

Return of Organization Exempt From Income Tax

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

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

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

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

C Name of organization
Medical Teams International

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
14150 SW Milton Ct

City or town, state or country, and ZIP + 4
Tigard OR 97224

D Employer identification number
93-0878944

E Telephone number
503-624-1000

G Gross receipts \$ 143,282,973

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

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

H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

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

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

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Voluntary Christian relief and development organization dedicated to providing medical care, supplies, and health education to people in need worldwide.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>15</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>15</u>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>129</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>1975</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>210,085,724</u>	<u>140,993,004</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>849,213</u>	<u>1,109,646</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>309,486</u>	<u>87,487</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>322,346</u>	<u>411,329</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>211,566,769</u>	<u>142,601,466</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>170,658,219</u>	<u>120,240,281</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>8,090,211</u>	<u>8,690,471</u>
	b Total fundraising expenses (Part IX, column (D), line 25) u <u>2,033,243</u>	<u>69,833</u>	<u>32,681</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>28,099,101</u>	<u>13,588,647</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>206,917,364</u>	<u>142,552,080</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>4,649,405</u>	<u>49,386</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>28,695,026</u>	<u>28,814,233</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,261,983</u>	<u>1,223,387</u>
		<u>27,433,043</u>	<u>27,590,846</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Pamela Blikstad Date: _____

Type or print name and title: CFO

Paid Preparer Use Only

Print/Type preparer's name: Fritz S. Duncan Preparer's signature: _____ Date: _____

Check if self-employed PTIN: P00036435

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

Firm's address: P.O. Box 10086 Eugene, OR 97440 Phone no.: 541-687-2320

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Voluntary Christian relief and development organization dedicated to providing medical care, supplies, and health education to people in need worldwide.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 139,347,206 including grants of \$ 120,240,281) (Revenue \$) See Schedule O

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

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

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 139,347,206

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, question text, and Yes/No checkboxes. Includes sub-questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b. Values include 37, 0, 129, and 'u See 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 to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Tigard OR 97224 503-624-1000

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

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

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Duim Treasurer	1.00	X		X				0	0	0
(2) Jeff Pinneo Vice Chair	1.00	X		X				0	0	0
(3) Paul Hathaway Director	1.00	X						0	0	0
(4) Dr. Jeff Rideout Director	1.00	X						0	0	0
(5) Ron King Chair	1.00	X		X				0	0	0
(6) Dr. Todd Ulmer Director	1.00	X						0	0	0
(7) Ann Klein Director	1.00	X						0	0	0
(8) Joan Wallace Director	1.00	X						0	0	0
(9) Phil Lane Director	1.00	X						0	0	0
(10) Bert Waugh Director	1.00	X						0	0	0
(11) Nate Miles Director	1.00	X						0	0	0
(12) Dr. Nancy Wilgenbusch Director	1.00	X						0	0	0
(13) Jin Park Director	1.00	X						0	0	0
(14) Shari Jackson Monson Director	1.00	X						0	0	0
(15) Mark Dodson Secretary	1.00	X		X				0	0	0
(16) Bastian Vanderzalm Pres/ CEO	40.00			X				165,386	0	48,021

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) William Essig VP In't Prog	40.00			X				119,559	0	22,476
(18) Linda Ranz VP of RD	40.00			X				109,653	0	13,784
(19) Pamela Blikstad VP/CFO	40.00			X				102,266	0	14,427
(20) R Marlene Minor VP of Commun	40.00			X				98,178	0	15,877
(21) David Van Vuuren VP of Admin	40.00			X				62,796	0	7,148
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								657,838		121,733
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								657,838		121,733

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** 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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 in compensation from the organization **u** 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 52,709				
	b Membership dues	1b				
	c Fundraising events	1c 1,557,287				
	d Related organizations	1d				
	e Government grants (contributions) ..	1e 3,787,761				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 135,595,247				
	g Noncash contributions included in lines 1a-1f: \$	126,522,828				
	h Total. Add lines 1a-1f	u 140,993,004				
Program Service Revenue	2a Program Service Revenue	Busn. Code	1,109,646	1,109,646		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 1,109,646				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u 88,048				88,048
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	4,763 71,761			
	b Less: cost or other basis & sales exps.		13,278 63,807			
	c Gain or (loss)		-8,515 7,954			
	d Net gain or (loss)	u -561 -561				
	8a Gross income from fundraising events (not including \$ 1,557,287 of contributions reported on line 1c). See Part IV, line 18	a 831,593				
	b Less: direct expenses	b 604,422				
	c Net income or (loss) from fundraising events	u 227,171				
	9a Gross income from gaming activities. See Part IV, line 19	a 74,500				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u 74,500 74,500					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	Busn. Code					
11a Other revenue		109,658	109,658			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u 109,658					
12 Total revenue. See instructions.	u 142,601,466	1,293,243	0	88,048		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	59,559,093	59,559,093		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	60,681,188	60,681,188		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	764,698	208,114	252,716	303,868
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,216,465	4,862,211	375,539	978,715
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	225,353	200,457	5,783	19,113
9 Other employee benefits	992,633	800,214	62,654	129,765
10 Payroll taxes	491,322	324,864	56,147	110,311
11 Fees for services (non-employees):				
a Management				
b Legal	15,536	13,946	1,259	331
c Accounting	70,064	62,892	5,678	1,494
d Lobbying				
e Professional fundraising services. See Part IV, line 17	32,681			32,681
f Investment management fees				
g Other	890,245	642,235	53,934	194,076
12 Advertising and promotion	369,505	9,154	556	359,795
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	522,435	430,019	17,368	75,048
17 Travel	829,267	762,150	18,544	48,573
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	800,716	637,050	163,266	400
23 Insurance	210,888	170,846	40,042	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Gifts in-kind	5,490,036	5,490,036		
b Program grants and activi	1,340,795	1,335,735		5,060
c Supplies	1,274,847	1,179,611	4,158	91,078
d Vehicles	886,610	878,570	1,005	7,035
e Equipment	571,149	492,594	12,553	66,002
f All other expenses	316,554	606,227	100,429	-390,102
25 Total functional expenses. Add lines 1 through 24f	142,552,080	139,347,206	1,171,631	2,033,243
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest bearing	4,323,900	1	2,064,645
	2	Savings and temporary cash investments	58,257	2	3,987
	3	Pledges and grants receivable, net	2,075,399	3	1,220,973
	4	Accounts receivable, net	794,030	4	731,559
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	9,732,055	8	11,631,395
	9	Prepaid expenses and deferred charges	332,960	9	154,494
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,510,488		
	b	Less: accumulated depreciation	10b 5,611,873	10c	9,898,615
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	1,904,285	12	3,108,565
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	28,695,026	16	28,814,233	
Liabilities	17	Accounts payable and accrued expenses	1,251,983	17	1,203,068
	18	Grants payable		18	
	19	Deferred revenue	10,000	19	20,319
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,261,983	26	1,223,387
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	20,804,813	27	23,265,732
	28	Temporarily restricted net assets	5,433,931	28	3,102,443
	29	Permanently restricted net assets	1,194,299	29	1,222,671
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	27,433,043	33	27,590,846	
34	Total liabilities and net assets/fund balances	28,695,026	34	28,814,233	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	142,601,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,552,080
3	Revenue less expenses. Subtract line 2 from line 1	3	49,386
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,433,043
5	Other changes in net assets or fund balances (explain in Schedule O)	5	108,417
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	27,590,846

