

**Return of Organization Exempt From Income Tax**

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

**Do not enter Social Security numbers on this form as it may be made public.**

**Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**A For the 2013 calendar year, or tax year beginning 10/01/13, and ending 09/30/14**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;">Medical Teams International</p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14150 SW Milton Ct City or town, state or province, country, and ZIP or foreign postal code Tigard OR 97224	<b>D</b> Employer identification number <p style="text-align: center;">93-0878944</p> <b>E</b> Telephone number <p style="text-align: center;">503-624-1000</p> <b>G</b> Gross receipts\$ 167,132,905
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<b>F</b> Name and address of principal officer: Jeffrey Pinneo 14150 SW Milton Ct Tigard OR 97224	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>u</b> <a href="http://www.medicalteams.org">http://www.medicalteams.org</a>	<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: 1979	<b>M</b> State of legal domicile: OR

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O			
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		11
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>		116
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		2472
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		23,902,022	163,945,096
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		408,775	917,619
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,782	34,266
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,243	162,621
			24,330,822	165,059,602
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		21,423,354	138,557,227
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,140,803	9,433,296
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			25,527
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 2,568,306			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,623,227	7,241,225
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		25,187,384	155,257,275
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-856,562	9,802,327
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)		23,107,895	33,354,108
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		923,520	1,111,330
			22,184,375	32,242,778

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;">Pamela Blikstad</p> Type or print name and title	Date <p style="text-align: center;">CFO</p>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Fritz S. Duncan	Preparer's signature Date	Check <input type="checkbox"/> if self-employed	PTIN P00036435
	Firm's name } Jones & Roth, P.C. P.O. Box 10086 Firm's address } Eugene, OR 97440	Firm's EIN } 93-0819646 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 or note to any line in this Part III

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

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

4a (Code: ) (Expenses \$ 151,020,059 including grants of \$ 138,557,227 ) (Revenue \$ 917,619 )

See Schedule O

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

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

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

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

4e Total program service expenses u 151,020,059

**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	<b>Section 501(c)(3) organizations.</b> 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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 and XII	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 and XII 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government 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 or 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 25a		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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>u See Schedule O</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** OR, CA, CT, IL, LA, MD, MI, MN, MS, NJ, WA, UT, FL
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 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: **u** Medical Teams International 14150 SW Milton Ct.  
Tigard OR 97224 503-624-1000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) Dr. Todd Ulmer	1.00									
Director	0.00	X					0	0	0	
(2) Ron King	1.00									
Director	0.00	X					0	0	0	
(3) Ann Klein	1.00									
Vice Chair	0.00	X		X			0	0	0	
(4) Phil Lane	1.00									
Secretary	0.00	X		X			0	0	0	
(5) Dr. Nancy Wilgenbusch	1.00									
Director	0.00	X					0	0	0	
(6) Shari Jackson Monson	1.00									
Director	0.00	X					0	0	0	
(7) Mark Dodson	1.00									
Chair	0.00	X		X			0	0	0	
(8) Dr. John Gollhofer	1.00									
Director	0.00	X					0	0	0	
(9) Doug Martinez	1.00									
Director	0.00	X					0	0	0	
(10) Dr. Jeff Rideout	1.00									
Treasurer	0.00	X		X			0	0	0	
(11) Pat Reser	1.00									
Director	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) Jeffrey Pinneo ..... CEO	40.00 ..... 0.00			X				146,309	0	21,431
(13) William Essig ..... VP In't Prog	40.00 ..... 0.00			X				130,618	0	25,822
(14) Linda Ranz ..... VP Marketing & Dev	40.00 ..... 0.00			X				128,854	0	12,720
(15) Pamela Blikstad ..... VP/CFO	40.00 ..... 0.00			X				112,456	0	16,254
(16) Steve Vickers ..... VP of Admin	40.00 ..... 0.00			X				94,331	0	28,741
(17) Joseph Dicarlo ..... VP, Programs	40.00 ..... 0.00			X				92,857	0	20,622
(18) Doug Fountain ..... VP of Operations Sup	40.00 ..... 0.00			X				2,212	0	0
(19) Jon Beighle ..... VP of Marketing	40.00 ..... 0.00			X				0	0	0
<b>1b Sub-total</b> .....							<b>u</b>	707,637		125,590
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>	203,745		23,005
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	911,382		148,595

**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 **u** 5

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	X	
<b>4</b> 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	
<b>5</b> 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 **u** 0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) Bastian Vanderzalm ..... Past-President	40.00 ..... 0.00						X	203,745	0	23,005
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Sub-total</b> .....							<b>u</b>	203,745		23,005
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			

**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 **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
<b>4</b> 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 .....		
<b>5</b> 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 .....		

