

HEART TO HEART INTERNATIONAL, INC.

Form 990

For the Year Ended December 31, 2012

(For Public Inspection)

Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEART TO HEART INTERNATIONAL, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 401 S CLAIRBORNE 302 City, town, or post office, state, and ZIP code OLATHE, KS 66062 F Name and address of principal officer: KRYSTAL BARR SAME AS C ABOVE	D Employer identification number 48-1108359 E Telephone number 913-764-5200 G Gross receipts \$ 118,934,809. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HEARTTOHEART.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1992 M State of legal domicile: KS		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HUMANITARIAN RELIEF AND DEVELOPMENT.		
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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	768
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	87,931,810.	118,123,344.
9	Program service revenue (Part VIII, line 2g)	664,942.	755,205.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,838.	1,834.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-11,948.	-39,117.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,581,966.	118,841,266.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	88,943,012.	92,435,327.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,340,700.	1,446,065.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 768,000.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,043,726.	5,120,422.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,327,438.	99,001,814.
19	Revenue less expenses. Subtract line 18 from line 12	-4,745,472.	19,839,452.
20	Total assets (Part X, line 16)	22,797,263.	42,618,319.
21	Total liabilities (Part X, line 26)	1,828,212.	1,807,584.
22	Net assets or fund balances. Subtract line 21 from line 20	20,969,051.	40,810,735.

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 <i>Krystal Barr</i> KRYSTAL BARR, INTERIM CEO Type or print name and title	Date 8-5-13
Paid Preparer Use Only	Print/Type preparer's name GREGORY D. OWENS Preparer's signature GREGORY D. OWENS Date Check <input type="checkbox"/> if self-employed PTIN P00048643 Firm's name ▶ KELLER & OWENS, LLC Firm's EIN ▶ 48-1195228 Firm's address ▶ 10955 LOWELL AVE, STE 800 OVERLAND PARK, KS 66210 Phone no. (913) 338-3500	

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

Application for Extension of Time To file an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. HEART TO HEART INTERNATIONAL, INC	Employer identification number (EIN) or 48-1108359
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 401 S CLAIRBORNE, NO. 302	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OLATHE, KS 66062	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HEART TO HEART INTERNATIONAL

- The books are in the care of ► **401 S. CLAIRBORNE, SUITE 302 - OLATHE, KS 66062**
Telephone No. ► **913-764-5200** FAX No. ► **913-764-0809**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2012** or

► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions
HEART TO HEART INTERNATIONAL, INC		Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	48-1108359
	401 S CLAIRBORNE, NO. 302	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	OLATHE, KS 66062	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**HEART TO HEART INTERNATIONAL**

- The books are in the care of **401 S. CLAIRBORNE, SUITE 302 - OLATHE, KS 66062**
Telephone No. **913-764-5200** FAX No. **913-764-0809**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.
- For calendar year **2012**, or other tax year beginning , and ending .
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension

ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Rhonda L. Carlson** Title **ACCOUNTANT**Date **6/3/13**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission:
HEART TO HEART INTERNATIONAL IS IMPROVING GLOBAL HEALTH THROUGH HUMANITARIAN INITIATIVES THAT CONNECT PEOPLE AND RESOURCES TO A WORLD IN NEED.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ 91,440,630. including grants of \$ 86,773,583.) (Revenue \$)
INTERNATIONAL DELIVERY AND DISTRIBUTION OF HUMANITARIAN AID FOR THE BENEFIT OF PEOPLE IN DEVELOPING COUNTRIES. ACTIVITIES INCLUDE DISTRIBUTION OF MEDICAL AID, SHIPMENTS OF RELIEF SUPPLIES, AND COMPREHENSIVE MEDICAL-EDUCATION INITIATIVES.
- 4b (Code:) (Expenses \$ 6,292,392. including grants of \$ 5,661,744.) (Revenue \$ 756,880.)
DOMESTIC DELIVERY AND DISTRIBUTION OF HUMANITARIAN AID FOR THE BENEFIT OF DISADVANTAGED PEOPLE IN THE UNITED STATES. ACTIVITIES INCLUDE DISTRIBUTION OF MATERIAL SUPPORT TO DIRECT-SERVICE AGENCIES, SHIPMENTS OF RELIEF SUPPLIES FOR DISASTER VICTIMS, AND ONGOING MEDICAL SERVICE TO DISASTER ZONES.
- 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 **97,733,022.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	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? <i>If "Yes," complete Schedule C, Part II</i>	4	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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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? <i>If "Yes," complete Schedule D, Part VI</i>	11a 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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? <i>If "Yes," complete Schedule G, Part I</i>	17	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Form 990 (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 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	22	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	23	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	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	25a	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	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	32	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	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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	36	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	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 32		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: HAITI			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10	
1b Enter the number of voting members included in line 1a, above, who are independent	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, AZ, CA, CT, DC, FL, GA, HI, IL, KS**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HEART TO HEART INTERNATIONAL - 913-764-5200**
401 S. CLAIRBORNE, SUITE 302, OLATHE, KS 66062

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 organization compensated any current officer, director, or trustee.

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1a	22,491.				
	b Membership dues	1b					
	c Fundraising events	1c	124,369.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	145,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	117,831,484.				
	g Noncash contributions included in lines 1a-1f: \$		114,916,119.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a ADMINISTRATION FEE	Business Code	493000	755,205.	755,205.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			755,205.			
	3 Investment income (including dividends, interest, and other similar amounts)			1,735.			1,735.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			99.			99.
	8 a Gross income from fundraising events (not including \$ 124,369. of contributions reported on line 1c). See Part IV, line 18	a	22,850.				
	b Less: direct expenses	b	63,642.				
	c Net income or (loss) from fundraising events			-40,792.			-40,792.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a MISCELLANEOUS		900099	1,675.	1,675.		
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d			1,675.				
12 Total revenue. See instructions.			118,841,266.	756,880.	0.	-38,958.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,661,744.	5,661,744.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	86,773,583.	86,773,583.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	216,718.	86,687.	43,344.	86,687.
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	957,178.	542,030.	172,807.	242,341.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	189,789.	103,173.	34,767.	51,849.
10 Payroll taxes	82,380.	44,213.	15,158.	23,009.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	60,304.		60,304.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	250.		250.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	566,229.	378,816.	27,316.	160,097.
12 Advertising and promotion	63,537.	41,790.		21,747.
13 Office expenses	285,607.	153,286.	52,551.	79,770.
14 Information technology				
15 Royalties				
16 Occupancy	218,184.	178,621.	17,451.	22,112.
17 Travel	477,448.	417,767.	35,809.	23,872.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	79,142.	42,476.	14,562.	22,104.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	184,341.	133,935.	22,311.	28,095.
23 Insurance	20,199.	10,840.	3,717.	5,642.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL/CLINIC SUPPLIES	1,806,192.	1,806,192.		
b OBSOLETE INVENTORY	1,356,572.	1,356,572.		
c STAFF DEVELOPMENT	2,417.	1,297.	445.	675.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	99,001,814.	97,733,022.	500,792.	768,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☒ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,146,686.	1	1,128,407.
	2 Savings and temporary cash investments	495,604.	2	350,189.
	3 Pledges and grants receivable, net	16,667.	3	62,893.
	4 Accounts receivable, net	48,278.	4	3,434.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	19,475,998.	8	39,516,454.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,914,395.		
	b Less: accumulated depreciation	10b 1,420,608.		
		1,554,407.	10c	1,493,787.
	11 Investments - publicly traded securities	59,623.	11	63,155.
	12 Investments - other securities. See Part IV, line 11		12	
	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)	22,797,263.	16	42,618,319.	
Liabilities	17 Accounts payable and accrued expenses	150,745.	17	167,361.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,677,467.	23	1,640,223.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,828,212.	26	1,807,584.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		19,588,889.	27	39,738,958.
28 Temporarily restricted net assets		1,319,829.	28	1,008,622.
29 Permanently restricted net assets		60,333.	29	63,155.
Organizations that do not follow SFAS 117 (ASC 958), 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		20,969,051.	33	40,810,735.
34 Total liabilities and net assets/fund balances	22,797,263.	34	42,618,319.	