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	87,030,860	127,609,352	134,200,798	210,085,724	140,993,004	699,919,738
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,295,841	720,349	802,957	1,748,984	2,125,397	6,693,528
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	88,326,701	128,329,701	135,003,755	211,834,708	143,118,401	706,613,266
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	403,789					403,789
c Add lines 7a and 7b	403,789					403,789
8 Public support. (Subtract line 7c from line 6.)						706,209,477

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	88,326,701	128,329,701	135,003,755	211,834,708	143,118,401	706,613,266
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	878,502	591,515	185,524	40,027	88,048	1,783,616
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	878,502	591,515	185,524	40,027	88,048	1,783,616
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	89,205,203	128,921,216	135,189,279	211,874,735	143,206,449	708,396,882
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.69 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.41 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2009. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

Form for Part II including checkboxes for types of conservation easements, a table for held at the end of the tax year (2a-2d), and various questions about monitoring and expenses.

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

Form for Part III including questions about reporting works of art and historical treasures, and amounts related to revenues and assets.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,757,297		1,757,297
b Buildings		6,193,959	1,245,084	4,948,875
c Leasehold improvements				
d Equipment		5,083,669	3,460,006	1,623,663
e Other		2,475,563	906,783	1,568,780
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			u	9,898,615

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Mutual Funds	3,108,565	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u 3,108,565	

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	142,601,466
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	142,552,080
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	49,386
4	Net unrealized gains (losses) on investments	4	108,417
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	108,417
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	157,803

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

1	Total revenue, gains, and other support per audited financial statements	1	146,091,422
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	108,417
b	Donated services and use of facilities	2b	2,757,580
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	623,959
e	Add lines 2a through 2d	2e	3,489,956
3	Subtract line 2e from line 1	3	142,601,466
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	142,601,466

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

1	Total expenses and losses per audited financial statements	1	145,933,619
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,757,580
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	623,959
e	Add lines 2a through 2d	2e	3,381,539
3	Subtract line 2e from line 1	3	142,552,080
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	142,552,080

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Part XIV Supplemental Information (continued)

Reclassification of fundraising event expenses \$ 604,422

Reclassification of loss on disposal of assets \$ 19,537

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

Reclassification of fundraising event expenses \$ 604,422

Reclassification of loss on disposal of assets \$ 19,537

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

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

u Attach to Form 990. u See separate instructions.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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	47	Program Services	See schedule O	65,656,814
(2) East Asia and the Pacific	2	21	Program Services	See schedule O	29,670,317
(3) Europe (including Iceland and Greenland)			Program Services	See schedule O	928,674
(4) Middle East and North Africa			Program Services	See schedule O	6,121,340
(5) North America	1	3	Program Services	See schedule O	5,384,061
(6) Russia and the Newly Independent States	2	20	Program Services	See schedule O	5,412,630
(7) South America			Program Services	See schedule O	
(8) South Asia	1	25	Program Services	See schedule O	537,136
(9) Sub-Saharan Africa	2	156	Program Services	See schedule O	23,059,288
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	10	272			136,770,260
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	10	272			136,770,260

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

Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 **u**
 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)		Middle East and North Africa	Help those in need			4,001,850	Med & med supp	AWC
(2)		Central America and Caribbean	Help those in need			620,996	Medical supply	AWC
(3)		Central America and Caribbean	Help those in need			502,587	Medical supply	AWC
(4)		Sub-Saharan Africa	Help those in need			659,280	Medical supply	AWC
(5)		East Asia and the Pacific	Help those in need			530,830	Medical supply	AWC
(6)		Central America and Caribbean	Help those in need			18,561,312	Med & med supp	AWC
(7)		Sub-Saharan Africa	Help those in need			169,837	Medical supply	AWC
(8)		Sub-Saharan Africa	Help those in need			1,441,377	Med & med supp	AWC
(9)		Central America and Caribbean	Help those in need			22,918	OTC	AWC
(10)		Central America and Caribbean	Help those in need			4,050,171	Med & med supp	AWC
(11)		East Asia and the Pacific	Help those in need			291,874	Medical supply	AWC
(12)		Sub-Saharan Africa	Help those in need			1,921,836	Med & med supp	AWC
(13)		Central America and Caribbean	Help those in need			560,206	Medical supply	AWC
(14)		Sub-Saharan Africa	Help those in need			39,600	Med & med supp	AWC
(15)		Middle East and North Africa	Help those in need			2,143,431	Med & med supp	AWC
(16)		Middle East and North Africa	Help those in need			340,838	Medical supply	AWC

