS TO INCREASE ACCESS TO HEALTH SERVICES, SUCH AS TREATMENT OF COMMON DISEASES AND HEALTH EDUCATION, AND INCREASE AVAILABILITY OF WATER AND SANITATION TO 140,000 INTERNALLY DISPLACED AND RESETTLING RESIDENTS IN 8 HEALTH CENTERS AND 2 MOBILE MEDICAL UNITS IN LIRA AND PADER DISTRICTS. MTI IS BUILDING THE CAPACITY OF LOCAL HEALTH CARE PROVIDERS AND CLINICS TO SERVE THEIR OWN COMMUNITIES. MTI HAS REHABILITATED ONE HEALTH CENTER AND IS IN PROCESS OF REHABILITATING ONE MORE. IN ADDITION, MTI ALSO COMPLETED CONSTRUCTION OF THE OGUR YOUTH INFORMATION AND CARE CENTER WHICH PROVIDES YOUTH-FRIENDLY SERVICES TO PREVENT HIV INFECTION, PROMOTE HEALTHY BEHAVIORS AND INCREASE COUNSELING AND TESTING SERVICES. IN FY 08, THE OGUR YOUTH CENTER IMPACTED THE LIVES OF NEARLY 25,000 VULNERABLE INDIVIDUALS.

WEST DARFUR, SUDAN: IN PARTNERSHIP WITH THE GLOBAL RELIEF ALLIANCE AND IN-COUNTRY STAFF, MEDICAL TEAMS INTERNATIONAL PROVIDED HEALTH CARE SERVICES FOR 60,000 PEOPLE IN THREE VILLAGES OUTSIDE OF EL GENEINA, WEST DARFUR. MEDICAL TEAMS INTERNATIONAL STAFF AT HEALTH CLINICS IN UM TAGOUK AND SANIDADI (TWO OF THE VILLAGES IN EL GENEINA) TRAIN LOCAL HEALTH WORKERS AND TREAT NEARLY 100 PATIENTS EACH DAY. MTI IS ALSO TRAINING MEDICAL ASSISTANTS FOR VILLAGE CLINICS AND COMMUNITY HEALTH PROMOTERS. TRAINING INCLUDES MALARIA TREATMENT PROTOCOLS, SANITATION AND HYGIENE, CONTROL OF DIARRHEAL DISEASE AND CLINIC MANAGEMENT. WITH FEW RELIEF AGENCIES ASSISTING UM TAGOUK AND SANIDADI DISTRICTS, THIS TRAINING IS GREATLY NEEDED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	22,666,143.	25,414,099.
	22,666,143.	25,414,099.

DESCRIPTION OF PROGRAM SERVICE TWO

ASIA: IN VIETNAM, MTI CONTINUED THE "HIGHWAY 5 EMERGENCY MEDICAL CAPACITY BUILDING INITIATIVE". TO DATE, THIS PROJECT HAS DEPLOYED FIVE EMS FIRST RESPONDER TRAINING TEAMS TO THE PROJECT SITE IN HAI DUONG PROVINCE, PROVIDING TRAINING TO 80 FIRST RESPONDERS OVER COMBINED TOTAL OF 8 WEEKS OF TRAINING. IN ADDITION, MTI PROVIDED WORLD CONCERN WITH MEDICAL SPECIALISTS TO WORK WITH VIETNAMESE LIVING WITH DISABILITIES IN THE NORTHERN PROVINCES OF VIETNAM.