**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 **u**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 27,269					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 1,567,407					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,433,667					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 160,916,753					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 142,651,126						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 163,945,096					
<b>Program Service Revenue</b>	<b>2a</b> Program Service Revenue	<b>Busn. Code</b>	917,619	917,619			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b> 917,619					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 63,663				63,663	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>u</b> -29,397					-43,191
	<b>8a</b> Gross income from fundraising events (not including \$ 1,567,407 of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 616,964					
		<b>b</b> Less: direct expenses	<b>b</b> 586,259				
		<b>c</b> Net income or (loss) from fundraising events	<b>u</b> 30,705				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b> 77,800					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities		<b>u</b> 77,800					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> Other revenue			54,116	54,116			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b> 54,116						
<b>12 Total revenue.</b> See instructions.	<b>u</b> 165,059,602					928,544	
						0	155,257

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	121,314,306	121,314,306		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	17,242,921	17,242,921		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	689,702	244,137	319,790	125,775
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,998,372	5,274,478	584,357	1,139,537
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	238,665	196,490	12,839	29,336
<b>9</b> Other employee benefits	1,054,743	793,398	97,996	163,349
<b>10</b> Payroll taxes	451,814	282,726	63,784	105,304
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	21,107	18,401	1,371	1,335
<b>c</b> Accounting	74,922	69,751		5,171
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	25,527			25,527
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,009,150	548,354	132,350	328,446
<b>12</b> Advertising and promotion	475,340	4,834	298	470,208
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	421,955	317,118	34,657	70,180
<b>17</b> Travel	1,160,122	970,886	39,841	149,395
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	629,281	494,484	119,559	15,238
<b>23</b> Insurance	236,329	184,113	46,868	5,348
<b>24</b> 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.)				
<b>a</b> Supplies	1,511,413	1,316,156	37,720	157,537
<b>b</b> Other	799,985	349,453	88,178	362,354
<b>c</b> Vehicles	704,325	699,786	1,220	3,319
<b>d</b> Equipment	576,744	488,961	16,460	71,323
<b>e</b> All other expenses	-379,448	209,306	71,622	-660,376
<b>25</b> Total functional expenses. Add lines 1 through 24e	155,257,275	151,020,059	1,668,910	2,568,306
<b>26</b> 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**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	668,043	<b>1</b>	1,805,526
	<b>2</b> Savings and temporary cash investments	12,610	<b>2</b>	704
	<b>3</b> Pledges and grants receivable, net	1,576,989	<b>3</b>	4,632,585
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other 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). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	10,211,028	<b>8</b>	15,933,820
	<b>9</b> Prepaid expenses and deferred charges	283,716	<b>9</b>	130,650
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 14,887,590		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 6,903,008	8,378,928	<b>10c</b> 7,984,582
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11	1,976,581	<b>12</b>	2,866,241
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		23,107,895	<b>16</b>	33,354,108
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	789,610	<b>17</b>	1,102,420
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	8,910	<b>19</b>	8,910
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	125,000	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		923,520	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	19,227,675	<b>27</b>	26,811,718
	<b>28</b> Temporarily restricted net assets	1,151,385	<b>28</b>	3,367,367
	<b>29</b> Permanently restricted net assets	1,805,315	<b>29</b>	2,063,693
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	22,184,375	<b>33</b>	32,242,778	
<b>34</b> Total liabilities and net assets/fund balances		23,107,895	<b>34</b>	33,354,108

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	165,059,602
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	155,257,275
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,802,327
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	22,184,375
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	256,076
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	32,242,778

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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—Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No and 3 rows: 11g(i), 11g(ii), 11g(iii)

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

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Rows (A) through (E) and Total.

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

Schedule A (Form 990 or 990-EZ) 2013

**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) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	210,085,724	140,993,004	148,711,210	98,843,257	163,945,096	762,578,291
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,748,984	2,125,397	2,173,448	2,323,795	1,588,699	9,960,323
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	211,834,708	143,118,401	150,884,658	101,167,052	165,533,795	772,538,614
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	108,650,332	57,947,737	109,727,840	48,703,867	100,587,051	425,616,827
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b	108,650,332	57,947,737	109,727,840	48,703,867	100,587,051	425,616,827
<b>8 Public support</b> (Subtract line 7c from line 6.)						346,921,787

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	211,834,708	143,118,401	150,884,658	101,167,052	165,533,795	772,538,614
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,027	88,048	86,488	70,652	63,663	348,878
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	40,027	88,048	86,488	70,652	63,663	348,878
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	211,874,735	143,206,449	150,971,146	101,237,704	165,597,458	772,887,492

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	44.89 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	47.38 %

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2012.** 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**

OMB No. 1545-0047

**2013****u Attach to Form 990, Form 990-EZ, or Form 990-PF.****u** Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization****Employer identification number**

Medical Teams International

93-0878944

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> Medical Teams International	<b>Employer identification number</b> 93-0878944
------------------------------------------------------------	-----------------------------------------------------