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** 57

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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 **u**
 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)		North America	Help those in need			5,156,393	Med & med supp	AWC
(2)		Central America and Caribbean	Help those in need			12,494	Dental supply	AWC
(3)		Sub-Saharan Africa	Help those in need			1,331,395	Medical supply	AWC
(4)		Middle East and North Africa	Help those in need			1,326,235	Med & med supp	AWC
(5)		Russia and Newly Independent States	Help those in need			532,873	Medical supply	AWC
(6)		Central America and Caribbean	Help those in need			2,029,186	Med & med supp	AWC
(7)		Mexico	Help those in need			64,119	Medical supply	AWC
(8)		Middle East and North Africa	Help those in need			421,500	Med & med supp	AWC
(9)		South Asia	Help those in need			7,994,864	Medical supply	AWC
(10)		Central America and Caribbean	Help those in need			307,129	Medical supply	AWC
(11)		Central America and Caribbean	Help those in need			53,960	Medical supply	AWC
(12)		Russia and Newly Independent States	Help those in need			357,893	Medical supply	AWC
(13)		Europe	Help those in need			928,674	Medical supply	AWC
(14)		Sub-Saharan Africa	Help those in need			1,589,432	Medical supply	AWC
(15)		Middle East and North Africa	Help those in need			421,500	Med & med supp	AWC
(16)		Sub-Saharan Africa	Help those in need			96,128	Medical supply	AWC

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 II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 **u**
 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)		Sub-Saharan Africa	Help those in need			620,677	Medical supply	AWC
(2)		Middle East and North Africa	Help those in need			452,417	Medical supply	AWC
(3)		Central America and Caribbean	Help those in need	20,000	Transfer			
(4)		Mexico	Help those in need	31,345	Transfer			
(5)		Sub-Saharan Africa	Help those in need	365,011	Transfer			
(6)		Central America and Caribbean	Help those in need	12,600	Transfer			
(7)		East Asia and the Pacific	Help those in need	10,000	Transfer			
(8)		Central America and Caribbean	Help those in need	62,840	Transfer			
(9)		Central America and Caribbean	Help those in need	8,000	Transfer			
(10)		Central America and Caribbean	Help those in need	5,577	Transfer			
(11)		Central America and Caribbean	Help those in need	15,000	Transfer			
(12)		Central America and Caribbean	Help those in need	92,972	Transfer			
(13)		North America	Help those in need	32,600	Transfer			
(14)		Sub-Saharan Africa	Help those in need	151,827	Transfer			
(15)		East Asia and the Pacific	Help those in need	35,000	Transfer			
(16)		Sub-Saharan Africa	Help those in need	30,215	Transfer			

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

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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 **u**
 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)		Sub-Saharan Africa	Help those in need	35,321	Transfer			
(2)		Sub-Saharan Africa	Help those in need	49,815	Transfer			
(3)		North America	Help those in need	50,000	Transfer			
(4)		Sub-Saharan Africa	Help those in need	15,000	Transfer			
(5)		Russia and Newly Independent States	Help those in need	35,000	Transfer			
(6)		Sub-Saharan Africa	Help those in need	39,994	Transfer			
(7)		Sub-Saharan Africa	Help those in need	8,361	Transfer			
(8)		Russis and Newly Independent States	Help those in need	14,998	Transfer			
(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, 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

Complete this part to provide the information required in Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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, MTI may send out a staff member in order to monitor the quality of the partner's project.

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

Medical Teams International

Employer identification number

93-0878944

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	Gateway Communications	Soliciting		X	134,318	32,681	101,637
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					134,318	32,681	101,637

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Great Adventure</u>	<u>Field of Dreams</u>	<u>1</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,194,829	1,142,364	51,687	2,388,880
	2	Less: Charitable contributions	641,965	863,635	51,687	1,557,287
	3	Gross income (line 1 minus line 2)	552,864	278,729		831,593
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	35,035	23,432		58,467
	6	Rent/facility costs		65,628		65,628
	7	Food and beverages	31,901	75,452	7,020	114,373
	8	Entertainment				
	9	Other direct expenses	216,868	149,086		365,954
	10	Direct expense summary. Add lines 4 through 9 in column (d)				604,422
11	Net income summary. Combine line 3, column (d), and line 10				227,171	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		74,500	74,500
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine line 1, column d, and line 7				74,500

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

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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.

