

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 7/01, 2008, and ending 6/30, 2009

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

2008

Department of the Treasury
Internal Revenue Service

Name of exempt organization Medical Teams International Employer identification number 93-0878944

Name and title of officer Pamela Blikstad
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>135,584,359</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } 10/19/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

93033010086
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____ Date } _____

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

Medical Teams International
 Form **990-W**
 (WORKSHEET)
 Department of the Treasury
 Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable
 Income for Tax-Exempt Organizations**
 (and on Investment Income for Private Foundations)
 (Keep for your records. Do not send to the Internal Revenue Service.)

OMB No. 1545-0976

2009

1	Unrelated business taxable income expected in the tax year	1
2	Tax on the amount on line 1. See instr. for tax computation	2
3	Alternative minimum tax (see instructions)	3
4	Total. Add lines 2 and 3	4
5	Estimated tax credits (see instructions)	5
6	Balance. Subtract line 5 from line 4	6
7	Other taxes (see instructions)	7
8	Total. Add lines 6 and 7	8
9	Credit for federal tax paid on fuels (see instructions)	9
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a
b	Enter the tax shown on the 2008 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b
c	2009 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions)	11	10/15/09	12/15/09	3/15/10	6/15/10
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12				
13	2008 Overpayment (see instructions)	13				
14	Payment due. (Subtract line 13 from line 12.)	14				

For Paperwork Reduction Act Notice, see the instructions on page 8.

Form **990-W** (2009)

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)

2008

Open to Public Inspection

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 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

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 country, and ZIP + 4
Tigard OR 97224

D Employer identification number
93-0878944

E Telephone number
503-624-1000

G Gross receipts \$ 139,681,461

F Name and address of principal officer:
Bastian Vanderzalm
14150 SW Milton Ct
Tigard OR 97224

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: www.medicalteams.org

H(c) Group exemption number u

K Type of organization: Corporation Trust Association Other u

L Year of formation: 1979 **M** State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Voluntary Christian Relief and Development Organization Dedicated to Providing Medical Care, Supplies, and Health Education to People in need Worldwide.</u>		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>14</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>14</u>
	5 Total number of employees (Part V, line 2a)	5	<u>117</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>2147</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>127,609,352</u>	<u>134,200,798</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>720,349</u>	<u>802,957</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>591,515</u>	<u>185,524</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>183,741</u>	<u>395,080</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>129,104,957</u>	<u>135,584,359</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>111,821,408</u>	<u>118,038,459</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>8,002,261</u>	<u>7,701,276</u>
	b Total fundraising expenses (Part IX, column (D), line 25) <u>u</u> <u>2,054,415</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>8,246,382</u>	<u>15,431,201</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>128,070,051</u>	<u>141,170,936</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>1,034,906</u>	<u>-5,586,577</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>29,681,716</u>	<u>23,400,010</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,460,106</u>	<u>1,228,020</u>

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: Pamela Blikstad CFO Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (see instructions): P00036435

Firm's name (or yours if self-employed), address, and ZIP + 4: Jones & Roth, P.C.
P.O. Box 10086
Eugene, OR 97440

EIN: u 93-0819646 Phone no.: u 541-687-2320

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

Voluntary Christian Relief and Development Organization Dedicated to Providing Medical Care, Supplies, and Health Education to People in need Worldwide.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 137,870,562 including grants of \$ 118,038,459) (Revenue \$)

See Schedule O

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u \$ 137,870,562 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	38		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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	117		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
4b	If "Yes," enter the name of the foreign country: u See Schedule O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	<u>14</u>	
1b	Enter the number of voting members that are independent	<u>14</u>	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed u <u>OR, CA, CT, IL, LA, MD, MI, MN, MS, NJ, WA</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u <u>Medical Teams International</u> <u>14150 SW Milton Ct.</u> <u>Tigard</u> <u>OR 97224</u> <u>503-624-1000</u>

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

I List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

I List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

I 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.

I List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Gary T. Duim Director	1	X					0	0	0	
Georgene Rice Director	1	X					0	0	0	
Paul Hathaway Director	1	X					0	0	0	
Dr. Jeff Rideout Director	1	X					0	0	0	
Ron King Vice Chair	1	X					0	0	0	
Dr. Todd Ulmer Director	1	X					0	0	0	
Phil Lane Director	1	X					0	0	0	
Nate Miles Director	1	X					0	0	0	
Joan Wallace Director	1	X					0	0	0	
Jin Park Director	1	X					0	0	0	
Bert Waugh Board Chair	1	X					0	0	0	
Don Petersen Director	1	X					0	0	0	
Dr. Nancy Wilgenbusch Director	1	X					0	0	0	
Jeff Pinneo Director	1	X					0	0	0	
Bastian Vanderzalm Pres/ CEO	40			X			149,867	0	19,865	
William Essig VP In't Prog	40			X			114,801	0	17,180	
Pamela Blikstad VP/CFO	40			X			95,397	0	15,127	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
R Marlene Minor VP of Commun	40			X				93,316	0	8,175
David Van Vuuren VP of Admin	40			X				90,812	0	12,348
Linda Ranz VP of RD	40			X				55,559	0	244
1b Total							u	599,752		72,939