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Part XI Reconciliation of Net AssetsCheck 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	118,841,266.
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,001,814.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,839,452.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,969,051.
5	Net unrealized gains (losses) on investments	5	2,232.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,810,735.

Part XII Financial Statements and ReportingCheck 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? 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		

Form 990 (2012)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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 - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,181,358.	95,914,746.	80,510,413.	87,931,810.	118,123,344.	482,661,671.
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	100,181,358.	95,914,746.	80,510,413.	87,931,810.	118,123,344.	482,661,671.
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)						351,008,705.
6 Public support. Subtract line 5 from line 4.						131,652,966.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	100,181,358.	95,914,746.	80,510,413.	87,931,810.	118,123,344.	482,661,671.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,316.	992.	5,394.	3,413.	1,735.	13,850.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	13,502.					13,502.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		6,890.		7,807.	1,675.	16,372.
11 Total support. Add lines 7 through 10						482,705,395.
12 Gross receipts from related activities, etc. (see instructions)					12	2,255,659.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	27.27 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	28.48 %
16a 33 1/3% support test - 2012. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2011. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. 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 ▶ <input checked="" type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

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) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE ORGANIZATION IS BROADLY SUPPORTED AND HAS A DIVERSE BOARD OF DIRECTORS. THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE IS JUST BELOW THE 33 1/3% THRESHOLD DUE TO THE LARGE NONCASH CONTRIBUTIONS IT HAS RECEIVED FOR PHARMACEUTICAL AND MEDICAL SUPPLIES. THE ORGANIZATION IS PURSUING FUNDRAISING EFFORTS TO BROADEN ITS SUPPORT AND INCREASE ITS PUBLIC SUPPORT PERCENTAGE.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization HEART TO HEART INTERNATIONAL, INC	Employer identification number 48-1108359
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,416,580.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>39,253.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>147,584.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>718,429.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>52,783.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>265,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL, INC	48-1108359

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL, INC	48-1108359

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 37,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL, INC	48-1108359

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL, INC	48-1108359

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 25,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 25,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 28,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 8,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 15,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL, INC	48-1108359

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 312,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL, INC	48-1108359

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 14,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 38,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 22,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 14,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 46,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 24,671.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 207,725.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 5,937.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 17,766.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 198,390.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 1,823,770.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 3,365,573.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 5,999,969.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 139,907.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 21,688.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 14,980.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 7,962.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 86,846.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 12,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 43,191,235.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 114,616.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 2,495,237.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 13,440.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 43,752.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 1,178,802.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 51,177,475.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 894,852.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 1,228,140.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ <u>1,416,580.</u>	<u>12/31/12</u>
<u>2</u>	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ <u>39,253.</u>	<u>12/31/12</u>
<u>3</u>	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ <u>147,584.</u>	<u>12/31/12</u>
<u>4</u>	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ <u>718,429.</u>	<u>12/31/12</u>
<u>5</u>	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ <u>52,783.</u>	<u>12/31/12</u>
<u>72</u>	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ <u>24,671.</u>	<u>12/31/12</u>

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL, INC	48-1108359

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
73	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 207,725.	12/31/12
74	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 5,937.	12/31/12
75	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 17,766.	12/31/12
76	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 198,390.	12/31/12
77	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 1,823,770.	12/31/12
78	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 3,365,573.	12/31/12