SEVEN TEAMS WERE DEPLOYED TO CAMBODIA TO PROVIDE A COMBINATION OF DIRECT MEDICAL AND DENTAL CARE THROUGH OUR PARTNERS ANGKOR HOSPITAL FOR CHILDREN AND FOURSQUARE CHILDREN OF PROMISE. MEDICAL TEACHING WAS PROVIDED TO DOCTORS AND NURSES AT AHC AND DENTAL CARE AND EDUCATION WAS PROVIDED FOR ORPHANS AND RESIDENTS OF COMMUNITIES DIRECTLY ADJACENT TO THE ORPHAN HOMES. WITH THE SECOND YEAR OF THE SOT NIKUM COMMUNITY HEALTH PROJECT THROUGH FY2008, 2890 INFANTS HAVE BEEN ENROLLED IN THE GROWTH MONITORING PROGRAM. 800 MOTHERS AND 400 PREGNANT WOMEN HAVE BEEN TRAINED IN MATERNAL AND CHILD HEALTH CARE. 2,600 COMMUNITY MEMBERS HAVE LEARNT THE DANGER SIGNS OF TB AND MALARIA IN ORDER TO ACCESS HEALTH CLINICS AND PROFESSIONALS. OVER 4000 INSECTICIDE TREATED BED NETS HAVE BEEN DISTRIBUTED WITH 'HOW TO' INSTRUCTIONS TO FAMILIES WITH YOUNG CHILDREN.

OVER THE LAST YEAR THE EMS PROGRAM IN SRI LANKA HAS TRAINED OVER 700 PEOPLE IN PRE-HOSPITAL CARE/ EMERGENCY MEDICAL TRAINING AND DEVELOPED INTERNATIONAL BEST GUIDELINES PRACTICE WHICH HAS BEEN ADOPTED BY PARTNERS AND GOSL. A CONTEXTUALIZED EMERGENCY MEDICAL TRAINER TEXTBOOK AND TRAINING VIDEO HAS BEEN PRODUCED IN SINHALA AND TAMIL, AND MTI HAS DEVELOPED THE SUSTAINABLE PRODUCTION OF EMS EQUIPMENT THROUGH LOCAL SUPPLIERS. MTI HAS CREATED NATIONAL EMERGENCY AMBULANCE REGULATIONS AND IN PARTNERSHIP WITH GOSL AND THE NETHERLANDS 18 CITIES ARE RECEIVING EQUIPPED AMBULANCES. MTI HAS MOBILIZED A CONSORTIUM OF EMS PARTNERS INCLUDING: MUNICIPAL COUNCILS / FIRE BRIGADES; SRI LANKA RED CROSS; SARVODAYA; MULTIPLE NGOS, THE MOH AND THE TRAUMA SECRETARIAT THROUGH THE NATIONAL CONFERENCE OF THE TRAUMA SECRETARIAT. A TOTAL OF 9 TEAMS WERE DEPLOYED TO SUPPORT THE EMS SYSTEMS DEVELOPMENT AND TRAINING PROGRAM AND THE COUNTRY OFFICE. MTI HAS CONTINUED WITH THEIR PILOT PRE-HOSPITAL

PROJECT AND SENT OUT A BUILDING CONSULTANT TO ASSIST WITH QUALITY CONTROL OF THE HOSPITAL CONSTRUCTION.

THROUGH OUR COMMUNITY HEALTH PROJECT IN SRI LANKA, 19 MOH CLINICS HAVE BEEN UPGRADED AND EQUIPPED WITH MOH STAFF RECEIVING TRAINING ON COMMUNITY HEALTH INFORMATION SYSTEMS AND CHILD HEALTH EDUCATION. 16 HEALTH FACILITATORS AND 320 HEALTH VOLUNTEERS HAVE RECEIVED CHILD HEALTH CURRICULA TRAINING TO SERVE THE PROJECT COMMUNITIES, INVOLVING APPROXIMATELY 3000 MOTHERS PARTICIPATING IN HEALTH EDUCATION ON CHILD HEALTH PRACTICES.