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed u

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Bethesda Lutheran Communities 831 SW 17th Ave Portland OR 97212	39-0806446	3		11,408	FMV	Hygiene and	help people in need OTC
(2)	Birch Community Services 17780 NE San Rafael Portland OR 97230	93-1186020	3		93,463	FMV	Hygiene and	help people in need OTC
(3)	Blanchet House 340 NW Glisan P.O. Box 4145 Portland OR 97208	93-6031009	3		35,617	FMV	Hygiene and	help people in need OTC
(4)	Bridges to Change 207 7th St Oregon City OR 97045	76-0751239	3		11,544	FMV	Hygiene and	help people in need OTC
(5)	Central City Concern (Recuperative 309 SW 4th Portland OR 97204	93-0728816	3		37,139	FMV	Hygiene and	help people in need OTC
(6)	Children's Community Clinic 27 NE Killingsworth Portland OR 97221	93-0811915	3		17,321	FMV	Hygiene and	help people in need OTC
(7)	Children's Hunger Fund 17451 Palmer Blvd Homewood IL 60430	95-4335462	3		37,061	FMV	Hygiene and	help people in need OTC
(8)	CIS Development Foundation 77 Milltown Rd East Brunswick NJ 08816	22-3304404	3		763,708	FMV	Hygiene and	help people in need OTC
(9)	Christian Aid Ministries PO Box 360 Berlin OH 44610-0360	34-1344364	3		12,538,700	AWC	Medical supply	help people in need

- 2 Enter total number of section 501(c)(3) and government organizations 63
- 3 Enter total number of other organizations u

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Cross International 600 SW 3rd St, Ste 2201 Pompano Beach FL 33060	65-1086387	3		192,815	FMV	Hygiene and	help people in need OTC
(2)	Cure International 701 Bosler Ave Lemoyne PA 17043	58-2248383	3		75,905	FMV	Hygiene and	help people in need OTC
(3)	Domestic Violence Resource Center PO Box 494 Hillsboro OR 97123	93-0665804	3		10,193	FMV	Hygiene and	help people in need OTC
(4)	Eastgate Bible Chapel Food Pantry PO Box 16118 Portland OR 97292-0118	93-0492215	3		9,506	FMV	Hygiene and	help people in need OTC
(5)	Family Bridge 183 SE 6th Ave Hillsboro OR 97123	31-1682683	3		8,393	FMV	Hygiene and	help people in need OTC
(6)	Feeding America 35 E Wacker Dr Chicago IL 60601	36-3673599	3		6,034	FMV	Hygiene and	help people in need OTC
(7)	Free Clinic of SW Washington 4100 Plomondon St. Vancouver WA 98661	91-1707542	3		26,337	FMV	Hygiene and	help people in need OTC
(8)	Good Neighbor Center 11130 SW Greenburg Rd Tigard OR 97223	93-1269989	3		6,713	FMV	Hygiene and	help people in need OTC
(9)	Harbor Light Mission (Salvation Army) 30 SW Second Portland OR 97204	94-1156347	3		5,518	FMV	Hygiene and	help people in need OTC

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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.

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	House of Hope Recovery PO Box 7400 Aloha OR 97007	41-2143535	3		40,490	FMV	Hygiene and	help people in need OTC
(2)	House of Zion 1430 E. Cleveland Woodburn OR 97071	93-0871543	3		40,135	FMV	Hygiene and	help people in need OTC
(3)	InAct. Inc 727 NE 24th Ave Portland OR 97204	51-0145008	3		11,064	FMV	Hygiene and	help people in need OTC
(4)	JOIN 3338 SE 17th Ave Portland OR 97202	93-1090005	3		13,487	FMV	Hygiene and	help people in need OTC
(5)	Kingsway Charities 1119 Commonwealth Ave Bristol VA 24201	54-1668650	3		40,440,831	AWC	Medical supply	help people in need
(6)	Life for Relief & Development 17300 W 10 Mile Rd Southfield MI 48075	95-4402149	3		1,934,125	FMV	Hygiene and	help people in need OTC
(7)	Love, Inc 209 S Main Street Newberg OR 97132	26-0068805	3		39,400	FMV	Hygiene and	help people in need OTC
(8)	Marion Polk Food Share 1660 Salem Industrial Drive NE Salem OR 97301-0374	94-3034161	3		166,930	FMV	Hygiene and	help people in need OTC
(9)	National Relief Charities 500 E Peyton Street Sherman TX 75090	58-1888256	3		844,923	FMV	Hygiene and	help people in need OTC

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	New Avenues for Youth (NAFY) 1220 SW Columbia Avenue Portland OR 97201	93-0910213	3		22,864	FMV	Hygiene and	help people in need OTC
(2)	New Heights Clinic 8000 NE 58th Ave Vancouver WA 98665	91-0864632	3		26,157	FMV	Hygiene and	help people in need OTC
(3)	North By Northeast CHC 3030 NE MLK Blvd Portland OR 97212	72-1618287	3		26,731	FMV	Hygiene and	help people in need OTC
(4)	Northwest Mission Bible Training Ce 2724 N Ainsworth Portland OR 97217	23-7071094	3		13,648	FMV	Hygiene and	help people in need OTC
(5)	Old Town Clinic/Recuperation Care P 727 W. Burnside Portland OR 97209	93-0728816	3		45,408	FMV	Hygiene and	help people in need OTC
(6)	Portland Community College 17705 NW Springville Rd Portland OR 97229	93-0811291	3		13,037	FMV	Hygiene and	help people in need OTC
(7)	Portland Rescue Mission 111 W Burnside Portland OR 97209	93-0429004	3		9,907	FMV	Hygiene and	help people in need OTC
(8)	Pregnancy Resource Center 7931 NE Halsey, Ste 100 Portland OR 97213	93-0854417	3		5,297	FMV	Hygiene and	help people in need OTC
(9)	Raphael House of Portland 4110 SE Hawthorne # 503 Portland OR 97214	93-0710963	3		19,016	FMV	Hygiene and	help people in need OTC

