

**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)

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

**A** For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

- 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 \$ 214,843,185

**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 ) t (insert no.)  4947(a)(1) or  527

**J** Website: http://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**

**1** Briefly describe the organization's mission or most significant activities:  
Voluntary Christian Relief and Development Organization Dedicated to Providing Medical Care, Supplies, and Health Education to People in need Worldwide.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3** 16

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 16

**5** Total number of employees (Part V, line 2a) **5** 116

**6** Total number of volunteers (estimate if necessary) **6** 2038

**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0

Revenue		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>134,200,798</u>
<b>9</b> Program service revenue (Part VIII, line 2g)	<u>802,957</u>	<u>849,213</u>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>185,524</u>	<u>309,486</u>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>395,080</u>	<u>322,346</u>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>135,584,359</u>	<u>211,566,769</u>	

Expenses		Prior Year	Current Year
		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>118,038,459</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>7,701,276</u>	<u>8,090,211</u>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<u>69,833</u>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>u</u> <u>2,323,334</u>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>15,431,201</u>	<u>28,099,101</u>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>141,170,936</u>	<u>206,917,364</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-5,586,577</u>	<u>4,649,405</u>	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16)	<u>23,400,010</u>
<b>21</b> Total liabilities (Part X, line 26)	<u>1,228,020</u>	<u>1,261,984</u>	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>22,171,990</u>	<u>27,433,042</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  u 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**

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 \$ 203,312,889 including grants of \$ 170,658,219 ) (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 203,312,889

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	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 United States?	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 United States? 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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities 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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	X	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25 .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....		X
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....		X
<b>33</b> 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
<b>34</b> 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
<b>35</b> 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
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 45		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
	<b>2a</b> 116		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> 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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11a</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
<b>16a</b>	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
<b>16b</b>	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** OR, CA, CT, IL, LA, MD, MI, MN, MS, NJ, WA, UT, FL
- 18** Section 6104 requires an organization to make its Forms 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.  
 Own website  Another's website  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** Medical Teams International 14150 SW Milton Ct.

Tigard OR 97224 503-624-1000

**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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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 current officer, director, or trustee.

(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	1.00	X					0	0	0	
Jeff Pinneo Director	1.00	X					0	0	0	
Paul Hathaway Director	1.00	X					0	0	0	
Dr. Jeff Rideout Director	1.00	X					0	0	0	
Ron King Vice Chair	1.00	X					0	0	0	
Dr. Todd Ulmer Director	1.00	X					0	0	0	
Ann Klein Director	1.00	X					0	0	0	
Joan Wallace Secretary	1.00	X					0	0	0	
Phil Lane Director	1.00	X					0	0	0	
Bert Waugh Board Chair	1.00	X					0	0	0	
Nate Miles Director	1.00	X					0	0	0	
Dr. Nancy Wilgenbusch Director	1.00	X					0	0	0	
Jin Park Director	1.00	X					0	0	0	
Don Petersen Treasurer	1.00	X					0	0	0	
Bastian Vanderzalm Pres/ CEO	40.00			X			151,821	0	45,321	
William Essig VP In't Prog	40.00			X			122,192	0	22,531	
Pamela Blikstad VP/CFO	40.00			X			102,058	0	16,133	





**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b> 16,002					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 1,946,451					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 3,268,656					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 204,854,615					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 190,909,483						
	<b>h Total.</b> Add lines 1a-1f .....	<b>u</b> 210,085,724					
<b>Program Service Revenue</b>		<b>Busn. Code</b>					
	<b>2a</b> Program Service Revenue .....		849,213	849,213			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....	<b>u</b> 849,213						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>u</b> 40,027				40,027	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	<b>u</b>					
	<b>5</b> Royalties .....	<b>u</b>					
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents .....						
	<b>b</b> Less: rental exps. ....						
	<b>c</b> Rental inc. or (loss) .....						
	<b>d</b> Net rental income or (loss) .....	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,958,145	10,305				
	<b>b</b> Less: cost or other basis & sales exps.	2,698,991					
	<b>c</b> Gain or (loss) .....	259,154	10,305				
	<b>d</b> Net gain or (loss) .....	<b>u</b> 269,459		269,459			
	<b>8a</b> Gross income from fundraising events (not including \$ 1,946,451 of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 683,496					
	<b>b</b> Less: direct expenses .....	<b>b</b> 577,425					
<b>c</b> Net income or (loss) from fundraising events .....	<b>u</b> 106,071		106,071				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b> 45,850						
<b>b</b> Less: direct expenses .....	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....	<b>u</b> 45,850		45,850				
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....	<b>u</b>						
	Miscellaneous Revenue	<b>Busn. Code</b>					
<b>11a</b> Other revenue .....			170,425	170,425			
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....	<b>u</b> 170,425						
<b>12 Total Revenue.</b> See instructions. ....	<b>u</b> 211,566,769		1,441,018	0	40,027		