IN INDONESIA MTI HAS FOCUSED EFFORTS ON TWO COMMUNITY HEALTH PROGRAMS AND A WATER AND SANITATION PROGRAM. ON NIAS ISLAND APPROXIMATELY 10,700 CHILDREN UNDER 5 ARE BEING SERVED THROUGH OUR PROGRAMS AND 7200 PEOPLE HAVE ATTENDED COMMUNITY EDUCATION CAMPAIGNS INCLUDING NUTRITION AND EXCLUSIVE BREAST FEEDING. OVER 1100 MOTHERS WITH CHILDREN UNDER 2 YRS EACH VISIT MTI SUPPORTED CLINICS EACH MONTH. 440 HEALTH VOLUNTEERS AND TRADITIONAL BIRTH ATTENDANTS HAVE RECEIVED ONGOING TRAINING IN NUTRITION, SAFE MOTHERHOOD, IMMUNIZATION AND COMMUNITY MOBILIZATION AND ARE ACTIVE EACH MONTH. OUR COMMUNITY HEALTH PROGRAM IN PIDIE HAS DELIVERED 388 HEALTH EDUCATION TRAININGS IN 97 VILLAGES. OVER 1200 VILLAGE HEALTH VOLUNTEERS HAVE BEEN TRAINED IN HEALTH RECORD KEEPING SYSTEMS AND HEALTH CLINIC ACTIVITIES, WITH 194 RECEIVING SPECIFIC TRAINING ON CHILD HEALTH EDUCATION AND PROMOTION. 149 TRADITIONAL BIRTH ATTENDANTS HAVE RECEIVED CHILD AND MATERNAL HEALTH EDUCATION. APPROXIMATELY 2600 CHILDREN UNDER 5 PER MONTH VISIT THE LOCAL CLINICS THAT HAVE BEEN TRAINED AND REFURBISHED BY MTI. 240 FAMILIES HAVE ACCESS TO YEAR-ROUND CLEAN WATER THROUGH OUR WATER AND SANITATION PROJECT. 164 RAINWATER CATCHMENT UNITS HAVE BEEN CONSTRUCTED BY VILLAGE WATER COMMITTEES. IN FY08, 2 DENTAL TEAMS WERE ABLE TO PROVIDE EXTRACTION AND RESTORATIVE SERVICES ALONG WITH ORAL HYGIENE EDUCATION TO OVER 1100 PEOPLE WORKING SIDE BY SIDE WITH DENTAL STUDENTS AND LOCAL PROJECT STAFF.

MTI DEPLOYED 13 VOLUNTEER DENTAL, CONSTRUCTION, SOCIAL WORK AND MEDICAL TEAMS TO ROMANIA AND MOLDOVA. WORK TEAMS PROVIDED RECONSTRUCTION OF CAMPGROUND FACILITIES, A TRANSITION HOME FOR CHILDREN IN ROMANIA, AND RENOVATION OF A PEDIATRIC REHABILITATION ROOM AT THE CHILDREN'S REPUBLICAN HOSPITAL IN MOLDOVA. FOUR EMS TRAINING CENTERS WERE OPENED UP ACROSS MOLDOVA AND TRAINING WAS CONDUCTED FOR OVER 1400 STUDENTS. STAFF AND VOLUNTEERS DISTRIBUTED CLOTHING, FOOD, MEDICINES AND MEDICAL SUPPLIES TO HEALTH ORGANIZATIONS, NGOS, FAMILIES IN VILLAGES, VARIOUS ORPHANAGES, AND

HOSPITALS. MTI SHIPPED CONTAINERS TO ROMANIA AND MOLDOVA.

MTI PROVIDED FUNDING TO TWO PARTNERS IN AFGHANISTAN, CURE INTERNATIONAL'S HOSPITAL PROGRAM IN KABUL AND THE MORNINGSTAR DEVELOPMENT'S TANGI SAIDAN COMMUNITY CENTER MEDICAL CLINIC. THREE TEAMS SERVED IN AFGHANISTAN. SIX TEAMS SERVED IN UZBEKISTAN, WHERE MTI CONTINUED TO PROVIDE EMS TRAINING AROUND THE COUNTRY. AT THE END OF THE FISCAL YEAR, IN JUNE 2008, MTI COMPLETED THE MICRO-FINANCE AND CHICKEN RAISING PROGRAMS IN UZBEKISTAN, AND HANDED OVER TO PARTNERS WHO WILL CONTINUE IMPLEMENTING THE PROJECTS IN THE FUTURE. IN TAJIKISTAN, MTI CONTINUED TO IMPLEMENT EMS TRAINING IN DUSHANBE AND GBAO REGION.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
30,026,574.	34,066,256.
30,026,574.	34,066,256.