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **u 2**

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

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **u**

0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,752,922			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,113,330			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	131,334,546			
	g Noncash contributions included in lines 1a-1f: \$		123,050,208			
	h Total. Add lines 1a-1f	u	134,200,798			
	Program Service Revenue	2a Program Service Revenue	Busn. Code	802,957	802,957	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	802,957			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	209,658	209,658	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	3,470,772 43,681			
	b Less: cost or other basis & sales exps.		3,526,019 12,568			
	c Gain or (loss)		-55,247 31,113			
	d Net gain or (loss)	u	-24,134	-24,134		
	8a Gross income from fundraising events (not including \$ 1,752,922 of contributions reported on line 1c). See Part IV, line 18	a	885,956			
	b Less: direct expenses	b	558,515			
	c Net income or (loss) from fundraising events	u	327,441	327,441		
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	Busn. Code					
11a Other Revenue		67,639	67,639			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u	67,639				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	u	135,584,359	1,383,561	0	0	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	43,780,529	43,780,529		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	74,257,930	74,257,930		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	714,199	138,176	387,058	188,965
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	5,403,939	4,186,893	317,902	899,144
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	240,765	140,360	49,813	50,592
9 Other employee benefits	917,666	799,806	3,148	114,712
10 Payroll taxes	424,707	276,762	56,002	91,943
11 Fees for services (non-employees):				
a Management				
b Legal	15,386	14,104	1,067	215
c Accounting	75,435	7,276	68,159	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	509,752	346,410	10,084	153,258
12 Advertising and promotion	449,943	2,855	190	446,898
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	303,365	282,369	20,451	545
17 Travel	680,427	621,749	15,632	43,046
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	751,759	598,175	129,603	23,981
23 Insurance	189,101	145,020	43,957	124
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a In-Kind donations	8,111,123	8,111,123		
b Supplies	1,454,452	1,441,248	5,111	8,093
c Program Grants/Activities	1,246,635	1,243,806	12	2,817
d Equipment	621,053	611,660	7,264	2,129
e Vehicles	430,647	421,377	1,736	7,534
f All other expenses	592,123	442,934	128,770	20,419
25 Total functional expenses. Add lines 1 through 24f	141,170,936	137,870,562	1,245,959	2,054,415
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	1,643,851	1	1,480,647
	2	Savings and temporary cash investments	150,000	2	100,380
	3	Pledges and grants receivable, net	2,596,370	3	2,955,052
	4	Accounts receivable, net	52,674	4	207,891
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	10,762,012	8	8,432,225
	9	Prepaid expenses and deferred charges	333,611	9	147,175
	10a	Land, buildings, and equipment: cost basis	11,218,513		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	4,134,698	10c	7,083,815
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	6,703,843	12	2,980,480
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,345	15	12,345
16	Total assets. Add lines 1 through 15 (must equal line 34)	29,681,716	16	23,400,010	
Liabilities	17	Accounts payable and accrued expenses	1,332,617	17	1,218,021
	18	Grants payable		18	
	19	Deferred revenue	127,489	19	9,999
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,460,106	26	1,228,020
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	20,307,202	27	16,529,702
	28	Temporarily restricted net assets	6,615,252	28	4,589,790
	29	Permanently restricted net assets	1,299,156	29	1,052,498
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	28,221,610	33	22,171,990
	34	Total liabilities and net assets/fund balances	29,681,716	34	23,400,010

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Department of the Treasury Internal Revenue Service

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: (Please check only one organization.)

- 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.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
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 [X] 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...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III-Functionally Integrated d Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports.

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 1-3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a 33 1/3 % support test—2008. 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—2007. 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—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	238,531,495	116,741,421	87,030,860	127,609,352	134,200,798	704,113,926
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	501,689	501,196	1,295,841	720,349	802,957	3,822,032
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 1-5	239,033,184	117,242,617	88,326,701	128,329,701	135,003,755	707,935,958
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000			401,376			401,376
c Add lines 7a and 7b			401,376			401,376
8 Public support (Subtract line 7c from line 6.)	239,033,184	117,242,617	87,925,325	128,329,701	135,003,755	707,534,582

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	239,033,184	117,242,617	88,326,701	128,329,701	135,003,755	707,935,958
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	198,306	615,131	878,502	591,515	185,524	2,468,978
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	198,306	615,131	878,502	591,515	185,524	2,468,978
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	69,512	167,849	241,263	212,816	395,080	1,086,520
13 Total support. (Add lines 9, 10c, 11, and 12.)	239,301,002	118,025,597	89,446,466	129,134,032	135,584,359	711,491,456

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.4439 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.5525 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.3470 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. 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—2007. 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 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part III, Line 12 - Other Income Detail

Other Income \$ 1,086,520

Name of the organization

Employer identification number

Medical Teams International

93-0878944

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Medical Teams International	Employer identification number 93-0878944
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Abbott Laboratories Inc. 106 Abbott Park RD, Dept 383 Abbott Park IL 60064-3500	\$ 4,949,398	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Johnson & Johnson 1 Johnson & Johnson Plz New Brunswick NJ 08933	\$ 3,529,734	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TEVA Pharmaceuticals USA 1090 Horsham Road North Wales PA 19454	\$ 18,035,414	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Watson Pharmaceuticals 311 Bonnie Circle Corona CA 92880	\$ 38,711,544	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Medical Teams International	Employer identification number 93-0878944
---	--

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Medical Supplies (various dates)	\$ 4,949,398	7/01/08
2	Medical Supplies (various dates)	\$ 3,529,734	7/01/08
3	Medical Supplies (Various dates)	\$ 18,035,414	7/01/08
4	Medical Supplies (various dates)	\$ 38,711,544	7/01/08
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II including questions about purpose of easements, total number of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year'.

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

Form for Part III including questions about reporting art, historical treasures, or other similar assets, and amounts related to these items.

