

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 2011 calendar year, or tax year beginning 07/01/11 , **and ending** 06/30/12

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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 \$ 152,049,868

F Name and address of principal officer:
Jeffrey Pinneo
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) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: <http://www.medicalteams.org>

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Voluntary Christian relief and development organization dedicated to providing medical care, supplies, and health education to people in need worldwide.		
	2 Check this box <input type="checkbox"/> 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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	135
	6 Total number of volunteers (estimate if necessary)	6	2172
	7a Total 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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	140,993,004	148,711,210
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,109,646	1,196,736
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,487	123,273
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	411,329	337,082
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	142,601,466	150,368,301
	14 Benefits paid to or for members (Part IX, column (A), line 4)	120,240,281	132,104,411
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,690,471	9,325,764
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,106,192	32,681	28,298
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,588,647	11,377,276
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	142,552,080	152,835,749
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	49,386	-2,467,448
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	28,814,233	26,194,640
	22 Net assets or fund balances. Subtract line 21 from line 20	1,223,387	1,127,816
		27,590,846	25,066,824

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 Date: CFO

Paid Preparer Use Only

Print/Type preparer's name: Fritz S. Duncan Preparer's signature: Date: Check if self-employed PTIN: P00036435

Firm's name: Jones & Roth, P.C. Firm's EIN: 93-0819646

Firm's address: Eugene, OR 97440 Phone no.: 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

Check if Schedule O contains a response to any question in this Part III [X]

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 149,287,946 including grants of \$ 132,104,411) (Revenue \$ 1,196,736) 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 149,287,946

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 (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV		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 (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) Gary Duim Treasurer	1.00	X		X			0	0	0	
(2) Paul Hathaway Director	1.00	X					0	0	0	
(3) Dr. Todd Ulmer Director	1.00	X					0	0	0	
(4) Ron King Chair	1.00	X		X			0	0	0	
(5) Patricia Reser Director	1.00	X					0	0	0	
(6) Ann Klein Director	1.00	X					0	0	0	
(7) Joan Wallace Secretary	1.00	X		X			0	0	0	
(8) Phil Lane Director	1.00	X					0	0	0	
(9) Nate Miles Director	1.00	X					0	0	0	
(10) Dr. Nancy Wilgenbusch Director	1.00	X					0	0	0	
(11) Jin Park Director	1.00	X					0	0	0	
(12) Shari Jackson Monson Director	1.00	X					0	0	0	
(13) Mark Dodson Vice Chair	1.00	X		X			0	0	0	
(14) Bastian Vanderzalm Pres/ CEO	40.00			X			156,652	0	28,892	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) William Essig VP In't Prog	40.00			X				122,605	0	23,866
(16) Linda Ranz VP of RD	40.00			X				113,626	0	8,122
(17) Pamela Blikstad VP/CFO	40.00			X				105,239	0	19,360
(18) R. Marlene Minor VP of Commun	40.00			X				101,215	0	15,959
(19) Steve Vickers VP of Admin	40.00			X				84,256	0	29,359
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								683,593		125,558
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								683,593		125,558

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	25,833				
	b Membership dues	1b					
	c Fundraising events	1c	1,795,858				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,473,744				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	143,415,775				
	g Noncash contributions included in lines 1a-1f: \$		133,208,915				
	h Total. Add lines 1a-1f		148,711,210				
Program Service Revenue	2a Program Service Revenue	Busn. Code	1,196,736	1,196,736			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,196,736				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		86,488			86,488	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities		623,608			455,114
		(ii) Other					
	b Less: cost or other basis & sales exps.		624,338			417,599	
	c Gain or (loss)		-730			37,515	
	d Net gain or (loss)			36,785	37,515		-730
	8a Gross income from fundraising events (not including \$ 1,795,858 of contributions reported on line 1c). See Part IV, line 18	a		720,259			
	b Less: direct expenses	b		639,630			
c Net income or (loss) from fundraising events			80,629				
9a Gross income from gaming activities. See Part IV, line 19	a		87,600				
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			87,600			87,600	
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Busn. Code						
11a Other revenue			168,853	168,853			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			168,853				
12 Total revenue. See instructions.			150,368,301	1,403,104	0	173,358	

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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	83,714,978	83,714,978		
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	48,389,433	48,389,433		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	777,184	153,727	311,375	312,082
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	6,882,587	5,305,566	541,873	1,035,148
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	239,641	201,715	10,256	27,670
9 Other employee benefits	946,027	725,217	70,563	150,247
10 Payroll taxes	480,325	308,153	59,986	112,186
11 Fees for services (non-employees):				
a Management				
b Legal	10,645	9,736	762	147
c Accounting	67,039	61,315	4,799	925
d Lobbying				
e Professional fundraising services. See Part IV, line 7	28,298			28,298
f Investment management fees				
g Other	1,070,112	870,123	69,379	130,610
12 Advertising and promotion	384,624	5,849	607	378,168
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	451,327	328,042	20,098	103,187
17 Travel	1,006,842	903,021	31,523	72,298
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	833,511	668,253	164,765	493
23 Insurance	215,038	178,215	36,823	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Gifts in-kind	2,914,612	2,906,767		7,845
b Program grants and activities	1,488,666	1,488,326		340
c Supplies	1,143,344	1,032,160	10,063	101,121
d Vehicles	1,043,412	1,033,901	1,486	8,025
e All other expenses	748,104	1,003,449	107,253	-362,598
25 Total functional expenses. Add lines 1 through 24e	152,835,749	149,287,946	1,441,611	2,106,192
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest bearing	2,064,645	1	758,943
	2	Savings and temporary cash investments	3,987	2	3,320
	3	Pledges and grants receivable, net	1,220,973	3	1,476,682
	4	Accounts receivable, net	731,559	4	593,939
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	11,631,395	8	11,008,889
	9	Prepaid expenses and deferred charges	154,494	9	182,941
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,097,446		
	b	Less: accumulated depreciation	10b 6,008,271	10c	9,089,175
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	3,108,565	12	3,080,751
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	28,814,233	16	26,194,640	
Liabilities	17	Accounts payable and accrued expenses	1,203,068	17	1,119,283
	18	Grants payable		18	
	19	Deferred revenue	20,319	19	8,533
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,223,387	26	1,127,816
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	23,265,732	27	22,208,352
	28	Temporarily restricted net assets	3,102,443	28	1,675,783
	29	Permanently restricted net assets	1,222,671	29	1,182,689
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	27,590,846	33	25,066,824	
34	Total liabilities and net assets/fund balances	28,814,233	34	26,194,640	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	150,368,301
2	Total expenses (must equal Part IX, column (A), line 25)	2	152,835,749
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,467,448
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,590,846
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-56,574
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,066,824

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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

2011

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

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

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

The organization is not a private foundation because it is: (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—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
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?

Table with 2 columns: Yes, No. Rows for 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 rows (A) through (E) and a Total row.

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 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

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 99.87%. Row 16: Public support percentage from 2010 Schedule A, Part III, line 15 16 99.69%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %. Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17 18 %.

- 19a 33 1/3% support tests—2011. 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 [X]
b 33 1/3% support tests—2010. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Medical Teams International	Employer identification number 93-0878944
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TEVA Pharmaceuticals USA 1090 Horsham Road North Wales PA 19454	\$ 65,513,889	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Watson Pharmaceuticals 311 Bonnie Circle Corona CA 92880	\$ 34,171,064	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Johnson & Johnson One Johnson & Johnson Plaza New Brunswick NJ 08933	\$ 10,042,887	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Medical Teams International	Employer identification number 93-0878944
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Medical Supplies (Various dates)	\$ 65,513,889
2	Medical Supplies (various dates)	\$ 34,171,064
3	Medical Supplies (various dates)	\$ 10,042,887
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

Medical Teams International

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, Held at the End of the Tax Year. Includes questions 1-8 regarding conservation easements.

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.

Table with 3 columns: Question, Revenues, Assets. Includes questions 1a, 1b, 2 regarding art and historical treasures.

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,222,671	1,194,299	1,052,498	1,299,156	
b Contributions	7,463	5,000	5,000	12,500	
c Net investment earnings, gains, and losses	-17,910	87,723	136,801	-259,158	
d Grants or scholarships					
e Other expenditures for facilities and programs	29,535	64,351			
f Administrative expenses					
g End of year balance	1,182,689	1,222,671	1,194,299	1,052,498	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ 100.00 %
 - c** Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,737,278		1,737,278
b Buildings		6,864,565	1,510,020	5,354,545
c Leasehold improvements				
d Equipment		4,671,374	3,844,508	826,866
e Other		1,824,229	653,743	1,170,486
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,089,175

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>Mutual Funds</u>	3,080,751	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,080,751	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	150,368,301
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	152,835,749
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,467,448
4	Net unrealized gains (losses) on investments	4	-56,574
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-56,574
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,524,022

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

1	Total revenue, gains, and other support per audited financial statements	1	154,005,577
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-56,574
b	Donated services and use of facilities	2b	2,944,790
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	749,060
e	Add lines 2a through 2d	2e	3,637,276
3	Subtract line 2e from line 1	3	150,368,301
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	150,368,301

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

1	Total expenses and losses per audited financial statements	1	156,529,599
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,944,790
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	749,060
e	Add lines 2a through 2d	2e	3,693,850
3	Subtract line 2e from line 1	3	152,835,749
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	152,835,749

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.

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

Part XIV Supplemental Information (continued)

Reclassification of loss on disposal of assets \$ 109,430

Reclassification of fundraising event expenses \$ 639,630

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Reclassification of fundraising event expenses \$ 639,630

Reclassification of loss on disposal of assets \$ 109,430

**SCHEDULE F
(Form 990)**
Statement of Activities Outside the United States

OMB No. 1545-0047

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

2011
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	2	32	Program Services	See schedule O	60,642,074
East Asia and the Pacific	2	29	Program Services	See schedule O	41,153,471
Europe (including Iceland and Greenland)	1	6	Program Services	See schedule O	276,454
Middle East and North Africa			Program Services	See schedule O	5,392,455
North America			Program Services	See schedule O	6,985,074
Russia and the Newly Independent States	1	15	Program Services	See schedule O	2,609,894
South Asia			Program Services	See schedule O	6,509,038
Sub-Saharan Africa	3	371	Program Services	See schedule O	20,667,042
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	9	453			144,235,502
b Total from continuation sheets to Part I ...					
c Totals (add lines 3a and 3b)	9	453			144,235,502

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

Schedule F (Form 990) 2011

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and Caribbean	Help those in need	20,000	Wire Transfer			
(2)			Central America and Caribbean	Help those in need			772,130	Med & Med	WAC supp
(3)			Central America and Caribbean	Help those in need			208,845	Med & Med	WAC supp
(4)			Central America and Caribbean	Help those in need	90,000	Wire Transfer			
(5)			Middle East and North Africa	Help those in need			3,140,112	Med & Med	WAC supp
(6)			Middle East and North Africa	Help those in need			528,238	Med & Med	WAC supp
(7)			Central America and Caribbean	Help those in need			320,666	Med & Med	WAC supp
(8)			Sub-Saharan Africa	Help those in need	596,586	Wire Transfer			
(9)			East Asia and Pacific	Help those in need			250,881	Med & Med	WAC supp
(10)			Central America and Caribbean	Help those in need	37,335	Wire Transfer			
(11)			Sub-Saharan Africa	Help those in need			59,561	Medicine	WAC
(12)			East Asia and Pacific	Help those in need	94,000	Wire Transfer			
(13)			Sub-Saharan Africa	Help those in need			427,963	Medical supply	WAC
(14)			East Asia and Pacific	Help those in need			4,021,712	Medicine	WAC
(15)			North America	Help those in need			6,730,499	Medicine	WAC
(16)			Russia and Newly Independent States	Help those in need	19,705	Wire Transfer			

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 50

3 Enter total number of other organizations or entities

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
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Russia and Newly Independent States	Help those in need			6,600	Medical supply	WAC
(2)			East Asia and Pacific	Help those in need			589,909	Medical supply	WAC
(3)			Sub-Saharan Africa	Help those in need			28,600	Other	WAC
(4)			Central America and Caribbean	Help those in need			250,782	Med & Med supp	WAC
(5)			Sub-Saharan Africa	Help those in need			187,734	Medicine	WAC
(6)			Sub-Saharan Africa	Help those in need			989,998	Medicine	WAC
(7)			Middle East and North Africa	Help those in need			345,016	Medicine	WAC
(8)			North America	Help those in need	23,141	Wire Transfer			
(9)			Central America and Caribbean	Help those in need			360,745	Medicine	WAC
(10)			Sub-Saharan Africa	Help those in need	124,564	Wire Transfer			
(11)			Middle East and North Africa	Help those in need			304,041	Med & Med supp	WAC
(12)			Russia and Newly Independent States	Help those in need	30,000	Cash			
(13)			Sub-Saharan Africa	Help those in need			51,095	Medicine	WAC
(14)			South Asia	Help those in need	7,500	Wire Transfer			
(15)			Central America and Caribbean	Help those in need			6,600	Other	WAC
(16)			Sub-Saharan Africa	Help those in need			298,106	Med & Med supp	WAC

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 _____

3 Enter total number of other organizations or entities _____

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 **Part II can be duplicated if additional space is needed.**

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	Help those in need			256,654	Medical supply	WAC
(2)			Sub-Saharan Africa	Help those in need			3,767,062	Medicine	WAC
(3)			Russia and Newly Independent States	Help those in need			1,274,006	Med & Med supp	WAC
(4)			Central America and Caribbean	Help those in need			13,651,970	Medicine	WAC
(5)			Mexico	Help those in need			107,710	Medical supply	WAC
(6)			Middle East and North Africa	Help those in need			6,255,628	Medical supply	WAC
(7)			Sub-Saharan Africa	Help those in need	20,000	Wire Transfer			
(8)			Sub-Saharan Africa	Help those in need			45,330	Medicine	WAC
(9)			Russia and Newly Independent States	Help those in need			835,564	Medical supply	WAC
(10)			Sub-Saharan Africa	Help those in need			103,547	Medical supply	WAC
(11)			Middle East and North Africa	Help those in need			383,083	Medicine	WAC
(12)			Central America and Caribbean	Help those in need	23,940	Wire Transfer			
(13)			Middle East and North Africa	Help those in need			145,000	Medical equip	WAC
(14)			Europe	Help those in need			19,800	Medical supply	WAC
(15)			Sub-Saharan Africa	Help those in need	20,510	Wire Transfer			
(16)			Middle East and North Africa	Help those in need			546,965	Medical supply	WAC

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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes No

Schedule F (Form 990) 2011

Part V Supplemental Information

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

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

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, an MTI staff member may be assigned to monitor and evaluate the quality and outcomes of a partner's project.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
Central America and the Caribbean	\$ 60,642,074	\$ 0
East Asia and the Pacific	\$ 41,153,471	\$ 0
Europe (including Iceland and Greenland)	\$ 276,454	\$ 0
Middle East and North Africa	\$ 5,392,455	\$ 0
North America	\$ 6,985,074	\$ 0
Russia and the Newly Independent States	\$ 2,609,894	\$ 0
South Asia	\$ 6,509,038	\$ 0
Sub-Saharan Africa	\$ 20,667,042	\$ 0

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

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

Open To Public Inspection

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I

Fundraising Activities. Complete if the organization answered "Yes" 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Gateway Communications 1 16805 NE Mason Court Portland OR 97230	Soliciting		X	105,860	28,298	77,562
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				105,860	28,298	77,562

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

Oregon, California, Connecticut, Illinois, Louisiana, Maryland, Michigan, Minnesota, Mississippi, New Jersey, Washington, Pennsylvania

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Field of Dreams</u> (event type)	<u>Great Adventure</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,404,947	1,067,020	44,150	2,516,117
	2 Less: Charitable contributions	1,062,099	689,609	44,150	1,795,858
	3 Gross income (line 1 minus line 2)	342,848	377,411		720,259
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	34,955	19,722		54,677
	6 Rent/facility costs	72,877		11,568	84,445
	7 Food and beverages	74,455	43,152		117,607
	8 Entertainment				
	9 Other direct expenses	157,270	225,631		382,901
	10 Direct expense summary. Add lines 4 through 9 in column (d)				639,630
11 Net income summary. Combine line 3, column (d), and line 10				80,629	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 75.00 % <input 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					87,600

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:

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ 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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Birch Community Services 17780 NE San Rafael Portland OR 97230	93-1186020	3		277,583	FMV	Hygiene and OTC	help people in need
(2)	Blanchet House 340 NW Glisan P.O. Box 4145 Portland OR 97208	93-6031009	3		21,099	FMV	Hygiene and OTC	help people in need
(3)	Bridges to Change 207 7th St Oregon City OR 97045	76-0751239	3		28,936	FMV	Hygiene and OTC	help people in need
(4)	Cancer Fund of America 2901 Breezewood Lane Knoxville TN 37921-1099	58-1766061	3		253,213	FMV	Hygiene and OTC	help people in need
(5)	Central City Concern (Recuperative 309 SW 4th Portland OR 97204	93-0728816	3		32,038	FMV	Hygiene and OTC	help people in need
(6)	Children's Hunger Fund 17451 Palmer Blvd Homewood IL 60430	95-4335462	3		461,474	FMV	Hygiene and OTC	help people in need
(7)	Christian Aid Ministries PO Box 360 Berlin OH 44610-0360	34-1344364	3		15,450,120	WAC	Med & Med	help people in need supp
(8)	CIS Development Foundation 77 Milltown Rd East Brunswick NJ 08816	22-3304404	3		1,024,091	FMV	Hygiene and OTC	help people in need
(9)	Domestic Violence Resource Center PO Box 494 Hillsboro OR 97123	93-0665804	3		7,021	FMV	Hygiene and OTC	help people in need

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 63
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Eastgate Bible Chapel Food Pantry PO Box 16118 Portland OR 97292-0118	93-0492215	3		7,457	FMV	Hygiene and OTC	help people in need
(2)	Free Clinic of SW Washington 4100 Plomondon St. Vancouver WA 98661	91-1707542	3		7,558	FMV	Hygiene and OTC	help people in need
(3)	Good Neighbor Center 11130 SW Greenburg Rd Tigard OR 97223	93-1269989	3		8,263	FMV	Hygiene and OTC	help people in need
(4)	Haiti Foundation of Hope PO Box 61941 Vancouver WA 98666	20-3169728	3	60,000				help people in need
(5)	House of Hope Recovery PO Box 7400 Aloha OR 97007	41-2143535	3		16,245	FMV	Hygiene and OTC	help people in need
(6)	House of Zion 1430 E. Cleveland Woodburn OR 97071	93-0871543	3		13,617	FMV	Hygiene and OTC	help people in need
(7)	Housing Transitions 2740 SE Powell Blvd #6 Portland OR 97202	93-0386801	3		6,923	FMV	Hygiene and OTC	help people in need
(8)	InAct. Inc 727 NE 24th Ave Portland OR 97204	51-0145008	3		6,591	FMV	Hygiene and OTC	help people in need
(9)	JOIN 3338 SE 17th Ave Portland OR 97202	93-1090005	3		9,756	FMV	Hygiene and OTC	help people in need

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ 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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Kingsway Charities 1119 Commonwealth Ave Bristol VA 24201	54-1668650	3		59,538,007	WAC	Med & Med	help people in need supp
(2)	Life for Relief & Development 17300 W 10 Mile Rd Southfield MI 48075	95-4402149	3		3,330,565	FMV	Med & Med	help people in need supp
(3)	Life in Abundance 1605 E Elizabeth #U-7B Pasadena CA 91104	02-0587875	3	29,143				help people in need
(4)	Love, Inc 209 S Main Street Newberg OR 97132	26-0068805	3		22,262	FMV	Hygiene and OTC	help people in need
(5)	Metropolitan Family Services 1808 SE Belmont Street Portland OR 97214	93-0397825	3		12,526	FMV	Hygiene and OTC	help people in need
(6)	Morning Star Development PO Box 62327 Colorado Springs CO 80962	54-2086318	3	55,000				help people in need
(7)	My Fathers House 5424 SW Palatine Portland OR 97219	87-0798687	3		10,865	FMV	Hygiene and OTC	help people in need
(8)	National Relief Charities 500 E Peyton Street Sherman TX 75090	58-1888256	3		2,317,965	FMV	Hygiene and OTC	help people in need
(9)	New Avenues for Youth (NAFY) 1220 SW Columbia Avenue Portland OR 97201	93-0910213	3		8,032	FMV	Hygiene and OTC	help people in need

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ 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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	New Heights Clinic 8000 NE 58th Ave Vancouver WA 98665	91-0864632	3		14,502	FMV	Hygiene and OTC	help people in need
(2)	North By Northeast CHC 3030 NE MLK Blvd Portland OR 97212	72-1618287	3		23,712	FMV	Hygiene and OTC	help people in need
(3)	Northwest Mission Bible Training Ce 2724 N Ainsworth Portland OR 97217	23-7071094	3		17,275	FMV	Hygiene and OTC	help people in need
(4)	Old Town Clinic/Recuperation Care P 727 W. Burnside Portland OR 97209	93-0728816	3		22,791	FMV	Hygiene and OTC	help people in need
(5)	Portland Rescue Mission 111 W Burnside Portland OR 97209	93-0429004	3		13,400	FMV	Hygiene and OTC	help people in need
(6)	Pregnancy Resource Center 7931 NE Halsey, Ste 100 Portland OR 97213	93-0854417	3		6,183	FMV	Hygiene and OTC	help people in need
(7)	Raphael House of Portland 4110 SE Hawthorne # 503 Portland OR 97214	93-0710963	3		16,103	FMV	Hygiene and OTC	help people in need
(8)	Real Hope for Haiti PO Box 23 Elwood IN 46036	20-5603302	3		87,504	FMV	Hygiene and OTC	help people in need
(9)	Rolling Hills Prison Ministry 6601 Palomino Circle West Linn OR 97068	93-0721767			5,046	FMV	Hygiene and OTC	help people in need

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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▶ 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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Rosehaven 1808 NW Irving Portland OR 97209	93-1212633	3		6,206	FMV	Hygiene and OTC	help people in need
(2)	Salvadoran American Humanitarian 2050 Coral Way, Ste 600 Miami FL 33145	59-2339140	3		264,880	FMV	Hygiene and OTC	help people in need
(3)	Snow Cap Community Charities PO Box 160 Fairview OR 97024	93-7121915	3		9,019	FMV	Hygiene and OTC	help people in need
(4)	Sonrise Church 6701 NE Campus Way Hillsboro OR 97124	93-0785442	3		17,390	FMV	Hygiene and OTC	help people in need
(5)	Transitional Youth 13945 Sequoia Pkwy #150 Portland OR 97224	93-1088674	3		12,165	FMV	Hygiene and OTC	help people in need
(6)	Trinity Lutheran Church 5520 NE Killingsworth St Portland OR 97218	93-0479868	3		11,081	FMV	Hygiene and OTC	help people in need
(7)	Union Gospel Mission 15 NW 3rd Portland OR 97209	93-0401258	3		18,970	FMV	Hygiene and OTC	help people in need
(8)	Virginia Garcia Memorial Health Cen 85 N 12th Cornelius OR 97113	93-0717997	3		12,531	FMV	Hygiene and OTC	help people in need
(9)	Volunteers of America 3910 SE Stark Portland OR 97214	13-1692595	3		23,570	FMV	Hygiene and OTC	help people in need

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ 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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	West Women and Children Shelter 2010 NW Kearney Portland OR 97208	94-1156347	3		10,340	FMV	Hygiene and OTC	help people in need
(2)	White Shield - Salvation Army 2640 NW Alexandra Ave Portland OR 97210	93-0386992	3		13,015	FMV	Hygiene and OTC	help people in need
(3)	William Temple House 2023 NW Hoyt St Portland OR 97209	93-0559964	3		5,314	FMV	Hygiene and OTC	help people in need
(4)	World Relief 7 East Baltimore St Baltimore MD 21202	23-6393344	3	69,752				help people in need
(5)	Younglife's Washington Family Ranch 1 Muddy Road Antelope OR 97001	84-0385934	3		17,879	FMV	Hygiene and OTC	help people in need
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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 J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Medical Teams International

Employer identification number

93-0878944

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Bastian Vanderzalm	(i)	156,652	0	0	11,464	17,428	185,544	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Medical Teams International

Employer identification number
93-0878944

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	61,697	FMV
9 Securities—Publicly traded	X	2	25,187	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	500	127,989,989	WAC
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Hygiene/OTC)	X	500	5,132,042	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011**Open to Public
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Employer identification number

93-0878944

Medical Teams International

Form 990, Part I, Line 6

Volunteers host visitors 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 Accomplishment

AFRICA

Medical Teams International (MTI) deployed 10 volunteer health care teams to eight countries: Burundi, Cameroon, Gabon, Guinea, Kenya, Liberia, Mali, and Niger. These teams were comprised of 21 volunteers. Teams provided medical services and training for African physicians and nurses in the areas of general surgery, family practice, internal medicine, dental services and training, orthopedic surgery, obstetrics and gynecology, anesthesiology, midwifery, radiology, and nurse training. MTI also shipped life-saving medicines, supplies and equipment to six countries: Cameroon, Liberia, Libya, Mali, Sierra Leone, and Zimbabwe.

Mali: MTI partnered with a Malian organization to support nurse training of Malians. Two nurses completed their third and final year of schooling and graduated in June. They are now providing quality care in the hospital. Two other nurses continue in their second year of schooling, are doing

Name of the organization Medical Teams International	Employer identification number 93-0878944
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practicum hours at the hospital and demonstrating excellent leadership and clinical ability; two new nurse aides have entered their first year of the training program. The trained nurses provide quality care for the pediatric and maternal, neo-natal programs of the hospital.

Liberia: In FY 12, MTI completed the Rebuilding Basic Health Services project which began in 2009, and was funded by USAID and managed by John Snow, Inc. In collaboration with the Liberia Ministry of Health and Social Welfare, the project increased access to basic health care services in 25 health facilities and their catchment communities in Grand Cape Mount, Bomi, and Montserrado counties of Liberia during the three-year project. Clinical care was provided for 272,341 persons, of whom 36% were children under the age of five years.

Ethiopia: MTI supported a local partner for the second year of a three year community-based project targeting HIV positive mothers who live in Debre Birhan, Ethiopia. The goal of the program is to reduce the vertical transmission of HIV from mother to child in Debre Birhan. During this second year, 164 women were referred and received antiretroviral treatment and and 100 church volunteers provided care and support to people living with HIV/AIDs.

Malawi: In FY 12 MTI, in partnership with a local organization in Malawi, supported a project that created two Child Protection Committees, educated 40 church and traditional leaders about care and support of Orphans and Vulnerable Children (OVC), provided care and support to 100 orphans and vulnerable children and 100 people living with HIV and AIDS and trained 20

Name of the organization Medical Teams International	Employer identification number 93-0878944
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home based care providers in the Nsanje District, Southern Region.

Mozambique: In FY 12, MTI completed a three-year comprehensive HIV/AIDS project with a grant from PEPFAR. The project, "Building Better Lives", expanded and strengthened the work of established indigenous communities and faith-based organizations. The goal of the project was 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 provided resources and technical support to build institutional and technical capacity, improve systems and monitor the activities of the implementing partner organization. During the three years of the project 639 OVC were reached through education and/or vocational training, food and/or nutritional support or general health support services and 1304 chronically ill HIV+ patients were reached through Home Based Care services. 2,362 persons were reached with HIV prevention messages.

South Sudan: In FY 12, MTI provided technical health advice and support to a local organization in follow-on to our FY 11 project partnership to improve maternal health in Nzara County, Western Equatoria State of South Sudan. MTI staff made two trips to Nzara to provide technical support. The project continued to directly benefit 14,944 women of reproductive age. 38 community health workers provided essential maternal health education to their communities, and health services were provided by two health facilities.

Uganda: MTI is implementing emergency health care and preventive health

Name of the organization

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programming through targeted relief and development strategies in the northern and southwestern regions of Uganda.

With support from the U.S. State Department, and UNHCR, MTI is providing medical care to 60,000 refugees crossing and living along the border of southwestern Uganda. MTI is now staffing five permanent medical facilities in Nakivale with a goal to reduce morbidity and mortality of refugees living in the Nakivale resettlement camps. Through these clinics, MTI provides 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.

In Northern Uganda, MTI continued implementing two multi-year USAID supported projects- Child Survival and Malaria Communities Program. The goal of Child Survival, now beginning its final year, is to reduce child morbidity and mortality in Lira District, in support of Uganda Ministry of Health goals, objectives and strategies. The project directly benefits 21,948 children under age five and 24,624 women of reproductive age. The Malaria Communities Program concluded in September 2012. Its' goal was to reduce malaria-related morbidity and mortality among pregnant women and children under the age of five in Dokolo and Lira Districts. The project directly benefited 159,895 children under five years of age and 39,578

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pregnant women.

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 25,876 direct beneficiaries. Our local Ugandan medical staff visited 83 communities and supported the immunization of approximately 3,000 children. MTI provided other specialized services as needed, including HIV and AIDS training and care. Also in Pader, MTI responded to a new and mysterious "Nodding Syndrome" affecting youth with epileptic seizures that results in mental and physical rehabilitation. MTI worked to train 188 Village Health Trainers in surveillance skills in regards to Nodding Syndrome; 340 patients were initiated on treatment; and another 500 continued treatment. Furthermore, 97 care givers were trained on ways to care for patients with Nodding.

Also in Northern Uganda, MTI continues to manage the Ogur Youth Information and Care Center which provides youth-friendly services to prevent HIV infections, promotes healthy behaviors and increase access to counseling and testing services and treatments and medicines to prevent HIV & AIDS related opportunistic infections. In FY 12 , 1,700 HIV+ youth were followed up for treatment, 1,400 children and youth were counseled and tested, and 2,800 HIV+ children and youth received spiritual and psychosocial support.

ASIA AND EURASIA

Cambodia: In FY 12, MTI sent 14 volunteer teams to Cambodia. Six of these

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teams were for the EMS program in collaboration with the Kampong Cham (KC) Ministry of Health. This three year partnership provides comprehensive EMS training and equipping of emergency "corners" in all 11 hospitals in the Kampong Cham province in Cambodia. EMS Basic and intermediate courses are taught to create a Trainer of Trainers group in KC. Two other teaching teams were sent to our partner, Angkor Hospital for Children. We also had one long term volunteer serve with Medical Teams International who conducted an assessment for work with trafficking victims.

MTI also sent one dental team to Foursquare Children of Promise, and one medical team. To our partner New Life, we sent three training teams, including one which specialized in nutrition. One new initiative was sending a dental team with a new partner, Dr. Cho, to provide direct dental services to needy villages.

Our Child Survival Project is improving the health of children under five and women of reproductive age. Our health promoters are delivering immunizations, nutrition training, controlling diarrheal disease, and addressing water and sanitation issues. Over 500 community members participated in five educational events. 142 Village health volunteers were trained in updated Integrated Management of Childhood Illnesses (IMCI) lessons.

Japan: MTI worked with our local partner, CRASH Japan, as we transitioned from disaster to development programs. MTI's contribution to CRASH was in the support of over 17 long term volunteers who held key leadership positions in CRASH. This enabled CRASH Japan to serve hundreds of tsunami

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and earthquake survivors by providing meals and mental health services.

Through our partnership CRASH Japan mobilized over 2000 local volunteers who served in disaster affected communities.

Sri Lanka: We closed our office and programs in Sri Lanka after seven successful years of health programming, and received formal recognition from the government for our work.

Indonesia: MTI has been focusing on a maternal health and child survival project on Nias Island for seven years. In Nias, MTI provided training to staff and community members in health clinics and health posts throughout the area. Over 4600 mothers participated in village care groups where they learned how to care for their children when they are sick by learning lessons in hygiene and in the care of diarrhea. 150 mothers participated in planting family gardens which provided additional nutrition and income for their families and communities. One important aspect of this project was to work with the local ministry of health to strengthen and revitalize the local village health posts. These 58 health posts were revitalized by working with the cadres (health volunteers) in each village and encouraging their participation. MTI also trained and worked with these cadres to provide further education and support.

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

Name of the organization Medical Teams International	Employer identification number 93-0878944
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Medical Teams International was also involved in the implementation of primary health care programs and training for medical workers and healthcare providers. We monitored the activities and services provided through medical volunteer teams, and partnered with both organizations to establish medical services, and recruit and deploy short term teams of medical professionals. MTI teams provided a variety of services, from medical outreaches to training in the area of OB/GYN, Cardiology, and Pediatric care. Medical Services and training serve as a platform from which to extend our reach further into Afghan communities.

Uzbekistan: Medical Teams International implemented projects on Community Based Rehabilitation for disabled children, Cervical Cancer Prevention, and Quality Medical Services. US based volunteer teams conducted trainings for the caregivers and medical personnel from the Uzbekistan social services organizations and at Orphanage #1 in Tashkent. The volunteers provided care for the children from the orphanage, and treated each child personally. They also provided recommendations to national caregivers on improving the living conditions of the children. The Cervical Cancer Prevention nurses and staff were able to vaccinate close to 8,000 teens, and provide training to the medical staff of the ObGyn Clinic.

Medical Teams International transitioned the Emergency Medical Services project to the Ministry of Health, yet continues to play a key role in program implementation.

Moldova: During the time Moldova was ruled by the Soviet Union, certain villages were designated areas where disabled citizens were relocated. One

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of these villages is Oxentea, where MTI began the Community Health Evangelism (CHE) training program. In this village, MTI trained 257 CHE volunteers from the local schools in health messages, which they then taught to other village families. These 119 families received valuable health lessons which encouraged healthy behaviors in their communities. The curriculum was created and approved by a special CHE committee composed of local village leaders so it met the needs of the local community. Topics included lessons in nutrition, hygiene, sanitation, STDs, alcoholism, stress reduction, drug addiction, mental health issues and disabilities. As part of the CHE project, MTI advised a local NGO in establishing a rehabilitation center in Oxentea, which provided services for the disabled children and adults in the area.

We shipped one container of humanitarian aid to Moldova. Supplies in this container benefitted 35 hospitals and other organizations. MTI sent three volunteer teams including one Physical and Occupational Therapy team, one dental team and one psycho-social team. This psycho-social team partnered with our partner, The League of Psychologists in Moldova which is responsible for all psycho social work in the country. This team also conducted humanitarian projects, which included interventions for women who have experienced sex trafficking and domestic violence issues.

Romania: Medical Teams International partners with Fundatia Heart of Hope (FHH) in Romania. MTI is helping FHH to increase its organizational capacity and long-term funding base. 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 FY12. Medical Teams International sent three volunteer teams to

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Romania this past year, including one dental team, one optometry team and one gift of hope team.

LATIN AMERICA and USA

In FY12, MTI Latin America programs were able to bring hope and healing to more than 429,000 people. MTI provided health training, medical care and community development through 91 volunteer teams (382 volunteers) sent to El Salvador, Guatemala, Haiti, Honduras, Mexico and Nicaragua. The teams reached approximately 229,000 people. MTI sent four containers of medical supplies and equipment valued at \$1,513,689 to Haiti, Guatemala and El Salvador.

Additionally, MTI supported health projects throughout the region including a Community Health Project in Guatemala; the Cadena de Amor Healthy Smiles Dental Project in Honduras, a Holistic Community Health and Dental Project in Nicaragua and a Community Health Project in Mexico.

El Salvador: In FY12 MTI supported the work of our partner ASAPROSAR by sending two teams that provided training and direct services focused in the areas of nutrition and pediatrics. Funding was sent to ASAPROSAR as well, which supplemented the mobilization of local volunteers serving the needs of 28 patients with eye diseases. MTI also sent a general medical brigade who partnered with ASCRIDIFAM to respond to people affected by tropical storms and flooding in the Santa Ana region. A total of 1170 people received services and training by the volunteer teams in FY12.

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Guatemala: In FY12, MTI continued its child survival and maternal health programs in 22 communities of the municipality of San Juan Chamelco, Alta Verapaz. This program aims to reduce the incidence and improve case management of diarrhea, malnutrition and acute respiratory infections in children, while simultaneously improving maternal health. MTI sent eight work teams, two medical brigades, seven dental teams, and five medical training teams to provide support for its programs in Guatemala.

Additionally, MTI continued to implement family planning interventions with funding from a World Learning / USAID grant awarded to Medical Teams International during FY11. As a result, 344 community volunteers were trained in family planning promotion.

As a result of MTI interventions, over 1,500 mothers received training in acute respiratory illnesses, water and sanitation and early complementary feeding. Finally, 1,200 children are attending growth monitoring and promotion sessions.

Haiti: To help improve the health of Haitians and assist in the redevelopment of Haiti's health institutions, MTI engaged in four programs during 2012. These include: providing static primary care services in the Canaan internally displaced persons' camp near Port-au-Prince; a physical therapy clinic that also encompasses occupational therapy, prosthetics and orthotics fabrication and fittings in Les Cayes; a health clinic in Terra Blanche; and working with Beraca hospital in Port-au-Paix to improve facilities and services through capital and training support. 43 teams have been deployed to Haiti in FY 2012.

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MTI Haiti has treated 11,968 patients, in the Canaan community since starting clinics at the site in January 2011. Approximately 45% of these patients are women and children. The cases have been primarily parasites, pneumonia, STI's, anemia and malnutrition.

It is estimated that more than 800,000 of the 9-10 million persons in Haiti live with disabilities. In 2012, MTI's Advantage program provided 1989 physical and occupational rehabilitation treatment sessions, 75 prostheses, 231 orthotics. The goal of MTI's Advantage program is to provide education to the vulnerable population of People With Disabilities (PWD) to enable them to become more active participants in their communities and to empower them to gain control over resources available to them. The program also provides integrated education in an attempt to effect societal attitudinal changes toward PWD through integration rather than segregation, as has been the historical approach in Haiti.

After the earthquake of 2010, more than 162,000 people fled from Port-au-Prince to the Artibonite department, including the villages falling within the coverage area of MTI's partner, Haiti Foundation of Hope (HFH). Rural clinics need continued support in order to meet the needs of relatively recent additions to their communities and to continue improving the care of their longer standing populations. Medical Teams International has long partnered with HFH to provide medical teams and supplies, disaster response teams, and technical services support. Primary focus has been placed on community health programming and primary care. In FY 2012, MTI sent three teams to this program.

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MTI's principal work at the Beraca Medical Center hospital in Port-au-Paix is to improve facilities and services through capital and training support. Over the last year, training has focused primarily on improving the skills of Labor and Delivery nurses through basic labor management training, neonate resuscitation, and lactation training.

Honduras: MTI continues to support the work of our partners Cadena de Amor (CDA), Proyecto Aldea Global (PAG), Asociacion el Buen Pastor (ABP), and PREDISAN in Honduras. Through the "Healthy Smiles" program supported by MTI funds and volunteer dental teams, CDA impacted the life of 1890 children and their families in FY12. Nine additional volunteer teams served with our partners PAG, ABP and PREDISAN. These teams serve the needs of 756 people by providing training and services in areas such as nutrition, community health, dentistry, and medical specialties like gastroenterology, radiology, ultrasound, and OB/GYN.

Mexico: After 27 years of service in Mexico, MTI successfully transitioned its programs to local NGO AMEXTRA, the Mexican Association for Rural and Urban Transformation. In January, 2009, MTI handed over its program and community center in Tultitlan near Mexico City to AMEXTRA. AMEXTRA continues to implement community health, education and microfinance projects in Tultitlan to date. In addition, with funding from MTI and in communities where MTI worked in Oaxaca, Mexico, AMEXTRA began a three year community health and peace education project in July, 2011.

Since AMEXTRA began their efforts in Oaxaca, they have led peace education

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workshops with 350 children in churches and schools. The peace education workshops focus on gender equity and conflict resolution in order to prepare individuals with the skills necessary to help their communities live peacefully and prosperously. One work team was sent from MTI to work with AMEXTRA. In addition, 173 children five and under are attending growth monitoring and promotion sessions and there has been an improvement in nutrition due to AMEXTRA's home visits and counseling sessions with mothers of children who have malnutrition. Given AMEXTRA's 27 years of program implementation in Mexico and their success at engaging the communities in Oaxaca, they have great potential to continue to have an impact on marginalized communities in Oaxaca.

Nicaragua: In FY12 MTI provided funding to support a new three-year community health (CH) project for our partner Accion Medica Cristiana (AMC). The CH project is focused in two main areas: 1) Improving women's health by increasing the detection of cervical cancer. 2) Improving children oral health by decreasing the decayed, missing, and filled (DMF) index for school age children. During the fiscal year the project touched the lives of 3669 people in the region of Matagalpa where program is being implemented. MTI also sent two volunteer medical teams to support the work AMC is facilitating in the region. The teams provided services to an additional 768 people.

Disaster Response

Medical Teams International deployed a total of 38 volunteer medical teams in FY 12 for direct curative care following a disaster. The Disaster Response Unit of Medical Teams International responded in five countries -

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11 teams to a SW Uganda refugee camp; 9 teams to Haiti; 1 training team to Japan; 6 teams to Libya; and 11 medical teams to E Africa.

United States/Other:

In Minnesota, Oregon and Washington, our mobile dental programs enabled nearly 900 volunteer dental professionals to provide free or low-cost dental care to 17,362 people who did not have insurance or ability to pay for the dental treatment they needed. People served by this program included the working poor, migrant farm workers, those who were homeless, and those who were unemployed. All services were provided in collaboration with more than 300 community partners in both states.

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

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries
Mexico, Sri Lanka, Uzbekistan, Uganda, Indonesia, Liberia, Guatemala, Cambodia, Moldova, Haiti

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Form 990 is sent to all members of the Board of Directors for their review. Questions and concerns are directed to management for clarification.

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

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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, performance evaluations, changes in responsibilities, and adjustments based on the annual market surveys. The Executive Committee of the Board of Directors reviews and approves the President/CEO's salary.

Form 990, Part VI, Line 15b - Compensation Process for Officers
MTI attempts to pay salaries competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. The Director of Human Resources carries out regular surveys of salaries paid by comparable employers. Salary increases are based on availability of funds, performances evaluations, changes in responsibilities, and adjustments based on the annual market surveys. Executive staff and key employee salaries are reviewed and approved by the President/CEO of the organization.

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Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed
Pennsylvania, Alabama, Alaska, Kansas, Massachusetts

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents and the conflict of interest policy are on file with
the Executive department and are available upon request. Financial
statements are available on the Organization's website.