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
79	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 5,999,969.	12/31/12
80	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 139,907.	12/31/12
81	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 21,688.	12/31/12
82	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 14,980.	12/31/12
83	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 7,962.	12/31/12
84	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 86,846.	12/31/12

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL, INC	48-1108359

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
85	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 12,600.	12/31/12
86	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 43,191,235.	12/31/12
87	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 114,616.	12/31/12
88	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 2,495,237.	12/31/12
89	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 13,440.	12/31/12
90	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 43,752.	12/31/12

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC**48-1108359****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
91	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 1,178,802.	12/31/12
92	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 51,177,475.	12/31/12
93	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 894,852.	12/31/12
94	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 1,228,140.	12/31/12
		\$	

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC

48-1108359

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,333.	60,538.	58,979.	54,725.	64,370.
b Contributions			25.		4,240.
c Net investment earnings, gains, and losses	2,822.	-205.	1,534.	4,254.	-13,635.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					250.
g End of year balance	63,155.	60,333.	60,538.	58,979.	54,725.

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

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 100.00 %c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

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

(ii) related organizations

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		161,000.		161,000.
b Buildings		1,532,142.	558,879.	973,263.
c Leasehold improvements				
d Equipment		392,443.	214,622.	177,821.
e Other		828,810.	647,107.	181,703.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,493,787.

Schedule D (Form 990) 2012

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	120,898,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,232.
b	Donated services and use of facilities	2b	1,946,472.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	45,078.
e	Add lines 2a through 2d	2e	1,993,782.
3	Subtract line 2e from line 1	3	118,904,658.
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	250.
b	Other (Describe in Part XIII.)	4b	-63,642.
c	Add lines 4a and 4b	4c	-63,392.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	118,841,266.

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

1	Total expenses and losses per audited financial statements	1	101,056,756.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,946,472.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	108,720.
e	Add lines 2a through 2d	2e	2,055,192.
3	Subtract line 2e from line 1	3	99,001,564.
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	250.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	250.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	99,001,814.

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

PART X, LINE 2: THE ORGANIZATION HAS ADOPTED THE PROVISIONS FASB ASC

740-10 - ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS AS IT MIGHT APPLY

TO THE ORGANIZATION'S FINANCIAL TRANSACTIONS. THE ORGANIZATION'S POLICY

IS TO RECORD A LIABILITY FOR ANY TAX POSITION THAT IS BENEFICIAL TO THE

ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS

MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO THE

TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING

AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH

Part XIII Supplemental Information (continued)

POSITIONS AS OF DECEMBER 31, 2012 AND, ACCORDINGLY, NO LIABILITY HAS BEEN
ACCRUED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL INCOME FROM WAREHOUSE SPACE DONATED TO CHARITABLE

ORGANIZATIONS 45,078.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -63,642.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATION OF WAREHOUSE SPACE TO CHARITABLE ORGANIZATIONS 45,078.

SPECIAL EVENT EXPENSES 63,642.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 108,720.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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

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

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


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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	48,420,265.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	12,267,336.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	223,142.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	16,316,361.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	7,113,715.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	239,896.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	265,362.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	4,778,710.
3 a Sub-total	1	1			89,624,787.
b Total from continuation sheets to Part I	0	0			3,115.
c Totals (add lines 3a and 3b)	1	1			89,627,902.

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

Schedule F (Form 990) 2012

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	3,115.
Totals 					3,115.