DESCRIPTION OF PROGRAM SERVICE THREE

LATIN AMERICA: MTI FUNDED THE SAN ISIDRO COMMUNITY CLINIC, IMPLEMENTED AN HIV/ AIDS PREVENTION PROJECT, SHIPPED THREE CONTAINERS OF HUMANITARIAN AID, AND SENT 15 VOLUNTEER MEDICAL TRAINING, DENTAL AND CONSTRUCTION TEAMS THROUGHOUT THE COUNTRY OF HONDURAS. IN ADDITION, MTI DEPLOYED FIVE VOLUNTEER MEDICAL AND SURGICAL TEAMS TO PERU, FOUR VOLUNTEER MEDICAL TEAMS TO EL SALVADOR, TWO MEDICAL TEAMS TO BOLIVIA, TWO DENTAL TEAMS TO GUATEMALA, ONE DENTAL TEAM AND ONE MIDWIFE TRAINING TEAM TO NICARAGUA, AND FOUR MEDICAL AND ASSESSMENT TEAMS TO HAITI.

MTI PROVIDED ASSISTANCE IN COMMUNITY HEALTH PROJECTS INCLUDING COMMUNITY HEALTH EDUCATION, TECHNICAL TRAINING, LITERACY, NUTRITION, MEDICAL AND DENTAL CLINICS, AND CHILD DEVELOPMENT IN OAXACA AND MEXICO CITY, AND DEPLOYED 14 VOLUNTEER MEDICAL AND WORK TEAMS TO SUPPORT CLINIC AND COMMUNITY DEVELOPMENT IN MEXICO.

MTI SHIPPED FIVE CONTAINERS TO HAITI, BOLIVIA AND HONDURAS DURING THE PERIOD.

IN RESPONSE TO HURRICANE KATRINA, MTI DEPLOYED 10 VOLUNTEER WORK TEAMS TO LOUISIANA TO ASSIST IN THE RECOVERY OF THE AFFECTED AREAS. IN LOUISIANA, MTI ACTIVITIES INVOLVED PROVIDING RECONSTRUCTION ASSISTANCE FOR 24 FAMILIES. MTI WAS ALSO ABLE TO PROVIDE GRANTS TO OTHER AGENCIES INVOLVED WITH RELIEF EFFORTS INCLUDING JUST THE RIGHT ATTITUDE FOOD BANK, YES I CAN MINISTRIES, VINEYARD MERCY RESPONSE, AND HEALING HEARTS FOR COMMUNITY DEVELOPMENT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	58,680,972.	58,707,415.
	58,680,972.	58,707,415.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 11

DESCRIPTION OF PROGRAM SERVICE FOUR

UNITED STATES/OTHER: IN OREGON AND WASHINGTON, MOBILE DENTAL CLINICS PROVIDED FREE DENTAL CARE TO 14,621 LOW INCOME, WORKING POOR, MIGRANT FARM WORKERS, AND HOMELESS PERSONS WHO DO NOT HAVE DENTAL INSURANCE OR THE ABILITY TO PAY FOR NEEDED TREATMENT.

MTI ALSO DISTRIBUTED SUPPLIES AND PHARMACEUTICALS TO APPROXIMATELY 60 AGENCIES PROVIDING AID FOR LOCAL LOW-INCOME AND AT-RISK PERSONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	447,718.	5,549,249.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 12
PART III

EXPLANATION

VOLUNTARY CHRISTIAN RELIEF AND DEVELOPMENT ORGANIZATION DEDICATED TO PROVIDING MEDICAL CARE, SUPPLIES AND HEALTH EDUCATION TO PEOPLE IN NEED WORLDWIDE.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 13

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING & IMPROVEMENTS	5,349,747.	636,411.	4,713,336.
LEASEHOLD IMPROVEMENTS	1,341.	1,341.	0.
VEHICLES	2,422,335.	1,644,782.	777,553.
FURNITURE & FIXTURES	23,030.	9,184.	13,846.
EQUIPMENT	168,534.	128,048.	40,486.
SOFTWARE & COMPUTERS	1,057,221.	360,182.	697,039.
EXHIBITS	211,325.	152,365.	58,960.
ASSETS HELD OVERSEAS	1,682,783.	556,993.	1,125,790.
TOTAL TO FORM 990, PART IV, LN 57	10,916,316.	3,489,306.	7,427,010.