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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)	Real Hope for Haiti PO Box 23 Elwood IN 46036	20-5603302	3		227,665	FMV	Hygiene and	help people in need OTC
(2)	Rosehaven 1808 NW Irving Portland OR 97209	93-1212633	3		6,189	FMV	Hygiene and	help people in need OTC
(3)	Salvadoran American Humanitarian Fd 2050 Coral Way, Ste 600 Miami FL 33145		3		1,059,211	FMV	Hygiene and	help people in need OTC
(4)	Saint Child 2373 NW 185th #714 Hillsboro OR 97124	93-1212633	3		5,619	FMV	Hygiene and	help people in need OTC
(5)	Share Homeless Shelters PO Box 1209 Vancouver WA 98666-1209	91-1205119	3		5,101	FMV	Hygiene and	help people in need OTC
(6)	Shiloh Tabernacle 460 E Tyler Rd Muskegon MI 49445		3		7,817	FMV	Hygiene and	help people in need OTC
(7)	Sign Fracture Care International 451 Hill St Ste B Richland WA 99354	91-1952283	3		53,960	FMV	Hygiene and	help people in need OTC
(8)	Snow Cap Community Charities PO Box 160 Fairview OR 97024	93-7121915	3		7,264	FMV	Hygiene and	help people in need OTC
(9)	Sonrise Church 6701 NE Campus Way Hillsboro OR 97124	93-0785442	3		22,866	FMV	Hygiene and	help people in need OTC

2 Enter total number of section 501(c)(3) and government organizations u

3 Enter total number of other organizations u

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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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.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Southwest Community Health Center 7754 SW Capitol Hwy Portland OR 97219	70-3050497	3		5,747	FMV	Hygiene and	help people in need OTC
(2)	St. John Regional Hospital 2727 McClelland Blvd Joplin MO 64804	27-0814858	3		68,544	FMV	Hygiene and	help people in need OTC
(3)	Transitional Youth 13945 Sequoia Pkwy #150 Portland OR 97224	93-1088674	3		6,562	FMV	Hygiene and	help people in need OTC
(4)	Trinity Lutheran Church 5520 NE Killingsworth St Portland OR 97218	93-0479868	3		33,549	FMV	Hygiene and	help people in need OTC
(5)	Union Gospel Mission 15 NW 3rd Portland OR 97209	93-0401258	3		34,524	FMV	Hygiene and	help people in need OTC
(6)	Virginia Garcia Memorial Health Cen 85 N 12th Cornelius OR 97113	93-0717997	3		9,589	FMV	Hygiene and	help people in need OTC
(7)	Volunteers of America 3910 SE Stark Portland OR 97214	13-1692595	3		31,728	FMV	Hygiene and	help people in need OTC
(8)	West Women and Children Shelter 2010 NW Kearney Portland OR 97208	94-1156347	3		9,617	FMV	Hygiene and	help people in need OTC
(9)	White Shield - Salvation Army 2640 NW Alexandra Ave Portland OR 97210	93-0386992	3		16,519	FMV	Hygiene and	help people in need OTC

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**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.

Name of the organization

Medical Teams International

Employer identification number

93-0878944

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	William Temple House 2023 NW Hoyt St Portland OR 97209	93-0559964	3		51,636	FMV	Hygiene and	help people in need OTC
(2)	Woodland Community Service Center 736 Davidson Ave Woodland WA 98674	91-2105285	3		16,752	FMV	Hygiene and	help people in need OTC
(3)	Younglife's Washington Family Ranch 1 Muddy Road Antelope OR 97001	84-0385934	3		35,038	FMV	Hygiene and	help people in need OTC
(4)	Christian and Missionary Alliance PO Box 35000 Colorado Springs CO 80935	13-1623940	3	31,000				
(5)	Christian Services International 1714 W Royale Dr Muncie IN 47304	61-6043037	3	20,000				
(6)	Food for the Hungry 1224 E Washington St Phoenix AZ 85034	95-2680390	3	42,019				
(7)	Haiti Foundation PO Box 61941 Vancouver WA 98666	20-3169728	3	40,000				
(8)	Morning Star Development PO Box 62327 Colorado Springs CO 80962	54-2086318	3	50,000				
(9)	World Relief 7 East Baltimore St Baltimore MD 21202	23-6393344	3	59,752				

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

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

Part III can be duplicated if additional space is needed.

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

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

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

MTI's Local Agency Program Staff and Volunteers conduct periodic site visits to the social service agency recipients. Additionally, confirmation letters outlining the requirements of the program and requesting information on distributing entities are mailed out on an annual basis.

Information requested includes: Responsible Executive Director, Manager; functional location/address; contact information, phone, fax, email, etc; IRS Letter of Determination (501c3); and, compatible mission statement

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

u Attach to Form 990. u See separate instructions.

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Part I Questions Regarding Compensation

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

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Bastian Vanderzalm	(i)	165,386	0	0	30,454	17,567	213,407	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a - Fringe or Expense Explanation

The Organization pays for travel costs incurred by the CEO's spouse when traveling in an official capacity at the request of the Board of Directors.

Part I, Line 1b - Written Reimbursement Policy Explanation

See above.

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

	Severance	Nonqualified	Equity-based
Bastian Vanderzalm	0	19,290	0

Part III - Other Additional Information

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

Amount subject to five year vesting period.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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

Department of the Treasury
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Name of the organization

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	27	263,560	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	500	118,292,230	AWC
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (Hygiene/OTC)	X	500	7,967,038	FMV
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

29

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

	Yes	No
30a		X
31	X	
32a		X

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

Name of the organization

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

u Attach to Form 990 or 990-EZ.

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Medical Teams International

Form 990, Part I, Line 6

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

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

AFRICA:

Medical Teams International (MTI) deployed 50 volunteer health care teams to nine countries: Cameroon, Ethiopia, Gabon, Kenya, Liberia, Mali, Niger, Uganda and Darfur, Sudan. Teams provided medical services and training for African physicians and nurses in the areas of general surgery, family practice, internal medicine, dermatology, dental services and training, orthopedic surgery, obstetrics and gynecology, anesthesiology, ophthalmology, ultrasound and nurse training. MTI also shipped life saving medicines, supplies and equipment to seven countries: Cameroon, Ghana, Liberia, Rwanda, Sierra Leone, Somalia, Tanzania and Zambia.