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. 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)
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		11,865,012.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		11,380,901.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		7,675,837.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		6,753,995.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		6,181,376.	MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		4,686,988.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,285,088.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,510,478.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

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

107

3 Enter total number of other organizations or entities

0

Schedule F (Form 990) 2012

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,406,516.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,659,523.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,454,359.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		2,393,387.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		1,658,975.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,647,077.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		1,516,280.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,113,521.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,066,615.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		937,845.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		689,929.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		618,330.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		571,854.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		501,755.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		445,485.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		439,857.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		432,516.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		418,585.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		392,157.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		339,299.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		322,594.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		319,716.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		290,148.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		290,132.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		289,217.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		280,972.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		260,663.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		231,710.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		223,672.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		194,770.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		188,812.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		185,966.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		177,100.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		176,693.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL ASSISTANCE	0.		172,522.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		158,876.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		155,749.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		140,662.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		134,416.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		124,041.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		121,747.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		119,542.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		111,290.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		110,826.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		88,135.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		83,517.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		80,782.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		80,141.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		76,666.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		75,091.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		73,346.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		64,373.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL ASSISTANCE	0.		63,352.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		58,289.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		55,253.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		54,960.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		51,895.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		40,820.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		38,456.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		37,723.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		36,280.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		33,422.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		32,029.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		30,682.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		28,259.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		25,612.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		24,427.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		23,706.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		22,241.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		21,518.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		21,256.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		18,047.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		17,095.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		17,023.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		13,228.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		12,873.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		12,015.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		11,208.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		10,889.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		10,818.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		10,574.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		10,191.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		10,058.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		9,945.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,924.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,100.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		8,949.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		8,116.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		7,892.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		7,789.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		7,496.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		7,002.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		6,952.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		6,642.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		6,573.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		6,544.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		5,450.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF	30,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE; CONSTRUCTION OF EDUCATIONAL FACILITIES	0.		186,500.	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2012

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2: RECIPIENT ORGANIZATIONS ARE REQUIRED TO PROVIDE HEART TO HEART WITH DISTRIBUTION REPORTS AND OTHER DOCUMENTATION SUCH AS PHOTOGRAPHS DETAILING THE HUMANITARIAN IMPACT OF THE DONATION. HEART TO HEART AND/OR DISTRIBUTION PARTNER ORGANIZATION STAFF PERSONALLY CONDUCT SITE VISITS AND FIELD INVESTIGATIONS FOR SPECIFIED RECIPIENTS EACH YEAR.

SCHEDULE F, PART I, LINE 3: FAIR MARKET VALUE OF NONCASH ITEMS DISTRIBUTED.

SCHEDULE F, PART IV, LINE 1

THE TRANSFERS REFERENCED IN THIS LINE RELATE TO THE GRANTS TO CHARITABLE ORGANIZATIONS NOTED IN PART II OF SCHEDULE F. FORM 926 IS NOT REQUIRED FOR THIS TYPE OF TRANSACTION.

SCHEDULE F, PART IV, LINE 6

THE ORGANIZATION GAVE MEDICAL AND PHARMACEUTICAL SUPPLIES VALUED AT \$172,522 TO THE INTERNATIONAL MEDICAL CORP TO BE DISTRIBUTED IN YEMEN. THE ORGANIZATION GAVE NO CASH, AND ALL NONCASH CONTRIBUTIONS WENT THROUGH THE INTERNATIONAL MEDICAL CORP.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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

- 2 a** 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.

[illegible]

Total

- 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.

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 GOLF TOURNAMENT	(b) Event #2 ANNIVERSARY EVENT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	64,995.	82,224.		147,219.
	2 Less: Contributions	54,995.	69,374.		124,369.
	3 Gross income (line 1 minus line 2)	10,000.	12,850.		22,850.
Direct Expenses	4 Cash prizes	0.	0.		
	5 Noncash prizes	10,046.	0.		10,046.
	6 Rent/facility costs	8,833.	13,422.		22,255.
	7 Food and beverages	619.	5,200.		5,819.
	8 Entertainment		500.		500.
	9 Other direct expenses	5,942.	19,080.		25,022.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				63,642.
	11 Net income summary. Combine line 3, column (d), and line 10				-40,792.