**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	128,565,083	128,565,083		
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	42,093,136	42,093,136		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	764,169	204,966	287,050	272,153
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	5,687,494	4,482,387	441,377	763,730
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	252,868	219,043	7,128	26,697
9 Other employee benefits	943,501	746,546	66,084	130,871
10 Payroll taxes	442,179	292,546	59,565	90,068
11 Fees for services (non-employees):				
a Management				
b Legal	24,568	17,212	5,356	2,000
c Accounting	57,040	39,961	12,435	4,644
d Lobbying				
e Professional fundraising services. See Part IV, line 17	69,833			69,833
f Investment management fees				
g Other	446,622	256,740	39,431	150,451
12 Advertising and promotion	186,130	39,129	337	146,664
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	416,248	327,554	22,369	66,325
17 Travel	950,033	884,853	23,805	41,375
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	787,857	632,492	152,214	3,151
23 Insurance	206,025	165,486	38,781	1,758
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 Gifts in-kind	19,745,521	19,745,521		
b Program grants and activi	1,493,574	1,492,667		907
c Supplies	1,182,168	1,102,833	6,848	72,487
d Vehicles	773,344	762,249	1,155	9,940
e Equipment	731,035	679,761	8,106	43,168
f All other expenses	1,098,936	562,724	109,100	427,112
25 Total functional expenses. Add lines 1 through 24f	206,917,364	203,312,889	1,281,141	2,323,334
26 Joint costs. Check here <input 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	1 Cash—non-interest bearing	1,480,647	1	4,323,900
	2 Savings and temporary cash investments	100,380	2	58,257
	3 Pledges and grants receivable, net	2,955,052	3	2,075,399
	4 Accounts receivable, net	207,891	4	794,030
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	8,432,225	8	9,732,055
	9 Prepaid expenses and deferred charges	147,175	9	332,960
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,372,823		
	b Less: accumulated depreciation	10b 4,898,683	7,083,815	10c 9,474,140
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	2,980,480	12	1,904,285
	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	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	23,400,010	16	28,695,026	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,218,021	17	1,251,984
	18 Grants payable		18	
	19 Deferred revenue	9,999	19	10,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,228,020	26	1,261,984
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	16,529,702	27	20,804,812
	28 Temporarily restricted net assets	4,589,790	28	5,433,931
	29 Permanently restricted net assets	1,052,498	29	1,194,299
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	22,171,990	33	27,433,042	
34 Total liabilities and net assets/fund balances	23,400,010	34	28,695,026	

**Part XI Financial Statements and Reporting**

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [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).
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?

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

h Provide the following information about the supported organization(s).

Table with 7 main 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.

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

Schedule A (Form 990 or 990-EZ) 2009

**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) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> 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 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 15 %

**16a 33 1/3 % support test—2009.** 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—2008.** 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—2009.** 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—2008.** 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) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	116,741,421	87,030,860	127,609,352	134,200,798	210,085,724	675,668,155
<b>2</b> 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	501,196	1,295,841	720,349	802,957	1,748,984	5,069,327
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	117,242,617	88,326,701	128,329,701	135,003,755	211,834,708	680,737,482
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		401,376				401,376
<b>c</b> Add lines 7a and 7b		401,376				401,376
<b>8 Public support</b> (Subtract line 7c from line 6.)						680,336,106

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	117,242,617	88,326,701	128,329,701	135,003,755	211,834,708	680,737,482
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	615,131	878,502	591,515	185,524	40,027	2,310,699
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	615,131	878,502	591,515	185,524	40,027	2,310,699
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	167,849	241,263	212,816	395,080	322,346	1,339,354
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	118,025,597	89,446,466	129,134,032	135,584,359	212,197,081	684,387,535

**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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.41 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	99.44 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** 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—2008.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

Other Income \$ 1,339,354



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2009

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 columns (a) Donor advised funds and (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for compliance questions.

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

Form for conservation easements including checkboxes for land types, a table for tax year held, and various questions (3-9) regarding monitoring and expenses.

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 art collections including questions 1a, 1b, and 2 regarding reporting requirements and amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 Escrow and Custodial Arrangements. Complete if the 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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance	1,052,498	1,299,156			
<b>b</b> Contributions	5,000	12,500			
<b>c</b> Net investment earnings, gains, and losses	136,801	-259,158			
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,194,299	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:
- |                                    | Yes | No |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     | X  |
| <b>(ii)</b> related organizations  |     | X  |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,757,297		1,757,297
<b>b</b> Buildings		6,259,339	1,031,640	5,227,699
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		4,078,571	3,098,725	979,846
<b>e</b> Other		2,277,616	768,318	1,509,298
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			<b>u</b>	9,474,140



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	211,566,769
2	Total expenses (Form 990, Part IX, column (A), line 25)	206,917,364
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4,649,405
4	Net unrealized gains (losses) on investments	34,222
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	577,425
9	Total adjustments (net). Add lines 4 through 8	611,647
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	5,261,052

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	215,860,462
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	34,222
b	Donated services and use of facilities	3,682,046
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	577,425
e	Add lines 2a through 2d	4,293,693
3	Subtract line 2e from line 1	211,566,769
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	211,566,769

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	210,599,410
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	3,682,046
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	3,682,046
3	Subtract line 2e from line 1	206,917,364
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	206,917,364

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Special event expenses \$ 577,425