**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	Actavis Pharmaceutical, Inc. Morris Corporate Center III 400 Interpace Parkway, Bldg A Parsippany NJ 07054	\$ 96,323,999	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Perrigo 515 Eastern Avenue Allegan MI 49010	\$ 4,263,052	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Medical Teams International</b>	Employer identification number <b>93-0878944</b>
------------------------------------------------------------	-----------------------------------------------------

**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) ..... ..... .....	\$ 96,323,999	.....
2	Medical Supplies (Various Dates) ..... ..... .....	\$ 4,263,052	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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 2 columns: Question, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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 XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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 XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	1,805,315	1,374,016	1,182,689	1,222,671	1,194,299
<b>b</b> Contributions .....		500,000	11,897	7,463	5,000
<b>c</b> Net investment earnings, gains, and losses .....	258,378		179,430	-17,910	87,723
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....		68,701	29,535	64,351	
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	2,063,693	1,805,315	1,374,016	1,182,689	1,222,671

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

- a** Board designated or quasi-endowment **u** ..... %
  - b** Permanent endowment **u** 100.00 %
  - c** Temporarily restricted endowment **u** ..... %
- 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:

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

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		1,737,278		1,737,278
<b>b</b> Buildings .....		7,189,510	2,042,575	5,146,935
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		5,753,537	4,653,168	1,100,369
<b>e</b> Other .....		207,265	207,265	

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u** 7,984,582

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Mutual Funds	2,811,204	Market
(A) Certificates of Deposit	55,037	Market
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>	<b>2,866,241</b>	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	193,813,747
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	256,076
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,934,174
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	25,563,895
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	28,754,145
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	165,059,602
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	165,059,602

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	184,611,906
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,934,174
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	26,420,457
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	29,354,631
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	155,257,275
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	155,257,275

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Reclassification of fundraising event expenses	\$	586,259
Loss on sale of asset	\$	55,251
Revenue on short year return	\$	24,922,385

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

Reclassification of fundraising event expenses	\$	586,259
Loss on sale of asset	\$	55,251
Expenses on short year return	\$	25,778,947





**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990. u See separate instructions.

u Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization

Medical Teams International

Employer identification number

93-0878944

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1) Central America and the Caribbean	2	39	Program Services	See schedule O	83,410,927
(2) East Asia and the Pacific	1	38	Program Services	See schedule O	33,390,504
(3) Europe (including Iceland and Greenland)			Program Services	See schedule O	5,887,773
(4) Middle East and North Africa			Program Services	See schedule O	370,067
(5) Russia and the Newly Independent States	2	10	Program Services	See schedule O	1,475,956
(6) South Asia			Program Services	See schedule O	6,485,493
(7) Sub-Saharan Africa	2	433	Program Services	See schedule O	20,990,594
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b> .....	7	520			152,011,314
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)	7	520			152,011,314

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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	8,700	Wire Transfer			
(2)			Central America and Caribbean	Help those in need			926,898	Med & Med	WAC supp
(3)			Europe	Help those in need			5,887,773	Medical supply	WAC
(4)			Central America and Caribbean	Help those in need			161,772	Medicine	WAC
(5)			Sub-Saharan Africa	Help those in need	143,418	Wire Transfer			
(6)			East Asia and Pacific	Help those in need	66,000	Wire Transfer			
(7)			Central America and Caribbean	Help those in need			924,226	Med & Med	WAC supp
(8)			Middle East and North Africa	Help those in need			6,485,493	Medical supply	WAC
(9)			Middle East and North Africa	Help those in need	17,300	Wire Transfer			
(10)			Sub-Saharan Africa	Help those in need	14,451	Wire Transfer			
(11)			Sub-Saharan Africa	Help those in need	12,025	Wire Transfer			
(12)			Middle East and North Africa	Help those in need	66,068	Check			
(13)			Sub-Saharan Africa	Help those in need	40,000	Check			
(14)			Newly Independent States	Help those in need			963,837	Medical supply	WAC
(15)			Central America and Caribbean	Help those in need			676,947	Medical supply	WAC
(16)			East Asia and Pacific	Help those in need			26,000	Medicine	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 ..... **u** 19

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

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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			41,397	Medical supply	WAC
(2)			Africa	Help those in need			645,706	Medical supply	WAC
(3)			Africa	Help those in need			134,910	Medicine	WAC
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **u** \_\_\_\_\_

3 Enter total number of other organizations or entities ..... **u** \_\_\_\_\_

**Part IV 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

**Part V Supplemental Information**

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

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

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	\$ 83,410,927	\$ 0
East Asia and the Pacific	\$ 33,390,504	\$ 0
Europe (including Iceland and Greenland)	\$ 5,887,773	\$ 0
Middle East and North Africa	\$ 370,067	\$ 0
Russia and the Newly Independent States	\$ 1,475,956	\$ 0
South Asia	\$ 6,485,493	\$ 0
Sub-Saharan Africa	\$ 20,990,594	\$ 0

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2013**

Department of the Treasury  
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	67,394	25,527	41,867
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				67,394	25,527	41,867

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.

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas,

**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>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	1,428,108	756,263		2,184,371
	2	1,026,250	541,157		1,567,407
	3	401,858	215,106		616,964
Direct Expenses	4				
	5	54,345	28,579		82,924
	6	67,832			67,832
	7	73,529	41,469		114,998
	8				
	9	167,789	152,716		320,505
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				30,705

**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			77,800
Direct Expenses	2				
	3				
	4				
	5				
	6	<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. Subtract line 7 from line 1, column (d)				77,800

9 Enter the state(s) in which the organization operates gaming activities: OR  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain:



- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |          |
|--------------------------------------|------------|----------|
| <b>a</b> The organization's facility | <b>13a</b> | 100.00 % |
| <b>b</b> An outside facility         | <b>13b</b> | %        |

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

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

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u** \$ ..... and the amount of gaming revenue retained by the third party **u** \$ .....
- c** If "Yes," enter name and address of the third party:

Name **u** .....  
Address **u** .....

**16** Gaming manager information:

Name **u** Jon Beighle

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

Description of services provided **u** VP Marketing and Development

Director/officer     Employee     Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$ .....

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

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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. 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		110,131	FMV	Hygeine-OTC	Help people in need
(2)	Blanchet House 340 NW Glisan Portland OR 97208	93-6031009	3		16,053	FMV	Hygeine-OTC	Help people in need
(3)	Bridges to Change 207 7th St Oregon City OR 97045	76-0751239	3		6,478	FMV	Hygeine-OTC	Help people in need
(4)	Bridgetown Ministries 21065 SW Stafford Rd Tualatin OR 97062	30-0516378	3		5,153	FMV	Hygeine-OTC	Help people in need
(5)	Central City Concern (Recuperative 309 SW 4th Portland OR 97204	93-0728816	3		11,436	FMV	Hygeine-OTC	Help people in need
(6)	Christian Aid Ministries PO Box 360 Berlin OH 44610-0360	34-1344364	3		5,980,690	FMV	Meds/Med Supply	Help people in need
(7)	CIS Development Foundation 77 Milltown Rd East Brunswick NJ 08816	22-3304404	3		436,192	FMV	Hygeine-OTC	Help people in need
(8)	City on a Hill Clinic 100 Pine St #175 Zeeland MI 49464	20-3901260	3		14,126	FMV	Hygeine-OTC	Help people in need
(9)	Clackamas Women's Services 704 Main St. # 200 Oregon City OR 97045	93-0900119	3		13,136	FMV	Hygeine-OTC	Help people in need

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 47
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**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.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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. 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)	Concordia University Nursing Program 2811 NE Holman St Portland OR 97211	93-0391563	3		40,710	FMV	Meds/Med Supply	Help people in need
(2)	Domestic Violence Resource Center PO Box 494 Hillsboro OR 97123	93-0665804	3		18,878	FMV	Hygeine-OTC	Help people in need
(3)	Eastgate Bible Chapel Food Pantry PO Box 16118 Portland OR 97292-0118	93-0492215	3		7,899	FMV	Hygeine-OTC	Help people in need
(4)	Family Bridge 183 SE 6th Ave Hillsboro OR 97123	31-1682683	3		6,270	FMV	Hygeine-OTC	Help people in need
(5)	Free Clinic of SW Washington 4100 Plomondon St. Vancouver WA 98661	91-1707542	3		8,083	FMV	Hygeine-OTC	Help people in need
(6)	House of Zion 1430 E. Cleveland Woodburn OR 97071	93-0871543	3		9,667	FMV	Hygeine-OTC	Help people in need
(7)	Housing Transitions 2740 SE Powell Blvd #6 Portland OR 97202	93-0386801	3		7,990	FMV	Hygeine-OTC	Help people in need
(8)	Kingsway Charities 1119 Commonwealth Ave. Bristol VA 24201	54-1668650	3		106,798,732	FMV	Meds/Med Supply	Help people in need
(9)	Lifeworks 14600 NW Cornell Portland OR 97229	93-0502822	3		7,827	FMV	Hygeine-OTC	Help people in need

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**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.  
**u Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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. 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)	Love, Inc 209 S Main Street Newberg OR 97132	26-0068805	3		28,228	FMV	Hygeine-OTC	Help people in need
(2)	Merlo Station HS CEYP 1841 SW Merlo Dr Beaverton OR 97006	93-6001065	3		10,110	FMV	Hygeine-OTC	Help people in need
(3)	Metropolitan Family Services 1808 SE Belmont St Portland OR 97214	93-0397825	3		6,430	FMV	Hygeine-OTC	Help people in need
(4)	Mosaic Church 1832 NE Cesar E Chavez Blvd Portland OR 97212	93-6001411	3		9,482	FMV	Hygeine-OTC	Help people in need
(5)	National Relief Charities 500 E Peyton Street Sherman TX 75090	58-1888256	3		2,998,204	FMV	Hygeine-OTC	Help people in need
(6)	North By Northeast CHC 3030 NE MLK Blvd Portland OR 97212	72-1618287	3		14,665	FMV	Hygeine-OTC	Help people in need
(7)	Northwest Mission Bible Training Ce 2724 N Ainsworth Portland OR 97217	23-7071094	3		10,654	FMV	Hygeine-OTC	Help people in need
(8)	Old Town Clinic/Recuperation Care P 727 W. Burnside Portland OR 97209	93-0728816	3		25,814	FMV	Hygeine-OTC	Help people in need
(9)	Portland Rescue Mission 111 W Burnside Portland OR 97209	93-0429004	3		8,245	FMV	Hygeine-OTC	Help people in need

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**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.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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. 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)	Pregnancy Resource Center 7931 NE Halsey, Ste 100 Portland OR 97213	93-0854417	3		17,507	FMV	Hygeine-OTC	Help people in need
(2)	Raphael House of Portland 4110 SE Hawthorne # 503 Portland OR 97214	93-0710963	3		6,143	FMV	Hygeine-OTC	Help people in need
(3)	Salvadoran American Humanitarian Fo 2050 Coral Way, Ste 600 Miami FL 33145	59-2339140	3		26,880	FMV	Hygeine-OTC	Help people in need
(4)	Share Homeless Shelters PO Box 1209 Vancouver WA 98666-1209	91-1205119	3		12,953	FMV	Hygeine-OTC	Help people in need
(5)	Sonrise Church 6701 NE Campus Way Hillsboro OR 97124	93-0785442	3		6,879	FMV	Hygeine-OTC	Help people in need
(6)	Teen Challenge PO Box 66228 Portland OR 97290	93-0844063	3		7,469	FMV	Hygeine-OTC	Help people in need
(7)	Transitional Youth 14945 Sequoia Parkway #150 Portland OR 97224	93-1088674	3		7,025	FMV	Hygeine-OTC	Help people in need
(8)	Trinity Lutheran Church 5520 NE Killingsworth St Portland OR 97218	93-0479868	3		9,910	FMV	Hygeine-OTC	Help people in need
(9)	Union Gospel Mission 15 NW 3rd Portland OR 97208	93-0401258	3		8,994	FMV	Hygeine-OTC	Help people in need

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**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.  
**u Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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. 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)	Virginia Garcia Memorial Health Cen 85 N 12th Cornelius OR 97113	93-0717997	3		8,729	FMV	Hygeine-OTC	Help people in need
(2)	Volunteers of America 3910 SE Stark Portland OR 97214	13-1692595	3		22,940	FMV	Hygeine-OTC	Help people in need
(3)	West Women and Children Shelter 2010 NW Kearney Portland OR 97208	94-1156347	3		9,662	FMV	Hygeine-OTC	Help people in need
(4)	White Shield - Salvation Army 2640 NW Alexandra Ave Portland OR 97210	93-0386922	3		12,862	FMV	Hygeine-OTC	Help people in need
(5)	William Temple House 2023 NW Hoyt St Portland OR 97209	93-0559964	3		26,808	FMV	Hygeine-OTC	Help people in need
(6)	World Vision 34834 Weyerhaeuser Way Federal Way WA 98001	95-1922279	3		750,000	FMV	Hygeine-OTC	Help people in need
(7)	Younglife's Washington Family Ranch 1 Muddy Road Antelope OR 97001	84-0385934	3		14,030	FMV	Meds/Med Supply	Help people in need
(8)	Yust Pust Foundation P O Box 336 Winnetka IL 60093	27-2263272	3	7,000				Help people in need
(9)	Regents of the University of Michig 3003 S State Street Ann Arbor MI 48109	38-6006309	3	11,974				Help people in need

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

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

**Schedule I (Form 990) (2013)**

**SCHEDULE I  
(Form 990)**

**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.  
**u Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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. 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)	Christian & Missionary Alliance P O Box 35000 Colorado Springs CO 80935	13-1623940	3	12,500				Help people in need
(2)	Morning Star Development P O Box 62327 Colorado Springs CO 80962	54-2086318	3	61,000				Help people in need
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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.** Provide the information required in Part I, line 2, Part III, column (b), 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**

**u Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**  
**u Attach to Form 990. u See separate instructions.**

**u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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**Open to Public Inspection**

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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**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, but explain in Part III.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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

**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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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 and Title		(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				
1 Jeffrey Pinneo CEO	(i)	146,309	0	0	6,923	14,508	167,740	0
	(ii)	0	0	0	0	0	0	0
2 William Essig VP In't Prog	(i)	130,618	0	0	9,364	16,458	156,440	0
	(ii)	0	0	0	0	0	0	0
3 Bastian Vanderzalm Past-President	(i)	90,091	0	113,654	5,996	17,009	226,750	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Bastian Vanderzalm	0	113,654	0