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

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

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD ASSIST 7695 CONCERTO LANE SAN DIEGO, CA 92127	26-1434692	501(C)(3)	0.	3,042,454.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
RIVERVIEW HEALTH SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501 (C)(3)	0.	254,924.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
ST. VINCENT DE PAUL CHARITABLE PHARMACY OF CINCINN - 1125 BANK STREET - CINCINNATI, OH 45214	30-0272954	501 (C)(3)	0.	209,948.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
KANSAS CITY, MISSOURI SCHOOL DISTRICT - 1211 MCGEE STREET - KANSAS CITY, MO 64103	44-6003108	501(C)(3)	0.	185,500.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
JEFFERSON PARISH 910 3RD STREET GRETN, LA 70053	APPLIED FOR	501(C)(3)	0.	118,449.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
THE SALVATION ARMY OF GREATER NEW YORK - 120 W. 14TH STREET - NEW YORK, NY 10011	13-5562351	501(C)(3)	0.	117,210.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **61.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501 (C)(3)	0.	104,825.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
OUR LADY OF THE ANGELS 4232 MERCIER KANSAS CITY, MO 64111	44-0546494	501 (C)(3)	0.	101,924.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
PRESCRIPTION ASSISTANCE 408-9TH STREET SOUTHWEST, SUITE 145 CANTON, OH 44707	20-0797475	501(C)(3)	0.	80,877.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CHARITABLE PHARMACY OF CENTRAL OHIO, INC - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	79,006.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
METRO MINISTRIES 17 MENAHAN STREET BROOKLYN, NY 11221	11-3302193	501(C)(3)	0.	76,937.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
DIOCESAN COUNCIL, SOCIETY OF ST. VINCENT DE PAUL - 420 WEST WATKINS - PHOENIX, AZ 85003	86-0096789	501 (C)(3)	0.	73,730.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON ROAD GREENVILLE, SC 29601	57-0855205	501 (C)(3)	0.	72,701.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501(C)(3)	0.	67,068.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GRACE UNITED METHODIST CHURCH AGAPE CLINIC - 4105 JUNIUS STREET - DALLAS, TX 75246	14-1847977	501 (C)(3)	0.	66,787.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501 (C)(3)	0.	66,421.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
AMERICAN RED CROSS SE LOUISIANA CHAPTER - 2640 CANAL STREET - NEW ORLEANS, LA 70128	53-0196605	501(C)(3)	0.	44,712.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312	42-1428706	501 (C)(3)	0.	42,100.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE AVENUE FORT WORTH, TX 76111	75-2417646	501 (C)(3)	0.	40,564.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SHARED CARE FREE CLINIC OF JACKSON COUNTY - 17611 EAST US 24 HIGHWAY, SUITE 103 - INDEPENDENCE, MO 64056	45-0539496	501 (C)(3)	0.	29,634.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
PEOPLES CITY MISSION FREE MEDICAL CLINIC - 401 NORTH 2ND STREET - LINCOLN, NE 68508	47-0376896	501 (C)(3)	0.	28,899.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
NEW HOPE BAPTIST CHURCH 106 SUSSEX AVENUE NEWARK, NJ 07103	APPLIED FOR	501(C)(3)	0.	27,652.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501 (C)(3)	0.	26,062.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 195 EAST SAN FERNANDO STREET, FIRST FLOOR - SAN JOSE, CA 95112	53-0196617	501(C)(3)	0.	23,554.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CAMBODIAN HEALTH PROFESSIONALS ASSOCIATION AMERICA - 1025 ATLANTIC AVENUE - LONG BEACH, CA 90813	90-0546021	501(C)(3)	0.	22,059.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CATHEDRAL INTERNATIONAL 277 MADISON AVENUE PERTH AMBOY, NJ 08862	APPLIED FOR	501(C)(3)	0.	21,434.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
JOPLIN COMMUNITY CLINIC 701 SOUTH JOPLIN AVENUE JOPLIN, MO 64801	43-1643962	501 (C)(3)	0.	19,838.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
INLAND BEHAVIORAL AND HEALTH SERVICES, INC. - 1963 NORTH E STREET - SAN BERNARDINO, CA 92405	95-3246624	501 (C)(3)	0.	19,424.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY CARE CLINIC OF HIGHLAND - CASHIERS, INC. - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501 (C)(3)	0.	18,584.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
UNION HOSPITAL OF CECIL COUNTY 106 BOW STREET ELKTON, MD 21921	52-0607945	501 (C)(3)	0.	18,332.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 NORTH MICHIGAN - PITTSBURG, KS 66762	75-3002264	501 (C)(3)	0.	18,036.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