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

Special event expenses \$ 577,425



**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990. u See separate instructions.

**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 for region
Central America and the Caribbean	3	20	Program Services	See schedule O	21,219,479
East Asia and the Pacific	5	60	Program Services	See schedule O	5,592,972
Europe (including Iceland and Greenland)			Program Services	See schedule O	41,620
Middle East and North Africa			Program Services	See schedule O	2,894,893
Mexico	1	6	Program Services	See schedule O	273,482
Russia and the Newly Independent States	2	19	Program Services	See schedule O	979,260
South America			Program Services	See schedule O	1,845
South Asia	2	40	Program Services	See schedule O	7,153,456
Sub-Saharan Africa	3	93	Program Services	See schedule O	4,115,782
<b>Totals</b> u	16	238			42,272,789

**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.

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Help those in need			801,690	Medical supply	FMV
		South Asia	Help those in need			607,542	Medical supply	FMV
		Middle East	Help those in need			844,398	Medical supply	FMV
		Central America and Caribbean	Help those in need			572,629	Medical supply	FMV
		Central America and Caribbean	Help those in need			1,582,119	Medical supply	FMV
		Sub-Saharan Africa	Help those in need			82,000	Hygiene	FMV
		Sub-Saharan Africa	Help those in need			146,690	Medical supply	FMV
		East Asia and the Pacific	Help those in need			842,090	Medical supply	FMV
		Central America and Caribbean	Help those in need			45,000	Medical supply	FMV
		Sub-Saharan Africa	Help those in need			10,000	Medical supply	FMV
		Central America and Caribbean	Help those in need			3,610,369	Medical supply	FMV
		Central America and Caribbean	Help those in need			5,413	Medical supply	FMV
		Europe	Help those in need			226,999	Medical supply	FMV
		Central America and Caribbean	Help those in need			347,904	Medical supply	FMV
		Sub-Saharan Africa	Help those in need			88,279	Hygiene	FMV
		South Asia	Help those in need			2,105,225	Medical supply	FMV

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central America and Caribbean	Help those in need			397,425	Medical supply	FMV
			Central America and Caribbean	Help those in need			45,000	Medical supply	FMV
			Central America and Caribbean	Help those in need			1,868,184	Medical supply	FMV
			Sub-Saharan Africa	Help those in need			125,000	Medical supply	FMV
			Sub-Saharan Africa	Help those in need			54,629	Medical supply	FMV
			Central America and Caribbean	Help those in need			586,358	Medical supply	FMV
			East Asia and the Pacific	Help those in need			432,945	Medical supply	FMV
			East Asia and the Pacific	Help those in need			1,180,405	Medical supply	FMV
			Central America and Caribbean	Help those in need			5,473,289	Medical supply	FMV
			Central America and Caribbean	Help those in need			262,008	Medical supply	FMV
			East Asia and the Pacific	Help those in need			26,072	Medical supply	FMV
			Mexico	Help those in need			273,482	Medical supply	FMV
			Central America and Caribbean	Help those in need			1,752,526	Medical supply	FMV
			Eruope	Help those in need			744,969	Medical supply	FMV
			East Asia and the Pacific	Help those in need			2,992,760	Medical supply	FMV
			South Asia	Help those in need			1,970,285	Medical supply	FMV
			Central America and Caribbean	Help those in need			1,817,556	Hygiene	FMV
			South Asia	Help those in need			2,314,292	Medical supply	FMV
			Sub-Saharan Africa	Help those in need			15,000	Medical supply	FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe	Help those in need			7,292	Medical supply	FMV
			Sub-Saharan Africa	Help those in need			760,758	Medical supply	FMV
			Middle East	Help those in need			2,050,495	Medical supply	FMV
			Central America and Caribbean	Help those in need			1,712,000	Other supplies	FMV
			Sub-Saharan Africa	Help those in need			594,624	Medical supply	FMV
			Central America and Caribbean	Help those in need			802,560	Medical supply	FMV
			Sub-Saharan Africa	Help those in need			832,109	Medical supply	FMV
			Central America and Caribbean	Help those in need	20,000	Transfer			
			Mexico	Help those in need	45,000	Transfer			
			Central America and Caribbean	Help those in need	10,000	Transfer			
			Central America and Caribbean	Help those in need	7,000	Transfer			
			East Asia and the Pacific	Help those in need	7,265	Transfer			
			Central America and Caribbean	Help those in need	12,600	Transfer			
			East Asia and the Pacific	Help those in need	9,200	Transfer			
			East Asia and the Pacific	Help those in need	10,000	Transfer			
			East Asia and the Pacific	Help those in need	15,000	Transfer			
			South Asia	Help those in need	20,000	Transfer			
			Central America and Caribbean	Help those in need	81,798	Transfer			
			Europe	Help those in need	41,620	Transfer			

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia	Help those in need and the Pacific	11,000	Transfer			
			Sub-Saharan Africa	Help those in need	84,000	Transfer			
			Sub-Saharan Africa	Help those in need	306,713	Transfer			
			Sub-Saharan Africa	Help those in need	139,512	Transfer			
			Sub-Saharan Africa	Help those in need	20,159	Transfer			
			Sub-Saharan Africa	Help those in need	8,512	Transfer			
			Central America and Caribbean	Help those in need	94,000	Transfer			
			Central America and Caribbean	Help those in need	41,240	Transfer			
			East Asia and the Pacific	Help those in need	20,000	Transfer			
			Europe	Help those in need	52,112	Transfer			
			Europe	Help those in need	12,000	Transfer			
			East Asia and the Pacific	Help those in need	14,035	Transfer			