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Medical Teams International

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93-0878944

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	41	286,859	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	428	131,003,788	WAC
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> (Hygiene/OTC)	X	405	11,360,479	FMV
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

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## Form 990 - Organization's Mission

Medical Teams International is a Christian global health organization, helping people affected by disaster, conflict and poverty around the world. We deliver medical and dental care, humanitarian aid, and holistic development programs to all people in need, regardless of religion, nationality, sex, or race. We respond to disasters around the world-and here at home-by sending teams of volunteer medical professionals and medical supplies to care for the sick and injured. We also mobilize long-term health promotion initiatives, collaborating with established partners within each community to ensure that our programs have a sustainable impact.

## 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, provide training and 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 29 volunteer health care teams to eight countries: Cameroon, Democratic Republic of Congo, Gabon, Guinea,

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Liberia, Mali, Niger and Uganda. Teams provided direct medical services and training for African physicians and nurses in the areas of general surgery and surgical training, family practice, pediatrics, internal medicine, dental services and training, obstetrics and gynecology, anesthesiology, midwifery, radiology, ultrasound training, management of childhood illness, and surgical nurse training.

MTI also shipped life-saving medicines, supplies and equipment to eight countries: Cameroon, Congo, Guinea, Kenya, Liberia, Niger, South Sudan and Uganda.

Liberia: In FY14, MTI implemented a safe motherhood project in Sinoe County that strengthened community referral networks through training of clinic health workers and community health volunteers, supportive supervision, and supporting community emergency transport plans. MTI worked in partnership with the County Health Team to increase access to and improve quality of basic health care services in seven health facilities. The project also strengthened 69 Community Health Volunteers (CHVs).

In July 2014, MTI began to respond to the outbreak of Ebola in Liberia by providing supportive supervision alongside the Liberia Ministry of Health for infection control at 250 health clinics in Montserrado County. MTI also partnered with the MOH and Community Health Teams to provide logistical support, case investigation and contact tracing in Grand Cape Mount, Bomi, and Sinoe Counties.

Malawi: In FY14, in partnership with Nkhoma Synod, a local organization in

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Malawi, MTI supported a project to reduce the incidence and impact of malnourishment in Mphunzi area of Dedza District (central Malawi). This project will reach 50 villages with a population of 22,240.

Uganda: MTI is implementing emergency and preventative health care programming through targeted relief and development strategies in the northern and southwestern regions of Uganda.

In SW 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 continues to staff six permanent medical facilities in Nakivale with a goal to reduce morbidity and mortality of refugees living in the resettlement camps. Through those 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 health centers. Expanded services include health promotion and education, distribution of insecticide treated mosquito nets, training of community health workers, monitoring-assessment- response to any disease outbreaks, and psychological services to refugees. There are staff quarters on site at the clinic where many of our national staff live and provide 24/7 care to the refugees.

In West Nile, in partnership with UNHCR, MTI provides medical care to approximately 60,000 South Sudanese refugees in West Nile, Uganda, in Adjumani and Arua Districts. MTI provides medical and health services, including treatment of acute and critical pediatric and medical illnesses,



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minor surgery, antenatal care, obstetrical assessments and referral, HIV testing and counseling, immunizations, and referral with transportation to health centers.

In North Uganda, MTI continued to support community access to health care services in Northern Uganda, reaching over 9,000 individuals. Local Ugandan medical staff conducted 36 integrated outreaches in hard to reach and underserved communities. In Pader, MTI continued to support children affected by "Nodding Syndrome." MTI provided medicines for 304 children with Nodding.

#### ASIA AND EURASIA

Cambodia: In FY 14, MTI sent 19 volunteer teams to Cambodia. Six of these teams were for the EMS Capacity Building project in collaboration with the Cambodian Ministry of Health, URC and Stanford University. This new three year partnership provides comprehensive EMS training and equipping in eight provinces in Cambodia. EMS Basic and intermediate courses are taught to create a Trainer of Trainers group.

MTI also sent two dental teams and one medical teams to Foursquare Children of Promise, and two medical and one dental team to our partner, New Life. To our partner, CRM, we sent three dental teams and one medical team. In addition, we sent two new media (photojournalist) teams to Cambodia to better capture the stories and photos our project beneficiaries. One other volunteer teaching team was sent to our partner, Angkor Hospital for Children.

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Our Maternal and Child Health Project in Oddar Meanchey Province 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 Illness lessons. This was year one of a three year project.

We implemented a three year Safe Motherhood Project in Kampong Cham province. This project is designed to train midwives and traditional birth attendants to reduce morbidity and mortality for mothers and children. We are building on the knowledge from our three year EMS project in this same province and will integrate lifesaving materials such as the anti-shock (NASG) garment.