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

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

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

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,299,156				
b Contributions	12,500				
c Investment earnings or losses	-259,158				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,052,498				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment **u** _____ %
- b** Permanent endowment **u** 100.00 %
- c** Term endowment **u** _____ %

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		5,349,747	814,314	4,535,433
c Leasehold improvements				
d Equipment		4,023,921	2,560,489	1,463,432
e Other		1,844,845	759,895	1,084,950
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			u	7,083,815

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other <u>Mutual Funds</u>	2,980,480	Market

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) u	2,980,480	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) u	

In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	135,584,359
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	141,170,936
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-5,586,577
4	Net unrealized gains (losses) on investments	4	-463,040
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3
9	Total adjustments (net). Add lines 4-8	9	-463,043
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-6,049,620

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	138,921,034
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-463,040
b	Donated services and use of facilities	2b	3,241,200
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	558,515
e	Add lines 2a through 2d	2e	3,336,675
3	Subtract line 2e from line 1	3	135,584,359
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	135,584,359

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	144,970,654
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,241,200
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	558,518
e	Add lines 2a through 2d	2e	3,799,718
3	Subtract line 2e from line 1	3	141,170,936
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	141,170,936

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

<u>Part XI, Line 8 - Reconciliation of Changes - Other</u>		
<u>Special Events Revenue</u>		\$ 558,515
<u>Special Events Expenses</u>		\$ -558,515
<u>Rounding</u>		\$ -3
<u>Part XII, Line 2d - Revenue Amounts Included in Financials - Other</u>		
<u>Special Events Revenue</u>		\$ 558,515

Part XIV Supplemental Information (continued)

Part XIII, Line 2d - Expense Amounts Included in Financials - Other
Special Events Expenses \$ 558,515
Rounding \$ 3

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

u Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open 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" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean			Program Services		59,375,074
East Asia and the Pacific	5	54	Program Services		9,452,546
Europe (including Iceland and Greenland)			Program Services		2,674,027
Middle East and North Africa			Program Services		3,609,844
North America	2	12	Program Services		1,321,682
Russia and the Newly Independent States	3	21	Program Services		3,643,554
South America			Program Services		10,942,390
South Asia	2	40	Program Services		18,162,516
Sub-Saharan Africa	3	93	Program Services		21,824,261
Totals u	15	220			131,005,894

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 **u**
 Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central American and the Caribbean	General support	20,000	Wire transfer			
		North America	General support	28,606	Wire transfer			
		Central America and the Caribbean	General support	14,100	Wire transfer			
		East Asia and the Pacific	EMS/Field Office	9,970	Wire transfer			
		East Asia and the Pacific	Siem Com Health	10,000	Wire transfer			
		East Asia and the Pacific	Earthquake Relief	10,417	Wire transfer			
		Europe (including Iceland and Greenland)	Africa Headqtrs/Gen	25,000	Wire transfer			
		Central America and the Caribbean	Health & nutrition	54,275	Wire transfer			
		Europe (including Iceland and Greenland)	General support	83,000	Wire transfer			
		Sub-Saharan Africa	Africa Headqtrs/Gen	20,000	Wire transfer			
		Central America and the Caribbean	General Support	70,000	Wire transfer			
		Central America and the Caribbean	General Support	7,000	Wire transfer			
		Russia and the Newly Independent States	Orphanages	9,656	Wire transfer			
		Russia and the Newly Independent States	Orphanages	24,660	Wire transfer			
		East Asia and the Pacific	General Support	20,264	Wire transfer			
		Sub-Saharan Africa	Child Survival	111,791	Wire transfer			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **u** _____

3 Enter total number of other organizations or entities **u** _____

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

MTI monitors the use of grant funds to other organizations and partners through the Project Proposal Summary (PPS) process. Each partner organization completes a PPS before an award is given by MTI for the project. The PPS includes an implementation logframe (goals, objectives, indicators, activities) as well as a program timeframe and reporting mechanism. Depending on the size of the grant, MTI may send out a staff member in order to monitor the quality of the partner's project.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	HIV/AIDS	91,975	Wire transfer			
			Central America and the Caribbean	Help those in need			13,723,721	Hygiene and	FMV OTC
			Middle East and North Africa	Help those in need			1,376,366	Hygiene and	FMV OTC
			East Asia and the Pacific	Help those in need			554,926	Hygiene and	FMV OTC
			Sub-Saharan Africa	Help those in need			557,093	Hygiene and	FMV OTC
			Central America and the Caribbean	Help those in need			16,902,808	Hygiene and	FMV OTC
			Sub-Saharan Africa	Help those in need			1,075,460	Hygiene and	FMV OTC
			South Asia	Help those in need			701,962	Hygiene and	FMV OTC
			South Asia	Help those in need			421,000	Hygiene and	FMV OTC
			South Asia	Help those in need			1,277,296	Hygiene and	FMV OTC
			Central America and the Caribbean	Help those in need			898,306	Hygiene and	FMV OTC
			Middle East and North Africa	Help those in need			561,234	Hygiene and	FMV OTC
			Sub-Saharan Africa	Help those in need			353,495	Hygiene and	FMV OTC
			Sub-Saharan Africa	Help those in need			3,570,674	Hygiene and	FMV OTC
			South America	Help those in need			9,191,314	Hygiene and	FMV OTC
			South Asia	Help those in need			10,006,831	Hygiene and	FMV OTC
			Sub-Saharan Africa	Help those in need			660,653	Hygiene and	FMV OTC
			South Asia	Help those in need			666,225	Hygiene and	FMV OTC
			Middle East and North Africa	Help those in need			1,583,750	Hygiene and	FMV OTC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		Field of Dreams <small>(event type)</small>	Great Adventure <small>(event type)</small>	<u>1</u> <small>(total number)</small>	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,572,496	957,637	108,745	2,638,878
	2	Less: Charitable contributions	1,133,361	510,816	108,745	1,752,922
	3	Gross revenue (line 1 minus line 2)	439,135	446,821		885,956
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	21,573	14,327		35,900
	6	Rent/facility costs	42,920			42,920
	7	Other direct expenses	256,090	212,982	10,623	479,695
	8	Direct expense summary. Add lines 4 through 7 in column (d)				
9	Net income summary. Combine lines 3 and 8 in column (d)					327,441

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash 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. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%
13b	%

Yes No

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

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

c If "Yes," enter name and address:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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?

17a

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

u Attach to Form 990.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Agape Health Foundation 9901 NE 7TH AVE, Suite B-227 Vancouver WA 98685	20-5161276		10,000				help people in need
	Birch Community Services 17780 NE San Rafael Portland OR 97230	93-1186020	3		822,351	FMV	Hygiene and	OTC help people in need
	Blanchet House 340 NW Glisan P.O. Box 4145 Portland OR 97208	93-6031009	3		57,257	FMV	Hygiene and	OTC help people in need
	Boys and Girls Aid Society 018 SW Boundary Ct Portland OR 97239-3939	93-0386791	3		13,517	FMV	Hygiene and	OTC help people in need
	Bridges to Change 207 7th St Oregon City OR 97045	76-0751239	3		56,599	FMV	Hygiene and	OTC help people in need
	Bridgetown Ministries 21065 SW Stafford Rd. Tualatin OR 97013	93-0600917	3		25,268	FMV	Hygiene and	OTC help people in need
	Catholic Community Services PO Box 20400 Salem OR 97307-0400	93-0903773	3		20,619	FMV	Hygiene and	OTC help people in need
	Central City Concern (Recuperative 309 SW 4th Portland OR 97204	93-0728816	3		268,699	FMV	Hygiene and	OTC help people in need
	Children's Community Clinic 27 NE Killingsworth Portland OR 97221	93-0811915	3		32,182	FMV	Hygiene and	OTC help people in need

- 2** Enter total number of section 501(c)(3) and government organizations **u** _____
- 3** Enter total number of other organizations **u** _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

MTI's Local Agency Program Staff and Volunteers conduct periodic site visits to the social service agency recipients. Additionally, confirmation letters outlining the requirements of the program and requesting information on distributing entities are mailed out on an annual basis. Information requested includes: Responsible Executive Director, Manager; functional location/address; contact information, phone, fax, email, etc; IRS Letter of Determination (501c3); and, compatible mission statement

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**u Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Relief Nursery 8425 N. Lombard Portland OR 97203	93-1260988	3		13,953	FMV	Hygiene and OTC	help people in need
Christian Aid Ministries PO Box 360 Berlin OH 44610-0360				5,591,542	FMV	Hygiene and OTC	help people in need
Clackamas Women's Services 704 Main Street, Suite 200 Oregon City OR 97045	93-0900119	3		42,089	FMV	Hygiene and OTC	help people in need
COLUMBIA COUNTY FLOOD RELIEF 939 BRIDGE ST Vernonia OR 97064	93-6002288		35,000				help people in need
Cure International 701 Bosler Ave Lemoyne PA 17043	58-2248383		17,600				help people in need
Domestic Violence Resource Center PO Box 494 Hillsboro OR 97123	93-0665804	3		9,002	FMV	Hygiene and OTC	help people in need
Eastgate Bible Chapel Food Pantry PO Box 16118 Portland OR 97292-0118	93-0492215	3		16,249	FMV	Hygiene and OTC	help people in need
Family Bridge 183 SE 6th Ave Hillsboro OR 97123	31-1682683	3		43,563	FMV	Hygiene and OTC	help people in need
Feed the Children 29 North McCormick Oklahoma City OK 73127				7,081,881	FMV	Hygiene and OTC	help people in need
Food for the Hungry 1224 E Washington St. Phoenix AZ 85034			15,000				help people in need
Free Clinic of SW Washington 4100 Plomondon St. Vancouver WA 98661	91-1707542	3		74,784	FMV	Hygiene and OTC	help people in need

2 Enter total number of Section 501(c)(3) and government organizations **u**
3 Enter total number of other organizations **u**

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**u Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Global Ministries 7831 Hickory Street NE Minneapolis MN 55432				581,170	FMV	Hygiene and OTC	help people in need
Good Neighbor Center 11130 SW Greenburg Rd Tigard OR 97223	93-1269989	3		33,595	FMV	Hygiene and OTC	help people in need
Good Shepherd Communities 831 SW 17th Ave Portland OR 97205	39-0806446	3		56,509	FMV	Hygiene and OTC	help people in need
HAITI FOUNDATION OF HOPE PO Box 61941 Vancouver WA 98666	20-3169728		9,500				help people in need
Harbor Light Mission (Salvation Arm 30 SW Second Portland OR 97204	94-1156347	3		8,099	FMV	Hygiene and OTC	help people in need
Hooper Center 20 NE MLK Blvd Portland OR 97232	93-0728816	3		7,582	FMV	Hygiene and OTC	help people in need
House of Hope Recovery PO Box 7400 Aloha OR 97007	41-2143535	3		80,463	FMV	Hygiene and OTC	help people in need
House of Zion 1430 E. Cleveland Woodburn OR 97071	93-0871543	3		77,284	FMV	Hygiene and OTC	help people in need
Housing Transitions Program, Cathol 1910 SE 11th Ave Portland OR 97214		3		31,937	FMV	Hygiene and OTC	help people in need
InAct. Inc 727 NE 24th Ave Portland OR 97204	51-0145008	3		41,534	FMV	Hygiene and OTC	help people in need
INTERNATIONAL AID INC. 17011 W HICKORY ST Springlake MI 49456-9795	38-2323550		10,000				help people in need

2 Enter total number of Section 501(c)(3) and government organizations **u**
3 Enter total number of other organizations **u**

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**u Attach to Form 990 to list additional information for
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Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOIN 3338 SE 17th Ave Portland OR 97202	93-1090005	3		77,655	FMV	Hygiene and OTC	help people in need
Julia West House 522 SW 13th Avenue Portland OR 97205	93-0386831	3		49,324	FMV	Hygiene and OTC	help people in need
Kingsway Charities 1119 Commonwealth Ave. Bristol VA 24201				25,063,725	FMV	Hygiene and OTC	help people in need
Love, Inc 209 S Main Street Newberg OR 97132	26-0068805	3		25,620	FMV	Hygiene and OTC	help people in need
Marion Polk Food Share 1660 Salem Industrial Drive NE Salem OR 97301-0374	94-3034161	3		410,515	FMV	Hygiene and OTC	help people in need
Merlo Station High School 1841 SW Merlo Dr Beaverton OR 97006	93-6001065	3		12,165	FMV	Hygiene and OTC	help people in need
Metropolitan Family Services 1808 SE Belmont Portland OR 97214	93-0397825	3		6,971	FMV	Hygiene and OTC	help people in need
MORNING STAR DEVELOPMENT PO Box 62327 Colorado Springs CO 80962	54-2086318		52,500				help people in need
My Father's House deliver to: 5003 w Powell Blvd Gresham OR 97030	93-1306035	3		16,212	FMV	Hygiene and OTC	help people in need
My Father's House Ministries 4046 NE Martin Luther King Portland OR 97212	87-0798687	3		73,421	FMV	Hygiene and OTC	help people in need
National Cancer Coalition Missionary Expeditors Warehouse New Orleans LA 70112				170,797	FMV	Hygiene and OTC	help people in need

2 Enter total number of Section 501(c)(3) and government organizations **u**
3 Enter total number of other organizations **u**

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Avenues for Youth (NAFY) 1220 SW Columbia Avenue Portland OR 97201	93-0910213	3		61,110	FMV	Hygiene and OTC	help people in need
New Heights Clinic 8000 NE 58th Ave Vancouver WA 98665	91-0864632	3		175,183	FMV	Hygiene and OTC	help people in need
North By Northeast CHC 3030 NE MLK Blvd Portland OR 97212	72-1618287	3		103,674	FMV	Hygiene and OTC	help people in need
Northwest Mission Bible Training Ce 2724 N Ainsworth Portland OR 97217	23-7071094	3		46,139	FMV	Hygiene and OTC	help people in need
Old Town Clinic/Recuperation Care P 727 W Burnside Portland OR 97209	93-0728816	3		204,396	FMV	Hygiene and OTC	help people in need
Olive Tree Ministries PO Box 523 Canby OR 97013	76-0705318	3		859,714	FMV	Hygiene and OTC	help people in need
Outside In 1132 SW 13th Portland OR 97205	93-0567549	3		111,816	FMV	Hygiene and OTC	help people in need
Portland Rescue Mission 111 W Burnside Portland OR 97209	93-0429004	3		32,838	FMV	Hygiene and OTC	help people in need
Pregnancy Resource Center 7931 NE Halsey, Ste 100 Portland OR 97213	93-0854417	3		12,135	FMV	Hygiene and OTC	help people in need
Raphael House of Portland 4110 SE Hawthorne # 503 Portland OR 97214	93-0710963	3		68,544	FMV	Hygiene and OTC	help people in need
Rolling Hills Prison Ministry (wome 21612 River Rd NE St Paul OR 97137	93-0721767	3		12,856	FMV	Hygiene and OTC	help people in need

2 Enter total number of Section 501(c)(3) and government organizations **u**
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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rosehaven 1808 NW Irving Portland OR 97209	93-1212633	3		25,761	FMV	Hygiene and OTC	help people in need
Share Homeless Shelters PO Box 1209 Vancouver WA 98666-1209	91-1205119	3		48,368	FMV	Hygiene and OTC	help people in need
Snow Cap Community Charities PO Box 160 Fairview OR 97024	93-7121915	3		21,491	FMV	Hygiene and OTC	help people in need
Sonrise Church 6701 NE Campus Way Hillsboro OR 97124	93-0785442	3		22,599	FMV	Hygiene and OTC	help people in need
Southwest Community Health Center 7754 SW Capitol Hwy Portland OR 97219	70-3050497	3		20,358	FMV	Hygiene and OTC	help people in need
Sports Outreach Institutes, Inc. 14680 SW 141st Street Portland OR 97224				17,611	FMV	Hygiene and OTC	help people in need
Teen Challenge 3121 NE Sandy Blvd Portland OR 97232	93-0844063	3		12,239	FMV	Hygiene and OTC	help people in need
Trinity Lutheran Church 5520 NE Killingsworth St Portland OR 97218	93-0479868	3		9,761	FMV	Hygiene and OTC	help people in need
Union Gospel Mission 15 NW 3rd Portland OR 97209	93-0401258	3		74,962	FMV	Hygiene and OTC	help people in need
Various <\$5,000 Various Various OR 97224				83,752	FMV	Hygiene and OTC	help people in need
Village Baptist Church 330 SW Murray Blvd. Beaverton OR 97005	93-6035652	3		22,610	FMV	Hygiene and OTC	help people in need

2 Enter total number of Section 501(c)(3) and government organizations **u**
3 Enter total number of other organizations **u**

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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Name of the organization **Medical Teams International** Employer identification number **93-0878944**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Garcia Memorial Health Cen 85 N 12th Cornelius OR 97113	93-0717997	3		41,077	FMV	Hygiene and OTC	help people in need
Volunteers of America 3910 SE Stark Portland OR 97214	13-1692595	3		149,762	FMV	Hygiene and OTC	help people in need
Wallace Medical Concern PO Box 3506 Gresham OR 97030	93-0853709	3		29,080	FMV	Hygiene and OTC	help people in need
West Women and Children Shelter 2010 NW Kearney Portland OR 97208	94-1156347	3		66,677	FMV	Hygiene and OTC	help people in need
William Temple House 2023 NW Hoyt St Portland OR 97209	93-0559964	3		33,261	FMV	Hygiene and OTC	help people in need
Woodland Community Service Center 736 Davidson Ave Woodland WA 98674	91-2105285	3		145,170	FMV	Hygiene and OTC	help people in need
World Concern 19303 FREMONT AVE N Seattle WA 98133			41,564				help people in need
Younglife's Washington Family Ranch 1 Muddy Road Antelope OR 97001	84-0385934	3		67,288	FMV	Hygiene and OTC	help people in need

2 Enter total number of Section 501(c)(3) and government organizations **u**
3 Enter total number of other organizations **u**

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

u Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a Receive a severance payment or change of control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

**U To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.**

U Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
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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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	17	75,436	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	500	122,649,388	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	1	325,384	
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

u Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Form 990, Part III, Line 4a - First Achievement

AFRICA:

Medical Teams International (MTI) deployed 51 volunteer health care teams to six countries: Cameroon, Democratic Republic of the Congo, Ethiopia, Gabon, Liberia, Mali, Niger, Uganda and Darfur, Sudan. Teams provided medical services and training for African physicians and nurses in the areas of general surgery, family practice, internal medicine, emergency medicine, dental services and training, orthopedic surgery, neonatal intensive care, pediatrics, obstetrics and gynecology, anesthesiology, ophthalmology, ultrasound and nurse training. MTI also shipped life saving medicines, supplies and equipment to 6 countries: Cameroon, Liberia, Niger, Sudan, Zambia and Zimbabwe.

Mali: MTI partnered with a Malian organization to provide obstetric ultrasound training for national medical professionals. The goal of the ultrasound program is to reduce maternal and neonatal death due to birth complications. Three medical volunteers deployed by MTI trained 2 physicians and 2 nurses. In the last year, 359 ultrasounds were performed; an average of 40 more women came for the first time to a clinic for prenatal care than in the previous year, and 37 women with birth

Name of the organization

Medical Teams International

Employer identification number

93-0878944

complications were referred to a hospital with 20 live births and no deaths of mothers.

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.

Ethiopia: MTI continues support to a local partner for an HIV and AIDS project. Seventy four trained home based care givers continued to provide quality home based care to a total 334 people living with HIV and AIDS. An additional 30 volunteer counselors were trained for a total of 120 volunteers providing counseling to people with HIV and AIDS. Seventy orphans and vulnerable children (OVC) were provided with educational, nutritional support and counseling services. And 7,020 youths and adults participated in HIV infection prevention education.

Mozambique: MTI provided support to a local partner for an HIV and AIDS project and has receiving funding from USAID to enable this partner to expand this program to serve

Name of the organization

Medical Teams International

Employer identification number

93-0878944

more than 40,000 people in an area of the country where HIV prevalence rates exceed 20%.

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. MTI trained local health workers and treated nearly 100 patients per day at health clinics in Um Tagouk and Sanidadi (two of the villages in El Geneina). MTI also trained medical assistants for village clinics and community health promoters. Training topics included malaria treatment protocols, sanitation and hygiene, control of diarrheal disease and clinic management.

Uganda: MTI is implementing emergency health care and preventive health programming through targeted relief and development strategies in the northern and southwestern regions of Uganda. With support from the U.S. State Department, MTI is providing medical care to 50,000 Congolese refugees crossing the border into southwestern Uganda.

In northern Uganda, MTI is building the capacity of local health care providers and clinics to serve their own communities. MTI has rehabilitated one health center and one outpatient department in Apala sub-county. In addition, MTI manages the Ogur Youth Information and Care Center which provides youth-friendly services to prevent

Name of the organization

Medical Teams International

Employer identification number

93-0878944

HIV infection, promote healthy behaviors and increase counseling and testing services. In FY 09 the Ogur Youth Center impacted the lives of over 20,000 vulnerable individuals.

ASIA & EURASIA:

Vietnam: In FY09, MTI deployed 3 Emergency Medical Services Training teams in partnership with the Vietnam Red Cross to the Hai Duong Province. These teams trained 60 first responders. In addition, MTI provided 2 EMS teams to Counterpart International's programs, and 1 Firefighter EMS training team to the Hanoi Fire Brigade.

Cambodia: MTI published the first Khmer First Responder Text Book in partnership with the Cambodia Ministry of Health. To accompany this training tool, MTI produced an EMS training DVD. Both the DVD and text book have become primary sources adopted by the Ministry of Health for national EMS training. MTI also provided the first Training of Trainers program 25 hospital and ambulance staff at Calmette Hospital in Phnom Penh.