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Gateway Communications	Soliciting		X	340,952	69,833	271,119
<b>Total</b>				340,952	69,833	271,119

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.  
Oregon, California, Connecticut, Illinois, Louisiana, Maryland, Michigan, Minnesota, Mississippi, New Jersey, Washington

**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	
		<u>Great Adventure</u>	<u>Field of Dreams</u>	<u>1</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,279,908	1,257,387	92,652	2,629,947
	2	Less: Charitable contributions	921,041	932,758	92,652	1,946,451
	3	Gross revenue (line 1 minus line 2)	358,867	324,629		683,496
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	17,918	19,202		37,120
	6	Rent/facility costs		61,628		61,628
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	241,521	225,741	11,415	478,677
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					106,071

**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		45,850	45,850	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Combine line 1, column d, and line 7					45,850

9 Enter the state(s) in which the organization operates gaming activities: OR, WA

a Is the organization licensed to operate gaming activities in each of these states? **9a**  Yes  No

b If "No," Explain: \_\_\_\_\_

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

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? **11**  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? **12**  Yes  No

	Yes	No
<b>9a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>10a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**13** Indicate the percentage of gaming activity operated in:

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

<b>13a</b>	50.00 %
<b>13b</b>	50.00 %

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

Name **u** Medical Teams International  
 14150 SW Milton Ct.  
 Address **u** Tigard OR 97224

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

<b>15a</b>		X
------------	--	---

- 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 of the third party:

Name **u** .....

Address **u** .....

**16** Gaming manager information:

Name **u** Linda Ranz .....

Gaming manager compensation **u** \$ .....

Description of services provided **u** VP of Resource Development .....

- 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? .....
- 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** \$ .....

<b>17a</b>		X
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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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" to 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  **u**

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
	ADEA 3518 SE 21st Ave Portland OR 97202		7		19,712	FMV	Hygiene and	help people in need OTC
	Bethesda Lutheran Communities 831 SW 17th Ave Portland OR 97212	39-0806446	3		28,607	FMV	Hygiene and	help people in need OTC
	Birch Community Services 17780 NE San Rafael Portland OR 97230	93-1186020	3		311,997	FMV	Hygiene and	help people in need OTC
	Blanchet House 340 NW Glisan P.O. Box 4145 Portland OR 97208	93-6031009	3		52,998	FMV	Hygiene and	help people in need OTC
	Boys and Girls Aid Society 018 SW Boundary Ct Portland OR 97239-3939	93-0386791	3		5,986	FMV	Hygiene and	help people in need OTC
	Bridges to Change 207 7th St Oregon City OR 97045	76-0751239	3		43,895	FMV	Hygiene and	help people in need OTC
	Bridgetown Ministries 21065 SW Stafford Rd. Tualatin OR 97013	93-0600917	3		19,548	FMV	Hygiene and	help people in need OTC
	Catholic Community Services PO Box 20400 Salem OR 97307-0400	93-0903773	3		8,719	FMV	Hygiene and	help people in need OTC
	Central City Concern (Recuperative 309 SW 4th Portland OR 97204	93-0728816	3		103,670	FMV	Hygiene and	help people in need OTC

- 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" to Form 990, Part IV, line 22.  
Use Part IV and 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

**2009**
**Open to Public  
Inspection**
Department of the Treasury  
Internal Revenue Service
**u Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

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 United States (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 Community Clinic 27 NE Killingsworth Portland OR 97221	93-0811915	3		28,106	FMV	Hygiene and OTC	help people in need
Christian Aid Ministries PO Box 360 Berlin OH 44610-0360	34-1344364	3		15,972,366	FMV	Medical supply	help people in need
The Christian and Missionary Allian PO Box 35000 Colorado Springs CO 80935-3500	13-1623940	3	11,500				help people in need
Clackamas Women's Services 704 Main Street, Suite 200 Oregon City OR 97045	93-0900119	3		19,883	FMV	Hygiene and OTC	help people in need
Cure International 701 Bosler Ave Lemoyne PA 17043	58-2248383	3	10,000				help people in need
Domestic Violence Resource Center PO Box 494 Hillsboro OR 97123	93-0665804	3		7,502	FMV	Hygiene and OTC	help people in need
Eastgate Bible Chapel Food Pantry PO Box 16118 Portland OR 97292-0118	93-0492215	3		13,090	FMV	Hygiene and OTC	help people in need
Family Bridge 183 SE 6th Ave Hillsboro OR 97123	31-1682683	3		7,358	FMV	Hygiene and OTC	help people in need
Free Clinic of SW Washington 4100 Plomondon St. Vancouver WA 98661	91-1707542	3		50,336	FMV	Hygiene and OTC	help people in need
Good Neighbor Center 11130 SW Greenburg Rd Tigard OR 97223	93-1269989	3		9,422	FMV	Hygiene and OTC	help people in need
Haiti Foundation of Hope PO Box 61941 Vancouver WA 98666	20-3169728			25,000			help people in need

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**
**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**
**Open to Public  
Inspection**
Department of the Treasury  
Internal Revenue Service
**u Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