Myanmar (Burma): In FY14, MTI began a new three year Maternal and Child Health project in the Taung Ngu region of central Myanmar in collaboration with local partner, Karen Baptist Convention and Hospital. We conducted health trainings for community health workers, midwives and traditional birth attendants to reduce childhood mortality and morbidity in the 49 target villages. We also sent our first photojournalist team to Myanmar to capture stories and photos of beneficiaries.

Afghanistan: MTI continued working 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. MTI was involved in the implementation of primary health care programs and training

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for medical workers and healthcare providers. MTI partnered with both organizations in the establishment of medical services, and recruited and deployed one short term team of medical professionals.

India: In FY 14, MTI established a partnership with Emanuel Hospital Association to mobilize medical volunteer teams

Romania: MTI partnered with Fundatia Heart of Hope (FHH) in Romania to help FHH 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 FY14. MTI sent two physical therapy volunteer teams to Romania in FY 14 to train local staff and care givers.

Uzbekistan: In FY14, MTI implemented a Quality Medical Services project. Funded by the Uzbek government, this project focused on improvements in hospital reporting by establishing a digital system. MTI procured the equipment and provided training to health care professionals on the paperless reporting system. MTI sent one OB/GYN training team and one medical training team to Tashkent, Uzbekistan.

Moldova: MTI worked in the villages in Oxentea, Moldova, completing the Community Health Evangelism (CHE) training program. In this village, MTI trained 350 CHE volunteers from the local schools in health messages which they then taught other village families. At the end of FY 14, MTI closed down the Moldova office and will work in the future with the local NGO

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"Coram Deo."

DPRK (North Korea): In FY 14, MTI continued the partnership with Pyongyang University Science and Technology and medical clinic to mobilize two medical and dental volunteer teams for training and sent medical supplies to the local clinic.

#### EMERGENCY RESPONSE AND GLOBAL SECURITY

Medical Teams International deployed a total of 102 volunteers in FY14 for direct curative care following and/or during a disaster. The Emergency Relief and Global Security Unit of Medical Teams International responded in five countries - 20 medical relief teams responded to Typhoon Haiyan in the Philippines; 9 medical teams to Lebanon-Iraq to assist Syrian refugees; 9 medical teams to Uganda to assist conflict refugees; and 2 medical teams to assist in Ebola Outbreak efforts in Liberia.

#### LATIN AMERICA

In FY14, MTI Latin America programs served 90,906 people. MTI provided health training, medical care and community development through 40 volunteer teams (183 volunteers) sent to El Salvador, Guatemala, Haiti, Honduras, Mexico and Nicaragua. The teams served 13,483 people including 6,248 children. MTI sent one container of medical supplies, equipment and vitamins in FY14 to Guatemala. One container of vitamin A, women's' multivitamins, albendazole and clinic and hospital supplies was sent to Guatemala and served over 10,000 women of reproductive age and over 10,000 children under five.

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Additionally, MTI supported health projects throughout the region including the Haiti Foundation of Hope community health program, the MTI Haiti-Crochu community health program, the MTI-Haiti Advantage Rehab Therapy Program, the Beraca Medical Centre health facilities strengthening project, two Community Health Projects in Guatemala; the Cadena de Amor Healthy Smiles Dental Project in Honduras, a Holistic Community Health and Dental Project in Nicaragua and the Amextra Community Health Project in Mexico.

El Salvador: In FY14 MTI supported the work of our partner ASAPROSAR by sending one team that provided ophthalmology surgeries for 40 children.

Guatemala: In FY14, MTI-Guatemala continued its maternal and child health program in 37 communities in San Juan Chamelco, Alta Verapaz and Chicaman, El Quiche. 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. In FY 14 MTI helped to train over 15,000 community members in nutrition and prevention and case management of childhood illnesses. MTI also supported the construction of 423 ventilated cook stoves and 360 sanitary latrines. MTI-Guatemala hosted 7 community impact teams and two dental teams. As a result of MTI's efforts, there was a reduction in pneumonia - 25% to 10% in Chicaman and 19% to 10% in San Juan Chamelco. Additionally, the hand washing rate in Chicaman increased from 27% to 75%.

Haiti: To help improve the health of Haitians and assist in the redevelopment of Haiti's health institutions, MTI engaged in four programs during 2014. These include: a community health program in Crochu focused

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on cholera, diarrhea prevention and treatment, and maternal and newborn health benefiting 12,000 people; a full service physical rehabilitation clinic with prosthetics and orthotics capacity in Les Cayes serving 5,200; a community health program and clinic in Terra Blanche serving 4,000 people; and working with Beraca hospital in Port-de-Paix to improve facilities and services through obstetrical and emergency medicine training. The hospital serves a catchment area of nearly 500,000 people. 14 teams were deployed to Haiti in FY 2014.