MAUI MEMORIAL MEDICAL CENTER 221 MAHALANI STREET WAILUKU, HI 96793	99-0330698	501 (C)(3)	0.	16,440.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SOUTH CENTRAL IOWA COMMUNITY ACTION PROGRAM - PO BOX 715 - CHARITON, IA 50049	42-0921920	501 (C)(3)	0.	16,065.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GOOD NEIGHBOR HEALTHCARE CLINIC 190 HEIGHTS BLVD HOUSTON, TX 77007	74-1746576	501 (C)(3)	0.	15,909.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CITIZENS OF LAKE COUNTY FOR HEALTH CARE - 215 SOUTH COURT STREET - TIPTONVILLE, TN 38079	62-1026947	501 (C)(3)	0.	14,992.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
WOMEN OF WORTH, INC. 1513 DEAN STREET ROME, GA 30161	80-0306378	501(C)(3)	0.	14,948.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
JAYDOC FREE CLINIC (KU ENDOWMENT ASSOCIATION) - 300 SOUTHWEST BLVD - KANSAS CITY, KS 66103	48-0547734	501 (C)(3)	0.	14,354.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTH PARTNERSHIP OF JOHNSON COUNTY - 7171 WEST 95TH STREET, SUITE 100 - OVERLAND PARK, KS 66212	48-1115529	501 (C)(3)	0.	14,039.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY CHURCH OF THE NAZARENE 1414 CENTRAL AVENUE FAR ROCKAWAY, NY 11691	APPLIED FOR	501(C)(3)	0.	13,165.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SYNERGY SERVICES 400 E. 6TH STREET PARKVILLE, MO 64152	43-0970674	501 (C)(3)	0.	13,040.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SERVE THE PEOPLE 1206 EAST 17TH STREET, SUITE 101 SANTA ANA, CA 92701	27-0421556	501 (C)(3)	0.	12,865.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HEART OF AMERICA STAND DOWN FOUNDATION - PO BOX 413162 - KANSAS CITY, MO 64141	43-1634614	501(C)(3)	0.	12,600.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LORD STERLING COMMUNITY SCHOOL 101 REDMOND STREET NEW BRUNSWICK, NJ 08901	APPLIED FOR	501(C)(3)	0.	12,420.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE, SUITE MOORESVILLE, NC 28115	20-1020941	501 (C)(3)	0.	10,238.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
WHEELING HEALTH RIGHT, INC. 61 - 29TH ST. WHEELING, WV 26003	31-1149085	501(C)(3)	0.	9,779.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802	68-0051386	501 (C)(3)	0.	9,571.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
LISBON COMMUNITY HEALTH CENTER 7880 LINCOLN PLACE LISBON, OH 44432	34-6565185	501 (C)(3)	0.	7,783.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
PLAQUEMINES PARISH 8056 HWY. 23 SUITE 308 BELLE CHASSE, LA 70037	APPLIED FOR	501(C)(3)	0.	7,452.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
WATER STREET HEALTH SERVICES 210 SOUTH PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)	0.	7,217.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HAPPY BOTTOMS 1941 CENTRAL STREET KANSAS CITY, MO 64108	27-2423540	501(C)(3)	0.	6,864.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
COALITION OF HISPANIC WOMEN AGAINST CANCER, INC. - 1333 S. 27TH STREET, SUITE 10 - KANSAS CITY, KS 66106	48-1230884	501 (C)(3)	0.	6,706.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HANDS OF HOPE, A FREE CLINIC 2577 SCHENLEY AVENUE NORTHEAST WARREN, OH 44483	37-1637081	501(C)(3)	0.	6,705.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
WYANDOTTE COUNTY JUVENILE INTAKE AND ASSESSMENT - 710 N 7TH ST - KANSAS CITY, KS 66101	APPLIED FOR	501(C)(3)	0.	5,802.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SILVER CITY HEALTH CENTER 1428 SOUTH 32ND STREET, SUITE 100 KANSAS CITY, KS 66106	48-1149398	501 (C)(3)	0.	5,729.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
KANSAS CITY, MISSOURI SCHOOL DISTRICT - 1211 MCGEE STREET - KANSAS CITY, MO 64103	44-6003108	501(C)(3)	0.	78,300.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
JOPLIN COMMUNITY CLINIC 701 SOUTH JOPLIN AVENUE JOPLIN, MO 64801	43-1643962	501 (C)(3)	0.	5,204.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY CHURCH OF THE NAZARENE 1414 CENTRAL AVENUE FAR ROCKAWAY, NY 11691	APPLIED FOR	501(C)(3)	0.	5,174.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD., SUITE 300 SANTA MONICA, CA 90404	95-3949646	501(C)(3)	0.	13,253.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GLOBAL BRIGADES 220 2ND AVE S. SEATTLE, WA 98104	37-1551109	501(C)(3)	0.	24,289.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GLOBAL MEDICAL BRIGADES 1099 EAST CHAMPLAIN DR., SUITE A176 FRESNO, CA 93720	APPLIED FOR	501(C)(3)	0.	8,806.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: RECIPIENT ORGANIZATIONS ARE REQUIRED TO PROVIDE