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 United States (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
Harbor Light Mission (Salvation Arm 30 SW Second Portland OR 97204	94-1156347	3		7,932	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		34,098	FMV	Hygiene and OTC	help people in need
House of Zion 1430 E. Cleveland Woodburn OR 97071	93-0871543	3		31,989	FMV	Hygiene and OTC	help people in need
Housing Transitions Program, Cathol 1910 SE 11th Ave Portland OR 97214	93-0386801	3		8,078	FMV	Hygiene and OTC	help people in need
InAct. Inc 727 NE 24th Ave Portland OR 97204	51-0145008	3		31,434	FMV	Hygiene and OTC	help people in need
India Partners 372 West 12th Ave Eugene OR 97401	93-1164757	3	10,000				help people in need
International Children's Fund PO Box 583 Neenah WI 54957	39-1303430	3		51,689	FMV	Hygiene and OTC	help people in need
Janus Youth Programs 707 NE Couch St. Portland OR 97232	23-7345990	3		9,116	FMV	Hygiene and OTC	help people in need
Jericho Alliance 23316 NE Redmond-Fall City Rd #605 Redmond WA 98053-8376	26-3289158	3	14,000				help people in need
JOIN 3338 SE 17th Ave Portland OR 97202	93-1090005	3		40,483	FMV	Hygiene and OTC	help people in need

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**
**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**
**Open to Public  
Inspection**
Department of the Treasury  
Internal Revenue Service
**u Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

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 United States (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
Julia West House 522 SW 13th Ave Portland OR 97205	93-0386831	3		53,199	FMV	Hygiene and OTC	help people in need
Kingsway Charities 1119 Commonwealth Ave Bristol VA 24201	54-1668650	3		109,227,157	FMV	Medical supply	help people in need
Love, Inc 209 S Main Street Newberg OR 97132	26-0068805	3		41,943	FMV	Hygiene and OTC	help people in need
Marion Polk Food Share 1660 Salem Industrial Drive NE Salem OR 97301-0374	94-3034161	3		218,148	FMV	Hygiene and OTC	help people in need
Metropolitan Family Services 1808 SE Belmont Portland OR 97214	93-0397825	3		8,081	FMV	Hygiene and OTC	help people in need
Morning Star Development PO Box 62327 Colorado Springs CO 80962	54-2086318	3	35,000				help people in need
Mt. Hood Comm College Nursing Prgrm 1484 NW Civic Dr Gresham OR 97030	93-0546890			10,988	FMV	Hygiene and OTC	help people in need
My Father's House deliver to: 5003 w Powell Blvd Gresham OR 97030	93-1306035	3		20,139	FMV	Hygiene and OTC	help people in need
My Father's House Ministries 4046 NE Martin Luther King Portland OR 97212	87-0798687	3		27,216	FMV	Hygiene and OTC	help people in need
National Relief Charities 500 E Peyton Street Sherman TX 75090	58-1888256	3		356,625	FMV	Hygiene and OTC	help people in need
New Avenues for Youth (NAFY) 1220 SW Columbia Avenue Portland OR 97201	93-0910213	3		41,066	FMV	Hygiene and OTC	help people in need

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New Heights Clinic 8000 NE 58th Ave Vancouver WA 98665	91-0864632	3		79,501	FMV	Hygiene and OTC	help people in need
North By Northeast CHC 3030 NE MLK Blvd Portland OR 97212	72-1618287	3		77,185	FMV	Hygiene and OTC	help people in need
Northwest Mission Bible Training Ce 2724 N Ainsworth Portland OR 97217	23-7071094	3		33,846	FMV	Hygiene and OTC	help people in need
Old Town Clinic/Recuperation Care P 727 W. Burnside Portland OR 97209	93-0728816	3		123,423	FMV	Hygiene and OTC	help people in need
Outside In 1132 SW 13th Portland OR 97205	93-0567549	3		39,140	FMV	Hygiene and OTC	help people in need
Portland Rescue Mission 111 W Burnside Portland OR 97209	93-0429004	3		9,421	FMV	Hygiene and OTC	help people in need
Raphael House of Portland 4110 SE Hawthorne # 503 Portland OR 97214	93-0710963	3		61,414	FMV	Hygiene and OTC	help people in need
Real Hope for Haiti PO Box 23 Elwood IN 46036	20-5603302	3		384,923	FMV	Hygiene and OTC	help people in need
Rosehaven 1808 NW Irving Portland OR 97209	93-1212633	3		29,323	FMV	Hygiene and OTC	help people in need
Saint Child 2373 NW 185th #714 Hillsboro OR 97124	93-1212633	3		5,305	FMV	Hygiene and OTC	help people in need
Share Homeless Shelters PO Box 1209 Vancouver WA 98666-1209	91-1205119	3		34,633	FMV	Hygiene and OTC	help people in need

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
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OMB No. 1545-0047