Mali: MTI partnered with a Malian organization to support nurse training. Three nurses graduated in January and are now providing clinical and administrative leadership, two other nurses are now beginning their third year of nursing school and two other nurses are starting their first year

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of training while two new nurse aides have entered the training program. The trained nurses provide quality care for the pediatric and maternal, neo-natal programs of the hospital.

Liberia: MTI completed the final year of a USAID Child Survival Project serving 127,000 people including the target population of 58,000 children under five and women of reproductive age in Grand Cape Mount County. MTI trained county health workers and community members in the Integrated Management of Childhood Illnesses and assisted five government clinics in Grand Cape Mount County by providing operational support, staff training, essential medicines and medical supplies.

MTI also continued implementation of year two of the Rebuilding Basic Health Services (RBHS) project began in 2009 through a sub-grant from John Snow Incorporated (JSI). In collaboration with the Liberia Ministry of Health and Social Welfare and local partners, the project increases access to basic health care services in three counties at 25 health facilities: 21 health clinics and one health center in Grand Cape Mount County, two clinics in Bomi County and one health center in Montserrado County. The project benefits 129,055 people in Grand Cape Mount County and the targeted populations of two clinics and one health center in Bomi and Montserrado Counties.

Ethiopia: MTI supported a local partner for the first year of a three year community-based project targeting HIV positive mothers who live in Debre Birhan, Ethiopia. The goal of the program is to reduce the vertical transmission of HIV from mother to child in Debre Birhan. During the

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period, 1,625 women reported that they now know that HIV transmission from mother to child can be prevented, 220 women were referred to health facilities for testing and counseling, and 81 community volunteers were trained and are educating and mobilizing pregnant women for testing and counseling.

Malawi: In FY 11 MTI partnered with a local organization in Malawi to implement a one year project which provided care and support to 650 orphans and vulnerable children and 80 people living with HIV and AIDS and trained 40 home based care providers in the Nsanje District, Southern Region.

Mozambique: Through a grant from PEPFAR, MTI is supporting a comprehensive HIV/AIDS project, "Building Better Lives" which expands and strengthens the work of established indigenous community and faith-based organizations. The goal of the project is to prevent new HIV infections and provide quality care to people living with HIV and AIDS and children orphaned or made vulnerable by AIDS in underserved, rural communities in Sofala Province, Mozambique. MTI provides resources and technical support to build institutional and technical capacity, improve systems and monitor the activities of the implementing partner organizations. During the second year of the project 499 OVC were reached through education and/or vocational training, food and/or nutritional support or general health support services and 815 chronically ill HIV+ patients were reached through Home Based Care services. 2,362 persons were reached with HIV prevention messages.

Sudan: MTI partnered with a local organization to improve maternal health

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in the Nzara County, Western Equatoria State of South Sudan. The project will directly benefit 14,944 women of reproductive age. Forty-two community health outreach workers were trained and deployed to provide essential maternal health education to communities and two health facilities were rehabilitated and equipped.

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

Also in Lira district through December 2010, MTI provided Prevention of Mother to Child Transmission (PMTCT) services through support from UNICEF. The project strengthens existing PMTCT services in rehabilitated health centers and establishes additional community access points. The goal of the project is to reduce vertical transmission of HIV by increasing the availability and utilization of core PMTCT services among women of child bearing age and their children.

In Pader district MTI provides Primary Health Care programming in local health facilities in order to improve the health status of resettling

Name of the organization

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communities and increase primary health care services to more than 25,876 direct beneficiaries. Our local Ugandan medical staff visit various sites and provide specialized services as needed, including HIV and AIDS training and care.

In addition, MTI manages the Ogur Youth Information and Care Center which provides youth-friendly services to prevent HIV infection, promote healthy behaviors and increase access to counseling and testing services and treatments and medicines to prevent HIV & AIDS related opportunistic infections. In FY 11 the Ogur Youth Center impacted the lives of over 22,000 vulnerable individuals.

In SW Uganda, MTI is implementing emergency health care and preventative health programming through targeted relief and development strategies, by providing medical care to 22,580 Congolese refugees crossing the border into southwestern Uganda.

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

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The goal for the volunteer teams and our national staff is to reduce morbidity and mortality of Congolese refugees living in the Nakivale refugee camp. In FY11, MTI sent nine volunteer teams comprised of 18 volunteers.

ASIA AND EURASIA

Cambodia: In FY 11, MTI sent 11 volunteer teams to Cambodia. Four of these teams were for the EMS program in collaboration with the Kampong Cham (KC) Ministry of Health. This three year partnership with the Kampong Cham ministry of Health provides comprehensive EMS training and equipping of emergency "corners" in all 11 hospitals in the Kampong Cham province in Cambodia. EMS Basic and intermediate courses will be taught to create a Trainer of Trainers group in KC. Three other EMS teams were sent to our partner, Angkor Hospital for Children and in collaboration with the MOH in Phnom Penh.

MTI also sent two dental teams to Foursquare Children of Promise, one medical brigade team to the Ministry of Health and one vision team.

MTI worked with a local community outside of Phnom Penh to provide safe water and community health messages to its residents. Objectives were to improve household practices related to personal hygiene, water & sanitation and to increase access to clean water and clean environments for households in the community. Through this project over 400 water filters were distributed, over 70% of households were given an improved source for drinking water and hundreds of village members were taught hygiene lessons.