During this year, we also completed the Sot Nikum Community health project focusing on the health of mothers and children living in 25 villages under the Kok Talok Leu and Russei Lok health centers. During this project,

Name of the organization

Medical Teams International

Employer identification number

93-0878944

approximately 2700 mosquito nets were distributed to families, 3650 children were enrolled in the growth monitoring program, 1400 mothers and 890 pregnant women participated in health education for caring for children, 1850 health promotion lessons were taught in the community and over 200 women sought life saving care for early delivery and complications with childbirth from trained medical staff at the health centers. The project directly improved knowledge of health issues for women and children, built the capacity of the local rural health system and increased access to it for many beneficiaries.

MTI sent 2 dental teams, a medical team and 3 EMS teams to a variety of partners including Foursquare Children of Promise, Angkor Hospital for Children, and Calmette Hospital.

Sri Lanka: MTI programs in Sri Lanka are divided into four main categories: Emergency Services Systems Development, Community and Transitional Health, Hospital Construction, and Emergency Humanitarian Response.

In the Emergency Services Systems Development project, over 60,000 people were trained this fiscal year in subjects ranging from community-based first aid, to advanced cardiac life support programs. A comprehensive emergency medical response system was implemented in Jaffna District, linking over 24 ambulances to a central

Name of the organization

Medical Teams International

Employer identification number

93-0878944

communications dispatch center. By continuing work with the Ministry of Health's Trauma Secretariat, emergency trauma care systems were enhanced in other districts of Sri Lanka. Educational materials, including EMS textbooks, were revised, edited, and published in the native languages of Sinhalese and Tamil.

In the Community Health project based in the Eastern community of Ampara, a village health development committee approach was implemented and refined to ensure that vulnerable communities were empowered to implement and maintain responsibility for community health issues. This project is impacting the health of over 80,000 people in the rural district of Ampara. Four health resource centers were constructed; pre-schools were rehabilitated; a community water and sanitation system was repaired; and on-going educational programs focused on changing the knowledge, skills, and attitudes of the community were implemented.

The Symbulanduwa Hospital was constructed, fully equipped, and opened as a model hospital in Sri Lanka. The hospital includes a modern operating room, emergency department, maternity ward, x-ray, laboratory facilities, and a pharmacy.

In response to the complex humanitarian emergency related

Name of the organization

Medical Teams International

Employer identification number

93-0878944

to the escalation and conclusion of the armed conflict in northern Sri Lanka, MTI partnered with the World Health Organization, USAID, and the Ministry of Health to provide an emergency medical response to over 300,000 internally displaced persons in northern Sri Lanka. Three field hospitals were designed, implemented, and managed. A complex emergency health program was implemented to reduce morbidity and mortality, including a cash-for-work project staffed by over 450 IDP Health Workers. This project included education, health care, epidemiology, and patient transportation services. An emergency health communications system was designed and installed to link over 20 health facilities and ambulances in an organized network. Patient transport vehicles and a utilization system were installed to ensure that the disabled and injured were able to have better access to health services.

A total of 7 volunteer teams were sent to Sri Lanka. Five of these teams provided EMS training to first responders. Two volunteer teams provided basic medical services to those affected by conflict and the tsunami.

Indonesia: MTI has been focusing on maternal health and child survival in 2 areas: Nias Island and Pidie district in Aceh province.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

In Nias, MTI has provided training to staff and community members related to health clinics and health posts throughout the area. Over 3100 children under five have been enrolled in growth monitoring programs and participated in health post activities. Over 350 pregnant mothers have increased access to check ups, advice and monitoring prior to delivery. 730 breastfeeding mothers attended health post training to increase likelihood of children achieving health weight gain through first year of life. 186 cadres (health volunteers) participated at health promotion through health post activity in cooperation with 104 Health Clinics

As part of its health promotion activities in NIAS, MTI provided 315 water tanks and 160 rain catchment systems in several communities. This included hygiene education for community water committees including posters and materials in case repair was needed. MTI also focused on engaging the local church as agents of change for health promotion in the Amandraya sub-district by providing training for 17 pastors, 17 church teachers and 17 women's commission and village leaders on the role and function of the church in increasing family health.

In Pidie district, nearly 400 health education trainings took place for community based organizations. Over 895 village health volunteers were trained in health

Name of the organization

Medical Teams International

Employer identification number

93-0878944

information systems for the community and health clinics.

560 volunteers were trained in specific child and pregnant

women health education and promotion activities. This

training of health volunteers within the existing health

infrastructure resulted in 4411 children under 5 becoming

registered in health care and monitoring systems to

promote child health and child survival.

MTI sent one international volunteer dental team to Pidie

district where approximately 500 people were given direct

dental services in the project community.

Moldova: MTI's primary objective in Moldova is to

strengthen and expand our Emergency Medical Services (EMS)

Train the Trainers program. To do so, MTI supported six

regional training centers. These are located at ambulance

bases in Chisinau, the Chisinau region, Balti, Comrat,

Cahul and the Police Academy in Chisinau.

The centers train ambulance, police, fire and disaster

workers to respond to road traffic accidents and other

traumatic events. These professionals are currently

ill-equipped and not trained to respond to traumatic

emergencies in Moldova. Our EMS program has helped to

reduce the number of people who die or suffer secondary

injuries following a road traffic accident or traumatic

event.

We shipped one container of humanitarian aid to Moldova.

Supplies in this container benefitted 35 hospitals and

Name of the organization

Medical Teams International

Employer identification number

93-0878944

other organizations. The shipment also provided equipment and supplies needed to support the EMS training program.

MTI also sent 1 EMS training team to Moldova this year.

Romania: Medical Teams International partners with Fundatia Heart of Hope (FHH) in Romania. MTI is helping FHH to increase its organizational capacity and long-term funding base. With support from MTI, FHH helped to increase health and improve living conditions for children living in nine government placement centers, two transition homes and several poor villages in Sibiu and Brasov counties in FY09.