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

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Sonrise Church 6701 NE Campus Way Hillsboro OR 97124	93-0785442	3		23,255	FMV	Hygiene and OTC	help people in need
Southwest Community Health Center 7754 SW Capitol Hwy Portland OR 97219	70-3050497	3		20,523	FMV	Hygiene and OTC	help people in need
Sports Outreach Institutes, Inc. 14680 SW 141st Street Portland OR 97224	54-1479310	3		13,959	FMV	Hygiene and OTC	help people in need
Transitional Youth 13945 Sequoia Pkwy #150 Portland OR 97224	93-1088674	3		37,881	FMV	Hygiene and OTC	help people in need
Trinity Lutheran Church 5520 NE Killingsworth St Portland OR 97218	93-0479868	3		82,612	FMV	Hygiene and OTC	help people in need
Union Gospel Mission 15 NW 3rd Portland OR 97209	93-0401258	3		24,169	FMV	Hygiene and OTC	help people in need
Virginia Garcia Memorial Health Cen 85 N 12th Cornelius OR 97113	93-0717997	3		9,923	FMV	Hygiene and OTC	help people in need
Volunteers of America 3910 SE Stark Portland OR 97214	13-1692595	3		82,288	FMV	Hygiene and OTC	help people in need
Wallace Medical Concern PO Box 3506 Gresham OR 97030	93-0853709	3		18,887	FMV	Hygiene and OTC	help people in need
West Women and Children Shelter 2010 NW Kearney Portland OR 97208	94-1156347	3		56,828	FMV	Hygiene and OTC	help people in need
White Shield - Salvation Army 2640 NW Alexandra Ave Portland OR 97210	93-0386992	3		18,093	FMV	Hygiene and OTC	help people in need

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Schedule I-1 (Form 990) 2009



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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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Schedule I (Form 990), Part II or Part III.**

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 United States (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
William Temple House 2023 NW Hoyt St Portland OR 97209	93-0559964	3		62,106	FMV	Hygiene and OTC	help people in need
Woodland Community Service Center 736 Davidson Ave Woodland WA 98674	91-2105285	3		69,994	FMV	Hygiene and OTC	help people in need
World Concern 19303 FREMONT AVE N Seattle WA 98133	91-6012289	3	20,000				help people in need
World Relief PO Box 868 Baltimore MD 21203-0868	23-6393344	3	40,000				help people in need
Younglife's Washington Family Ranch 1 Muddy Road Antelope OR 97001	84-0385934	3		63,219	FMV	Hygiene and OTC	help people in need
Youth Guidance Association 2730 NE Flanders Portland OR 97232	93-0848235	3		7,574	FMV	Hygiene and OTC	help people in need



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
**u Complete if the organization answered "Yes" to Form 990,**  
**Part IV, line 23.**  
**u Attach to Form 990. u See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</b> If any of the boxes on 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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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 checked="" 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		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.

Department of the Treasury  
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Name of the organization

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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	38	257,067	
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	X	1	65,380	
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	500	187,331,435	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> (Hygiene)	X	500	3,255,601	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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 noncash 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	

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Part I, Line 32b - Third Party Used to Process Noncash Contributions

Realtors are used to facilitate sales of real property.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

u Attach to Form 990.

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Form 990, Part I, Line 6

Volunteers host visitor and tour groups in our multi-sensory exhibit, provide general office assistance, represent the Organization in community events, help prepare medical supplies and equipment for shipment to international offices and partners, provide free dental care in the Pacific Northwest and Minnesota, provide health care to people in need in developing countries and disaster-affected areas, and implement emergency preparedness programs.

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

AFRICA:

Medical Teams International (MTI) deployed 41 volunteer health care teams to nine countries: Cameroon, Ethiopia, Gabon, Kenya, 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, dermatology, dental services and training, orthopedic surgery, obstetrics and gynecology, anesthesiology, ophthalmology, ultrasound and nurse training. MTI also shipped life saving medicines, supplies and equipment to 8 countries: Cameroon, Ghana, Liberia, Rwanda, Sierra Leone, Somalia, Tanzania and Zambia.

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. Two medical volunteers deployed by MTI trained two



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physicians and two nurses. In the last year, 2,352 ultrasounds were performed in five clinics, nearly four times that of the previous year; an average of 240 more women came to each clinic for the first time for prenatal care than in the previous year, and 67 women with birth complications were referred to a hospital with 57 live births and no deaths of mothers. MTI is also supporting the training of five nurses and ten nurse aides to continue providing quality care at our partner's hospital.

Liberia: MTI implemented the final year of 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 trained county health workers and community members in the Integrated Management of Childhood Illnesses and assisted five government clinics in Grand Cape Mount County by providing operational support, staff training, essential medicines and medical supplies.

MTI also began implementation of the Rebuilding Basic Health Services (RBHS) project in 2009 through a sub-grant from John Snow Incorporated (JSI). In collaboration with the Liberia Ministry of Health and Social Welfare and local partners, the project increases access to basic health care services in three counties at 18 health facilities: 14 health clinics and one health center in Grand Cape Mount County, two clinics in Bomi County and one health center in Montserrado County. The project will benefit 129,055 people in Grand Cape Mount County and the targeted populations of two clinics and one health center in Bomi and Montserrado Counties.

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Ethiopia: MTI supported a local partner for the final year of 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 8,600 youths and adults participated in HIV infection prevention education.

Mozambique: Through a grant from PEPFAR, MTI is supporting a comprehensive HIV/AIDS project, "Building Better Lives" which expands and strengthens the work of established indigenous community and faith-based organizations. The goal of the project is to prevent new HIV infections and provide quality care to people living with HIV and AIDS and children orphaned or made vulnerable by AIDS in underserved, rural communities in Sofala Province, Mozambique. MTI provides resources and technical support to build institutional and technical capacity, improve systems and monitor the activities of the implementing partner organizations. During the first year of the project 312 OVC were reached through education and/or vocational training, food and/or nutritional support or general health support services and 357 chronically ill HIV+ patients were reached through Home Based Care services.

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

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refugees crossing the border into southwestern Uganda.

In Northern Uganda MTI began implementing two multi-year USAID supported projects- Child Survival and Malaria Communities Program. The goal of Child Survival is to reduce child morbidity and mortality in Lira District, in support of Uganda Ministry of Health goals, objectives and strategies. The project will directly benefit 21,948 children under age five and 24,624 women of reproductive age. The goal of the Malaria Communities Program is to reduce malaria-related morbidity and mortality among pregnant women and children under the age of five in Dokolo and Lira Districts. The project will directly benefit 159,895 children under five years of age and 39,578 pregnant women.

Also in Lira district MTI provides Prevention of Mother to Child Transmission (PMTCT) services through support from UNICEF. The project strengthens existing PMTCT services in rehabilitated health centers and establishes additional community access points. The goal of the project is to reduce vertical transmission of HIV by increasing the availability and utilization of core PMTCT services among women of child bearing age and their children.

In Pader district MTI provides Primary Health Care programming in local health facilities in order to improve the health status of resettling communities and increase primary health care services to more than 37,000 direct beneficiaries. Our local Ugandan medical staff visit various sites and provide specialized services as needed, including HIV and AIDS training and care.

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In addition, MTI manages the Ogur Youth Information and Care Center which provides youth-friendly services to prevent HIV infection, promote healthy behaviors and increase access to counseling and testing services and treatments and medicines to prevent HIV & AIDS related opportunistic infections. In FY 10 the Ogur Youth Center impacted the lives of over 10,700 vulnerable individuals.

In SW Uganda, MTI completed a 12-month project under the Bureau of Population, Refugees, and Migration (BPRM) funding providing access to primary health care for over 27,000 displaced people through the provision of mobile medical and static clinic services.

MTI is staffing a permanent medical facility in Nakivale providing medical and health services, including treatment of acute and critical pediatric and medical illnesses, minor surgery, antenatal care, obstetrical assessments and referral, HIV testing and counseling, immunizations, and referral with transportation to referral health centers. Expanded services include health promotion and education, distribution of insecticide treated mosquito nets, training of community health workers, monitoring-assessment-response to any disease outbreaks, and psychological services to refugees. There are staff quarters on site at the clinic where many of our national staff live and provide 24/7 care to the refugees.

The goal for the volunteer teams and our national staff is to reduce morbidity and mortality of Congolese refugees living in the Nakivale refugee camp. In FY10, MTI send 11 volunteer teams comprised of 32

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volunteers. There are roughly 25 full-time national staff working in the MTI program, plus an additional 14 part-time staff, including clinical officers, various nurses, a midwife, drivers, guards and translators.

ASIA:

Vietnam: In FY10, MTI deployed one Emergency Medical Services Training team in partnership with the Vietnam Red Cross to the Hai Duong Province. This team conducted a final evaluation of our three year training program which trained 1820 beneficiaries in basic first responder training to help a population of over 600,000 in the Hai Duong Province in Northern Vietnam.

Cambodia: In FY 10, MTI sent 12 volunteers teams to Cambodia. Eight of these teams were for the EMS program in collaboration with the Calmette Hospital and new partners New Life and KEY. They worked closely to contextualize the new Khmer EMS DVD and textbook which was created in collaboration with the ministry of Health.

MTI also sent two dental teams, one medical brigade team and one medical teaching team to our partner Angkor Hospital for Children in Siem Reap.

MTI worked with a local needy community outside of Phnom Penh called the Andong project to provide safe water and community health messages to its residents.

Sri Lanka: MTI programs in Sri Lanka are divided into three main categories: Emergency Services Systems Development and Community and Transitional Health and Emergency Humanitarian response.

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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 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.

In response to the complex humanitarian emergency related to the escalation and conclusion of the armed conflict in northern Sri Lanka, MTI partnered with the World Health Organization, USAID, UMCOR, and the Ministry of Health to provide an emergency medical response to over 170,000 internally displaced persons in northern Sri Lanka. This program focused on improving health services including providing ambulances, educating health workers to

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promote good health and giving psycho social support to these IDPs.

A total of four volunteer teams were sent to Sri Lanka. Three of these teams provided EMS training to first responders. One volunteer team provided education with the community health programs.

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

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.

In Pidie district, MTI completed a three year community health project which helped over 97,000 community members. Pidie was a district hard hit by the 2004 tsunami and is a post conflict area from the "Free Aceh movement". We concentrated on working with the under five population. The three areas of intervention were in nutrition, immunization and exclusive breast feeding. MTI also built the capacity of the established district, sub-district and community health system. MTI developed curriculum for training and provided these trainings.

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MTI sent two volunteer dental teams to Indonesia this year to Nias Island where approximately 750 people were given direct dental services in the community health project communities.