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Sri Lanka:

MTI programs in Sri Lanka are divided into three main categories:

Transitional Health, Emergency Humanitarian response, and Emergency Services Systems Development.

MTI partnered with the Ministry of Health and Nutrition in the vulnerable areas in Northern Sri Lanka. This project was called Transitional Health and the objectives were to reinforce health messages via health volunteers and to strengthen leadership and community development skills of community members on maternal and child health initiatives. This project focused on health promoters active in the Internally Displaced People camps. Through these activities over 61,000 people received vital health messages, and MOH mobile health units treated 7,751 patients and transported 8,226 patients. Finally, the project provided clean drinking water to residents by cleaning 435 community wells.

In early 2011 MTI responded to severe flooding in the Eastern part of Sri Lanka by providing well cleaning services to over 68 school wells and 29 community wells, which provided clean water access to thousands.

In 2011 MTI ended a successful Emergency Services Systems Development project working with the Trauma Secretariate of the Ministry of Health Care and Nutrition (MOH). Over the past five years, MTI and Trauma Secretariat have trained more than 2,800 Emergency Medical Technicians (EMT) both at Level one and Level two; more than 100,000 people in Community First Aid skills; and established seven 1-1-0 pre hospital care systems throughout

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the country. Educational materials, including EMS textbooks, were revised, edited, and published in the native languages of Sinhalese and Tamil.

Indonesia: MTI has provided training to staff and community members related to health clinics and health posts throughout Nias Island. Over 3,100 children under five have been enrolled in growth monitoring programs and participated in health post activities. Over 350 pregnant mothers now have increased access to check ups, advice and monitoring prior to delivery. 730 breastfeeding mothers attended health post training to increase likelihood of children achieving health weight gain through first year of life.

Moldova: MTI's primary objective in Moldova is to strengthen and expand its Emergency Medical Services (EMS) Train the Trainers program. To do so, MTI expanded its work into the Transnistria region of Eastern Moldova as well as providing supervisory support to six regional training centers. These are located at ambulance bases in Chisinau, the Chisinau region, Balti, Comrat, Cahul and the Police Academy in Chisinau. Local trainers from Chisinau provided the training to the EMS center in Transnistria.

The centers train ambulance, police, fire and disaster workers to respond to road traffic accidents and other traumatic events. Our EMS program has helped to reduce the number of people who die or suffer secondary injuries following a road traffic accident or traumatic event.

We shipped one container of humanitarian aid to Moldova. Supplies in this container benefitted 35 hospitals and other organizations. The shipment also provided equipment and supplies needed to support the EMS training

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program.

MTI-Moldova partnered with the Guardasil Access Program and the Ministry of Health in Moldova and distributed over 6,000 doses of Guardasil which will help to prevent cervical cancer in about 2,000 woman and children in Moldova.

MTI sent four teams including two Physical and Occupational Therapy teams, one dental team and one psycho-social team.

Romania: Medical Teams International partners with Fundatia Heart of Hope (FHH) in Romania. MTI is helping FHH to increase its organizational capacity and long-term funding base. FHH helped to increase health and improve living conditions for children living in nine government placement centers, two transition homes and several poor villages in Sibiu and Brasov counties in FY11.

Medical Teams International sent four volunteer teams to Romania. These teams included one dental team, one optometry team and two gifts of hope/vision teams.

Afghanistan:

Medical Teams International worked with CURE International and Morning Star Development on providing primary health care and medical services to the residents of Kabul, and the surrounding catchment areas. MTI partnered with both organizations in the establishment of medical services, and recruited and deployed short term teams of medical professionals.

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Medical Teams International has been involved in the implementation of primary health care programs and training for medical workers and healthcare providers. MTI monitored the activities of services provided through medical volunteer teams.

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

Uzbekistan:

Medical Teams International implemented projects on Emergency Medical Services Training, and Community Based Rehabilitation for disabled children. US based and local specialists conducted numerous trainings for the caregivers and medical personnel from the Uzbekistan social services organizations and at Orphanage #1 in Tashkent. The volunteers provided care for the children from the orphanage, and treated each child personally. They also provided recommendations to national caregivers on the improving the living conditions of the children.

The Rehabilitation project focused on increasing the medical-social services for disabled children under the supervision of their families and communities by developing the basis for an alternative system of social care, in order to decrease the number of disabled children who are sent to orphanages under state social care in Tashkent.

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During this fiscal year Medical Teams International trained more than 2,000 emergency rescue workers, and medical personnel at EMS training centers.

The Emergency Medical Care training project assisted in updating the First Responder manual, by developing treatment protocols and triage algorithms for local emergency rooms.

All trainers are actively involved in the development and update of treatment protocols. Medical Teams International transitioned the project in FY11 and the Ministry of Health continues to play a key role in program implementation. The Ministry of Health and the Ministry of Disasters were the leading task force and liaison with all involved agencies and ministries and provided interventions for future EMS development.

LATIN AMERICA and USA:

In FY11, MTI Latin America programs were able to bring hope and healing to more than 240,000 people. MTI provided health training, medical care and community development through 47 volunteer teams (275 volunteers) sent to El Salvador, Guatemala, Haiti, Honduras, Mexico and Nicaragua. The teams reached approximately 19,000 people.

Additionally, MTI supported health projects throughout the region including a Community Health Transformation Project in Guatemala; the Cadena de Amor Healthy Smiles Dental Project in Honduras, and a Holistic Community Health and Dental Project in Nicaragua. In Mexico, MTI provided assistance through implementation of community health projects including community health education, technical training, literacy, nutrition, medical and

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dental clinics, and child development in Oaxaca and Mexico City.