FORM 990 OTHER SECURITIES STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	6,703,843.
LOAN FUND INVESTMENTS	FMV	0.
TO FORM 990, LINE 54B, COL B		6,703,843.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BAS VANDERZALM 14150 SW MILTON CT TIGARD, OR 97224	PRESIDENT & CEO 40.00	149,000.	14,040.	0.
WILLIAM ESSIG 14150 SW MILTON CT TIGARD, OR 97224	VP OF INT. PROGRAMS 40.00	118,327.	7,976.	0.
SUSAN REDKEY 1920 116TH AVE., SUITE 210 BELLEVUE, WA 98004	VP OF RESOURCE DEVELOPMENT 40.00	101,463.	6,795.	0.
PAMELA BLIKSTAD 14150 SW MILTON CT TIGARD, OR 97224	VP OF FINANCE 40.00	96,264.	6,486.	0.
DAVID VAN VUUREN 14150 SW MILTON CT TIGARD, OR 97224	VP OF ADMINISTRATION 40.00	92,827.	6,246.	0.
R MARLENE MINOR 14150 SW MILTON CT TIGARD, OR 97224	VP OF MOBILE DENTAL PROGRAMS 40.00	81,582.	0.	0.
BERT WAUGH 14150 SW MILTON CT TIGARD, OR 97224	CHAIR 5.00	0.	0.	0.

RON KING 14150 SW MILTON CT TIGARD, OR 97224	VICE CHAIR 5.00	0.	0.	0.
JOAN WALLACE 14150 SW MILTON CT TIGARD, OR 97224	SECRETARY 5.00	0.	0.	0.
DON PETERSEN 14150 SW MILTON CT TIGARD, OR 97224	TREASURER 5.00	0.	0.	0.
DR. TODD ULMER 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
GEORGENE RICE 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
DR. JEFF RIDEOUT 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
JIN PARK 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
GARY T. DUIM 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
DR. TRAVIS CAVENS 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
BOB ELFERS 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
NATE MILES 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
MIKE HOLZGANG 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
PHIL LANE 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.

BARBARA PALMER 14150 SW MILTON CT TIGARD, OR 97224	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>639,463.</u>	<u>41,543.</u>	<u>0.</u>

FORM 990	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 16
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NAME OF COUNTRY

CAMBODIA
INDONESIA
MEXICO
UGANDA
MOLDOVA
SRI LANKA
UZBEKISTAN
VIETNAM
LIBERIA
TAJIKISTAN

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 17
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
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93A	SERVICE FEES ARE CHARGED FOR SERVICES PROVIDED BY THE MOBILE DENTAL VANS. THE MOBILE DENTAL VANS PROVIDE LOW COST OR FREE DENTAL SERVICES FOR THE INDIGENT.
93B	HANDLING FEES ARE CHARGED TO HELP OFFSET THE COSTS OF SHIPPING GIK TO OVERSEES PROGRAMS. GIK GOODS ARE USED TO HELP PROVIDE ASSISTANCE TO PEOPLE IN NEED

FORM 990	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS AN OFFICE	STATEMENT 18
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NAME OF COUNTRY

CAMBODIA
INDONESIA
MEXICO
UGANDA
MOLDOVA

SRI LANKA
 UZBEKISTAN
 VIETNAM
 LIBERIA
 TAJIKISTAN

SCHEDULE A	OTHER INCOME			STATEMENT 19
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	241,263.	167,849.	69,512.	128,033.
TOTAL TO SCHEDULE A, LINE 22	241,263.	167,849.	69,512.	128,033.

Depreciation and Amortization 990
(Including Information on Listed Property)

2007

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MEDICAL TEAMS INTERNATIONAL

FORM 990 PAGE 2

93-0878944

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	718,827.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	718,827.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details

27 Property used 50% or less in a qualified business use: Table with columns for percentage and other details

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding policy statements and requirements for vehicle use

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2007 tax year: Table with columns for percentage and other details

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44