Honduras: MTI continues to support the work of our partners Cadena de Amor (CDA) Proyecto Aldea Global (PAG) and PREDISAN. MTI sent 5 volunteer teams to Honduras to provide medical and dental services. MTI sent an additional 5 teams to train Honduran NGO staff and medical professionals in laboratory technician skills, radiology, and water and sanitation. These teams served 3,787 people and trained 505 people.

Mexico: MTI sent a community impact team to build chicken coops with AMEXTRA in a marginalized community in Oaxaca, Mexico. MTI provided seed funding for AMEXTRA in FY12 and FY13 to implement a community health and peace education program in communities where MTI worked for several years prior to AMEXTRA's arrival. AMEXTRA has continued the program with its own funding.

Nicaragua: In FY14, MTI sent one medical team to serve the medical needs of the population served by Accion Medica Cristiana's (AMC's) program in the remote region of Raan. The team provided services to 809 people.

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

Mexico, Uzbekistan, Uganda, Liberia, Guatemala, Cambodia, 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 conflicts of interest, and agree to disclose any conflicts of interest that may occur in the future. For conflicts involving board members, the executive committee attempts to resolve any actual or potential conflicts and, in the absence of resolution, refers the matter to the Board of Directors. For staff members, the CEO resolves all matters related to actual or potential conflicts of interest.

Form 990, Part VI, 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 People and Culture 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.

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## 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 People and Culture 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 17 - Other States Where Copy of Return is Filed

Pennsylvania, Alabama, Alaska, Kansas, Massachusetts, Hawaii, New York, North Carolina, Ohio, Virginia, New Mexico, Tennessee, Wisconsin, Rhode Island, Kentucky, West Virginia, Arkansas, New Hampshire, Georgia, Oklahoma, Maine, South Carolina

## 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.

## Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Reclassification of fundraising event expenses	\$	586,259
Loss on sale of asset	\$	55,251
Revenue on short year return	\$	24,922,385
Reclassification of fundraising event expenses	\$	-586,259



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Loss on sale of asset \$ -55,251

Expenses on short year return \$ -25,778,947

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Net loss from 3 month short period \$ 856,562

**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividends and interest	\$ 63,663		14			
Total	<u>\$ 63,663</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Computer Support	\$ 24,672	\$ 20,383	\$ 2,857	\$ 1,432
Consultants	450,581	69,726	53,841	327,014
Ind Contracts & Stipends	533,897	458,245	75,652	
Total	<u>\$ 1,009,150</u>	<u>\$ 548,354</u>	<u>\$ 132,350</u>	<u>\$ 328,446</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Utilities	\$ 497,264	\$ 383,999	\$ 90,142	\$ 23,123
3 month return: Other exp	-290,453	-174,693	-18,520	-97,240
Part VIII, Line 8b	-586,259			-586,259
Total	<u>\$ -379,448</u>	<u>\$ 209,306</u>	<u>\$ 71,622</u>	<u>\$ -660,376</u>

56523 Medical Teams International  
93-0878944  
FYE: 9/30/2014

## Federal Statements

### Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
United Way	\$ 27,269
Government Grants	1,433,667
Donated medical supplies	27,495,330
Donated hygiene and OTC	11,360,479
Contributions	18,265,627
Stock Donations	286,859
Johnson & Johnson	
Medical Supplies (various dates)	2,921,407
Actavis Pharmaceutical, Inc.	
Medical Supplies (Various Dates)	96,323,999
Perrigo	
Medical Supplies (Various Dates)	4,263,052
Great Adventure	
Cash Contribution	541,157
Field of Dreams	
Cash Contribution	1,026,250
Total	<u>\$ 163,945,096</u>

### Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
Program Service Revenue	\$ 917,619
Other revenue	54,116
Great Adventure	215,106
Field of Dreams	401,858
Total	<u>\$ 1,588,699</u>

**Federal Statements****Schedule A, Part III, Line 7a - Support from Disqualified Persons**

<u>Donor Name</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Abbott Laboratories	\$ 19,316,563	\$	\$	\$	\$
Johnson and Johnson	4,884,129		10,042,887	5,645,117	
TEVA Pharmaceuticals	10,850,746	27,425,159	65,513,889	6,731,427	
Watson Pharmaceuticals	73,598,894	30,522,578	34,171,064		
Actavis Pharmaceuticals				19,631,645	96,323,999
Arbor Pharmacueticals				10,068,666	
Americares				4,542,759	
Perrigo				2,084,253	4,263,052
Total	<u>\$ 108,650,332</u>	<u>\$ 57,947,737</u>	<u>\$ 109,727,840</u>	<u>\$ 48,703,867</u>	<u>\$ 100,587,051</u>

**Schedule A, Part III, Line 10a(e)**

<u>Description</u>	<u>Amount</u>
Dividends and interest	\$ 63,663
Total	<u>\$ 63,663</u>