El Salvador

MTI sent one international ophthalmology brigade to support our partner Asociacion Salvadoreña Pro-Salud Rural (ASAPROSAR) eye's program in Santa Ana. The team provided 25 eye surgeries for patients suffering with eye disease like cataract, pterigioms and strabismus. MTI also provided funds to support the work of local volunteers who also provided eye surgeries to 18 patients.

Guatemala

In FY11, MTI-Guatemala continued its child survival and maternal health program in 22 communities of the municipality of San Juan Chamelco, Alta Verapaz, with plans to continue serving these communities in partnership with Food for the Hungry in FY12. 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 FY11 MTI-Guatemala hosted seven work teams, two medical brigades, four dental teams, 93 volunteers, sponsoring \$15,000 in community projects, and one water assessment project.

Haiti

To help improve the health of Haitians and assist in the redevelopment of Haiti's health institutions, MTI engaged in four programs during 2011. These include: providing static primary care services in the Canaan internally displaced persons' camp near Port-au-Prince; a physical therapy clinic that also encompasses occupational therapy, prosthetics and

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orthotics fabrication and fittings in Les Cayes; a health clinic in Terra Blanche; and working with Beraca hospital in Port-au-Paix to improve facilities and services through capital and training support. Over 43 teams have been deployed in FY 2011.

MTI Haiti has treated 8,980 patients, about 40 per day, in the Canaan community since starting clinics at the site in January 2011.

MTI's Advantage program provides prosthetic, orthotic, physical therapy, and occupational therapy services. The goal of MTI's Advantage program is to provide education to the vulnerable population of people with disabilities to enable them to become more active participants in their communities and to empower them to gain control over resources available to them. The program provides integrated education in an attempt to effect societal attitudinal changes toward people with disabilities through integration rather than segregation.

Since January 12, 2010, more than 162,000 people fleeing the earthquake zone near Port-au-Prince have relocated to the Artibonite department, including the villages falling within the coverage area of MTI's partner, Haiti Foundation of Hope (HFH). Medical Teams International (MTI) has long partnered with HFH to provide medical teams and supplies, disaster response teams, and technical services support. With the recent influx of residents this partnership has become more essential. In FY 2011, MTI sent three teams to this program.

MTI's principal work at the Beraca Medical Center hospital in Port-au-Paix

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is to improve facilities and services through capital and training support. However, MTI also assisted in disaster response during the cholera outbreak that occurred in the region.

Honduras

In FY 11 MTI continued funding the dental project "Healthy Smiles" of our partner Cadena de Amor, focusing on improving access to dental care services for children in rural villages of Honduras. Six dental volunteer teams sent by MTI also supported this dental project, and a total of 3298 people were served through the project and the volunteer teams. Eight additional volunteer teams were sent to support the work of our partners Asociacion El Buen Pastor (ABP) and PREDISAN. The teams provided dental services, training on nutrition for community health projects, and specialty training on medical areas such as cardiology, radiology, gastroenterology, and laboratory services. 1,078 people were benefited through those volunteer teams.

Mexico

MTI served 6,585 beneficiaries through community health interventions in Oaxaca. Seven volunteer work teams were deployed to Oaxaca to build chicken coops and ventilated improved pit (VIP) latrines. Moreover, 6,448 individuals were served in Tultitlan, near Mexico City, through education, community health, and microfinance projects led by MTI's partner, AMEXTRA, a national community development organization based in Mexico City.

MTI also carried out a handover process with AMEXTRA that involved a joint assessment followed by a KPC baseline survey. Both

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organizations provided input into the process and were involved in the implementation of the assessment tools and surveys. On July 1, 2011, AMEXTRA started community health and gender equity interventions in six communities.

Nicaragua

In FY 11 MTI funded the final year of a holistic community health and dental project that our partner Accion Medica Cristiana (AMC) was implementing in the region of Matagalpa, Nicaragua. The program focused on improving maternal and child health care, offering dental services, strengthening community organization for advocacy, and providing primary care services. 1,142 people from the region were impacted directly by the project. MTI also sent four teams that provided support for construction, midwifery training, primary care, and dental projects of AMC. These volunteer teams touched the lives of 5,093 adults and children in Nicaragua.

Disaster Response

Medical Teams International deployed a total of 45 volunteer medical teams in FY 11 for direct curative care following a disaster. The Disaster Response Unit of Medical Teams International responded in five countries - nine teams to a SW Uganda refugee camp; 34 teams to Haiti; one training team to Japan; one training team to Moldova and one medical team to Libya.

UNITED STATES/OTHER:

In Oregon and Washington, our mobile dental program enabled nearly 900 volunteer dental professionals to provide free or low-cost dental care to

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17,595 people who did not have insurance or ability to pay for the dental treatment they needed. People served by this program included the working poor, migrant farm workers, those who were homeless, and those who were unemployed. All services were provided in collaboration with more than 300 community partners in both states.

MTI also distributed supplies and pharmaceuticals to approximately 90 agencies providing aid for local low-income and at-risk persons.

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

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

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

Form 990 is sent to all members of the Board of Directors for review prior to filing. 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 president resolves all matters related

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to actual or potential conflicts of interest.

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

MTI attempts to pay salaries competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. The Director of Human Resources carries out regular surveys of salaries paid by comparable employers. Salary increases are based on availability of funds, performances evaluations, changes in responsibilities, and adjustments based on the annual market surveys.

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

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

MTI attempts to pay salaries competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. The Director of Human Resources carries out regular surveys of salaries paid by comparable employers. Salary increases are based on availability of funds, performances evaluations, changes in responsibilities, and adjustments based on the annual market surveys.

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

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Pennsylvania

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

Governing documents and the conflict of interest policy are on file with

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the Executive department and are available upon request. Financial statements are available on the Organization's website.