Medical Teams International sent six volunteer teams to Romania this past year. These teams included four dental teams, one optometry team and one work team that served in a summer camp for orphans.

Afghanistan: MTI worked in collaboration with CURE International's hospital program in Kabul and with Morningstar Development's Tangi Saidan Community Center medical clinic. These partnerships allowed MTI to integrate medical programs into the local community. MTI sent skilled volunteer specialists who provided training in surgical procedures, OBGYN, and therapy to the hospital staff in Kabul. MTI conducted a women's literacy program training with Morning Star Development. MTI continued to provide EMS training around the country.

Tajikistan: MTI was able to establish a local, fully

Name of the organization

Medical Teams International

Employer identification number

93-0878944

operational EMS training center in Dushanbe, Tajikistan.

In FY 2009, more than 3,000 emergency responders and medical workers were trained to a first responder EMS level in Tajikistan. In collaboration with the local government, MTI transitioned the training center to local management. MTI also provided a humanitarian emergency aid kit of pharmaceuticals to the clinic in Dushanbe.

Uzbekistan: MTI completed 75% of the building remodel of an orphanage for disabled children in Uzbekistan. This project provides services to help children with disabilities and their parents to get the necessary training and access to rehabilitation tools and techniques. Two US-based volunteer teams provided training on physical and occupational therapy to the local caregivers and staff.

In collaboration with UZB Gov, MTI was able to secure the agreement for continuation of the advanced level of EMS and Dispatch training in Uzbekistan. Agreements were signed between the Ministry of Health and Ministry of Social Maintenance. A container of medical supplies was provided to the Ministry of Health. Additionally a pre-planning phase for a 5-year vaccination and training project for the Gardasil vaccine has been implemented in Uzbekistan.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

MTI established cooperation agreements with the local Korean Christian Community Church for its involvement with MTI in local programs in UZB, including the CBR project. As a result, 20 % out of a total of 60 caregivers were hired from the Korean Christian Community Church and are involved in the project.

MTI deployed a total of 9 volunteer teams to Uzbekistan and Afghanistan. There were 7 training teams focusing on OBGYN, Nurses training, EMS, physical therapy training, and cardiology. There were also 2 vision teams sent during this reporting period.

LATIN AMERICA and USA:

In FY09, MTI Latin America programs were able to bring hope and healing to more than 203,265 people. MTI provided health training, medical care and community development through 52 teams sent to El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua and Peru; the teams reached 11,429 people. Two disaster teams were deployed to this region - one to Haiti and one to Honduras.

Additionally, MTI supported locally implemented ongoing health projects throughout the region including a Community Health Transformation Project in Guatemala, the

Name of the organization

Medical Teams International

Employer identification number

93-0878944

San Isidro Community Health Project, the Cadena de Amor Healthy Smiles Project and the Youth With a Vision HIV/AIDS Prevention Project in Honduras and a Community Health Project in Nicaragua. In Mexico, MTI provided assistance through implementation of community health projects including community health education, technical training, literacy, nutrition, medical and dental clinics, and child development in Oaxaca and Mexico City.

MTI sent four shipments of medicines and supplies (3 to Honduras, 1 to Guatemala) valued at \$4,375,256.80. These medicines and supplies aided 161,198 people in need.

UNITED STATES/OTHER:

In Oregon and Washington, our mobile dental program enabled more than 900 volunteer dental professionals to provide free or low-cost dental care to 17,084 people who did not have insurance or ability to pay for the dental treatment they needed. People served by this program included the working poor, migrant farm workers, those who were homeless, and those who were unemployed. All services were provided in collaboration with more than 300 community partners in both states.

MTI also distributed supplies and pharmaceuticals to approximately 70 agencies providing aid for local low-income and at-risk persons.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Mexico, Sri Lanka, Uzbekistan, Uganda, Indonesia, Vietnam, Tajikistan,
Liberia, Guatemala, Cambodia, Moldova

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

The Form 990 is sent to all members of the Board of Directors for their review. Questions and concerns are directed to Management and the Executive Committee for clarification. The Executive Committee reviews the Form 990 at the committee level.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All staff members are required to sign the organization's conflict of interest statement when hired; board members sign when joining the Board of Directors. Staff and board members are required to disclose any potential conflicts of interest, and agree to disclose any conflicts of interest that 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 president resolves all matters related to actual or potential conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

MTI 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

Name of the organization

Medical Teams International

Employer identification number

93-0878944

availability of funds, performances evaluations, changes in responsibilities, and adjustments based on the annual market surveys.

The Executive Committee of the Board of Directors reviews and approves the President/CEO's salary.

Form 990, Part VI, Line 15b - Compensation Process for Officers

MTI 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, performances evaluations, changes in responsibilities, and adjustments based on the annual market surveys.

Executive staff and key employee salaries are reviewed and approved by the President/CEO of the organization.

56523 Medical Teams International

93-0878944

FYE: 6/30/2009

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
Total	\$ <u>209,658</u>			
	\$ <u>209,658</u>			

56523 Medical Teams International

93-0878944

FYE: 6/30/2009

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Utilities	\$ 313,137	\$ 248,679	\$ 50,994	\$ 13,464
Other	278,986	194,255	77,776	6,955
Total	<u>\$ 592,123</u>	<u>\$ 442,934</u>	<u>\$ 128,770</u>	<u>\$ 20,419</u>

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2006	\$ 1,295,841	\$ 401,376
Total	\$ <u>1,295,841</u>	\$ <u>401,376</u>