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 expanded its work into the Transnistria region of Eastern Moldova as well as providing supervisory support to 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 other organizations. The shipment also provided equipment and supplies needed to support the EMS training program. MTI sent one EMS training team to Moldova this year to Transnistria. MTI also sent four other teams including vision/donor teams, Physical and Occupational Therapy teams and dental teams.

Romania: Medical Teams International partners with Fundatia Heart of Hope



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(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 FY10.

Medical Teams International sent two volunteer teams to Romania in FY10. These teams included one dental team, and a gift of hope/vision team.

Afghanistan: Medical Teams International worked with CURE International, and Morning Star development on providing primary health care and medical services to the residents of the Kabul, and the surrounding catchment areas.

Medical Teams International had been involved in the implementing the primary health care and training for medical workers and healthcare providers. MTI monitored the activities of services provided through medical volunteer teams. MTI partnered with both mentioned organizations on the establishment of medical services, and recruiting and hosting short term teams of medical professionals.

Medical Services and training serve as a platform from which to extend our reach further into Afghan communities. MTI teams provided a variety of services, from medical outreaches to training in the area of OBGYN, Cardiology, and Pediatric care.

Uzbekistan: Medical Teams International implemented projects on Emergency

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Medical Services Training, and Community Based Rehabilitation. US based and local specialists conducted numerous trainings for the caregivers and medical personnel from the Uzbekistan social services organizations and an orphanage #1. The volunteers provided good care for the children from the orphanage, and treated each child personally. They also gave some recommendations on the improvement of living conditions of the children. The Rehabilitation project focused on increasing the medical-social services for disabled children under the supervision of families and communities through developing the basis for an alternative system of social care, decreasing the number of disabled children transferred to orphanages under state social care in Tashkent.

During this fiscal year Medical Teams International trained more than 2,000 emergency rescue workers, and medical personnel at EMS training centers. Emergency Medical Care training project has assisted in updating the First Responder workbook, in developing treatment protocols and triage algorithms for local emergency rooms.

All trainers are actively involved into the development and update of treatment protocols. Medical Teams International transitioned the project to the Ministry of Health which continues to play a key role in program implementation. The Ministry of Health and the Ministry of Disasters were the leading task force and liaison with all involved agencies and ministries and provided interventions for future EMS development.

LATIN AMERICA and USA:

In FY10, MTI Latin America programs were able to bring hope and healing to

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more than 240,000 people. MTI provided health training, medical care and community development through 52 teams sent to El Salvador, Guatemala, Haiti, Honduras, Mexico and Nicaragua; the teams reached approximately 19,000 people.

Additionally, MTI supported health projects throughout the region including a Community Health Transformation Project in Guatemala, the 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 (two to Honduras, one to El Salvador and one to Guatemala) valued at \$2,738,105. These medicines and supplies aided 222,800 people in need.

Since January 2010, in response to the earthquake in Haiti, Medical Teams International has served over 183,600 beneficiaries through mobile medical units and static clinics and through donations of Gifts-in-Kind. MTI also shipped more than \$5 million in medicines and supplies, developed a psychosocial training program, and established a field office to transition from relief to rehabilitation and development. In FY10, MTI sent 21 volunteer teams and a total of 142 volunteers.

Medical Teams International's mission in Haiti is to provide emergency and

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primary health care to earthquake-affected communities throughout Haiti, improving the quality of life from relief through recovery. During the first 24 weeks after the earthquake, Medical Teams International sent 18 volunteer teams with the first one arriving within three days of the disaster. More than 100 doctors, nurses and other health professionals operated out of mobile medical units and static clinics in Port-au-Prince, Leogane, Les Cayes and Carrefour.

Medical Teams International also partnered with the Quisqueya Project. Through this project, in the first six months after the earthquake, 60,000 patients were treated, \$4.5 million in supplies were distributed, and 1,500 medical personnel were deployed to care for earthquake affected individuals.

By the end of FY10, our health programs were as follows:

1. Static Clinic Services

a. Primary health care and prevention services: vaccinations, HIV/AIDS care, sexually transmitted infections treatment, malaria prevention and treatment, and family planning

2. Rehabilitation Services through Advantage Program - Les Cayes

a. Conducting training on management of amputated limbs

b. Fabricating prostheses and orthotics

c. Providing rehabilitation services (physical therapy)

d. Conducting training to community leaders, teachers, and pastors in disability adaptation, awareness, advocacy and accessibility

3. Church and Faith Based Organization Engagement supporting churches to enhance the provision of health care through:

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a. Mobile medical clinics

b. Resupply of medicines, medical equipment, and supplies

c. Provision of medical specialty training teams to local hospitals

d. Community health education

UNITED STATES/OTHER:

In Oregon and Washington, our mobile dental program enabled more than 800 volunteer dental professionals to provide free or low-cost dental care to 17,595 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 90 agencies providing aid for local low-income and at-risk persons.

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

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

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

Form 990 will be sent to all members of the Board of Directors for review. Questions and concerns are directed to management and the Executive Committee for clarification. The Executive Committee approves Form 990 at the committee level.

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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 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

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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.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are on file with the Executive department and are available upon request. The conflict of interest policy and financial statements are available on the Organization's website.