HEART TO HEART WITH DISTRIBUTION REPORTS AND OTHER DOCUMENTATION SUCH AS

PHOTOGRAPHS DETAILING THE HUMANITARIAN IMPACT OF THE DONATION. HEART TO

HEART AND/OR DISTRIBUTION PARTNER ORGANIZATION STAFF PERSONALLY CONDUCT

SITE VISITS AND FIELD INVESTIGATIONS FOR SPECIFIED RECIPIENTS EACH YEAR.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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	X		4,343,660.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	27	110,572,459.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....				
26 Other ► (.....				
27 Other ► (.....				
28 Other ► (.....				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number
48-1108359

FORM 990, PART VI, SECTION A, LINE 8B: THE INDIVIDUAL COMMITTEES THAT MEET
DO NOT KEEP MINUTES, BUT ALL BOARD MEETINGS ARE DOCUMENTED WITH MINUTES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE REVIEWED AND
APPROVED BY CEO AND CFO. THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE
TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES THAT
DIRECTORS AND OFFICERS ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO
CONFLICTS. IF A DIRECTOR HAS AN INTEREST THAT COULD GIVE RISE TO CONFLICT,
THAT DIRECTOR RECUSES HIMSELF FROM ANY DISCUSSION AND VOTING THAT AFFECTS
HIS INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE
BOARD REVIEWS AND APPROVES THE COMPENSATION FOR THE CEO AND USES THE SALARY
AND BENEFITS SURVEY OF GREATER KANSAS CITY AREA NONPROFIT ORGANIZATIONS
COMPILED BY THE MIDWEST CENTER FOR NONPROFIT LEADERSHIP AS WELL AS
COMPENSATION INFORMATION FROM OTHER NATIONAL NONPROFIT ORGANIZATIONS WHICH
PROVIDE THE SAME TYPES OF SERVICES THAT WE PROVIDE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC
OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, CO, MO, ND, WA

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS ANNUAL
REPORT AVAILABLE ON ITS WEBSITE. THE GOVERNING DOCUMENTS, FINANCIAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

STATEMENTS AND CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST.