

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 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		D Employer identification number 48-1108359
	Doing Business As		E Telephone number 913-764-5200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 92,463,858.
	401 S CLAIRBORNE	302	
City or town, state or province, country, and ZIP or foreign postal code OLATHE, KS 66062		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: KRYSTAL BARR SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		H(c) Group exemption number ▶	
J Website: ▶ WWW.HEARTTOHEART.ORG		L Year of formation: 1992 M State of legal domicile: KS	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	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 2013 (Part V, line 2a)	5 24	
	6 Total number of volunteers (estimate if necessary)	6 745	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 118,123,344.	Current Year: 91,553,943.
	9 Program service revenue (Part VIII, line 2g)	755,205.	894,369.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,834.	3,235.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-39,117.	12,311.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,841,266.	92,463,858.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	92,435,327.	131,563,725.
	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)	1,446,065.	1,309,668.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 670,604.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,120,422.	2,700,283.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,001,814.	135,573,676.	
19 Revenue less expenses. Subtract line 18 from line 12	19,839,452.	-43,109,818.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 42,618,319.	End of Year: 14,127,599.
	21 Total liabilities (Part X, line 26)	1,807,584.	1,260,948.
	22 Net assets or fund balances. Subtract line 21 from line 20	40,810,735.	12,866,651.

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		Date
	KRYSTAL BARR, INTERIM CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 34-1874260	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address ▶ 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	Phone no. 913-234-1000	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 130,887,954. including grants of \$ 128,655,260.) (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 \$ 3,246,751. including grants of \$ 2,908,465.) (Revenue \$ 894,472.) 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 134,134,705.

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>		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>		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>		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>		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>	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>	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>		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>		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>		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>		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>	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>	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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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>		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>		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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with Yes/No columns and input fields.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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 SEE SCHEDULE O
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. [X] Own website [] Another's website [X] 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: BUD JEFFRESS - 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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES E KERR CHAIRMAN	1.00	X		X				0.	0.	0.
(2) GARY B MORSCH, MD, MPH VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) DARREL L GRACE, DO SECRETARY	1.00	X		X				0.	0.	0.
(4) TIFFANY WOODLEY TREASURER	1.00	X		X				0.	0.	0.
(5) CARLA DURYEE DIRECTOR	1.00	X						0.	0.	0.
(6) BOB LAMBRECHTS DIRECTOR	1.00	X						0.	0.	0.
(7) ARTHUR FILLMORE, JD DIRECTOR	1.00	X						0.	0.	0.
(8) HOWIE FLEISCHER DIRECTOR	1.00	X						0.	0.	0.
(9) JON NORTH DIRECTOR	1.00	X						0.	0.	0.
(10) RICK RANDOLPH, MD DIRECTOR	1.00	X						0.	0.	0.
(11) KRYSTAL BARR INTERIM CEO	40.00			X				107,500.	0.	0.
(12) STACY HANSON VICE-PRESIDENT DEVELOPMENT	40.00				X			110,185.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							217,685.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							217,685.	0.	0.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 34,835.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 91,519,108.					
	g Noncash contributions included in lines 1a-1f: \$	88,238,473.					
	h Total. Add lines 1a-1f		91,553,943.				
	Program Service Revenue	2 a ADMINISTRATION FEE	Business Code 493000	894,369.	894,369.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			894,369.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		834.			834.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	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	2,401.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	0.				
		c Gain or (loss)	2,401.				
	d Net gain or (loss)		2,401.			2,401.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a GAIN ON CURRENCY CONVERSION	900099	12,208.			12,208.		
b MISCELLANEOUS	900099	103.	103.				
c							
d All other revenue							
e Total. Add lines 11a-11d		12,311.					
12 Total revenue. See instructions.		92,463,858.	894,472.	0.	15,443.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,908,465.	2,908,465.		
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	128,655,260.	128,655,260.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,216,599.	611,650.	320,019.	284,930.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	93,069.	46,791.	24,481.	21,797.
11 Fees for services (non-employees):				
a Management				
b Legal	6,036.	6,036.		
c Accounting	71,336.		66,755.	4,581.
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.)	897,881.	578,892.	151,986.	167,003.
12 Advertising and promotion	2,802.	170.		2,632.
13 Office expenses	289,650.	129,985.	65,529.	94,136.
14 Information technology				
15 Royalties				
16 Occupancy	262,099.	198,849.	52,572.	10,678.
17 Travel	597,103.	489,707.	54,953.	52,443.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,767.			10,767.
20 Interest	51,638.	36,016.	6,417.	9,205.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	186,862.	172,590.	2,710.	11,562.
23 Insurance	22,935.	202.	22,130.	603.
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 OBSELETE INVENTORY	297,714.	297,714.		
b STAFF DEVELOPMENT	3,210.	2,378.	565.	267.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	135,573,676.	134,134,705.	768,367.	670,604.
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 Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,128,407.	1	728,219.	
	2 Savings and temporary cash investments	350,189.	2	356,432.	
	3 Pledges and grants receivable, net	62,893.	3	329,225.	
	4 Accounts receivable, net	3,434.	4	5,283.	
	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	39,516,454.	8	11,146,793.	
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,103,248.			
	b Less: accumulated depreciation	10b 1,607,469.	1,493,787.	10c	1,495,779.
	11 Investments - publicly traded securities	63,155.	11	65,868.	
	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)		42,618,319.	16	14,127,599.	
Liabilities	17 Accounts payable and accrued expenses	167,361.	17	172,863.	
	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	1,640,223.	23	1,088,085.	
	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		1,807,584.	26	1,260,948.
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	39,738,958.	27	11,744,011.	
	28 Temporarily restricted net assets	1,008,622.	28	1,056,772.	
	29 Permanently restricted net assets	63,155.	29	65,868.	
	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	40,810,735.	33	12,866,651.		
34 Total liabilities and net assets/fund balances	42,618,319.	34	14,127,599.		

Part XI Reconciliation of Net Assets

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

Table with 10 rows and 2 columns. Row 1: Total revenue 92,463,858. Row 2: Total expenses 135,573,676. Row 3: Revenue less expenses -43,109,818. Row 4: Net assets at beginning 40,810,735. Row 5: Net unrealized gains 336. Row 6: Donated services. Row 7: Investment expenses. Row 8: Prior period adjustments 15,139,078. Row 9: Other changes 26,320. Row 10: Net assets at end 12,866,651.

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No checked). Row 2b: Financial statements audited (Yes checked). Row 2c: Committee oversight (Yes checked). Row 3a: Federal award audit (No checked). Row 3b: Required audit (No checked).

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization
HEART TO HEART INTERNATIONAL

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 [X] 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).

Table with 3 columns: Question, Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,914,746.	80,510,413.	87,931,810.	133,262,422.	91,553,943.	489,173,334.
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	95,914,746.	80,510,413.	87,931,810.	133,262,422.	91,553,943.	489,173,334.
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)						355,623,578.
6 Public support. Subtract line 5 from line 4.						133,549,756.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	95,914,746.	80,510,413.	87,931,810.	133,262,422.	91,553,943.	489,173,334.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	992.	5,394.	3,413.	1,735.	834.	12,368.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,890.		7,807.	1,675.	103.	16,475.
11 Total support. Add lines 7 through 10						489,202,177.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	27.30	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	27.27	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<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"/>

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. 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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

HEART TO HEART INTERNATIONAL

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2013)

Name of organization HEART TO HEART INTERNATIONAL	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>	 <hr/> <hr/> <hr/>	\$ <u>10,395.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>46,309.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>474,161.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,068.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>18,030.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/> <hr/>	\$ <u>61,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
13	<hr/> <hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/> <hr/>	\$ <u>7,314.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/> <hr/>	\$ <u>7,460.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/> <hr/>	\$ <u>275,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/> <hr/>	\$ <u>220,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/> <hr/>	\$ <u>11,775.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
19	<hr/> <hr/> <hr/> <hr/>	\$ 10,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/> <hr/>	\$ 10,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/> <hr/>	\$ 12,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 187,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 8,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 22,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
31	<hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>6,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
37		\$ 10,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 8,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 76,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
43	<hr/> <hr/> <hr/> <hr/>	\$ 10,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/> <hr/>	\$ 7,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
49	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>33,515.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>38,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>15,393.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
55		\$ 57,091.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 6,249,492.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 767,961.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 1,071,820.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 50,932.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 11,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
61	<hr/> <hr/> <hr/>	\$ <u>9,960.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ <u>12,720.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ <u>79,910.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ <u>11,630.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ <u>96,300.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
67	<hr/> <hr/> <hr/> <hr/>	\$ <u>13,650.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/> <hr/>	\$ <u>6,807,675.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/> <hr/>	\$ <u>69,593.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/> <hr/>	\$ <u>146,211.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/> <hr/>	\$ <u>56,869,703.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/> <hr/>	\$ <u>72,441.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
73		\$ 10,080.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 578,297.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 5,973.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 95,690.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 149,201.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 12,648,081.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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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
79		\$ 15,190.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 7,937.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 1,776,991.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 5,040.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 15,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 13,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
85	<hr/> <hr/> <hr/> <hr/>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/> <hr/>	\$ <u>9,825.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/> <hr/>	\$ <u>25,575.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART TO HEART INTERNATIONAL	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
91		\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 107,217.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 7,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 30,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 20,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
97	<hr/> <hr/> <hr/> <hr/>	\$ <u>199,655.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL	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
54	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 15,393.	12/31/13
55	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 57,091.	12/31/13
56	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 6,249,492.	12/31/13
57	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 767,961.	12/31/13
58	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 1,071,820.	12/31/13
59	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 50,932.	12/31/13

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL	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
60	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 11,300.	12/31/13
61	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 9,960.	12/31/13
62	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 12,720.	12/31/13
63	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 15,000.	12/31/13
64	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 79,910.	12/31/13
65	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 11,630.	12/31/13

Name of organization HEART TO HEART INTERNATIONAL	Employer identification number 48-1108359
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
66	PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____	\$ 96,300.	12/31/13
67	PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____	\$ 13,650.	12/31/13
68	PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____	\$ 6,807,675.	12/31/13
69	PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____	\$ 69,593.	12/31/13
70	PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____	\$ 146,211.	12/31/13
71	PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____	\$ 56,869,703.	12/31/13

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL	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
72	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 72,441.	12/31/13
73	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 10,080.	12/31/13
74	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 578,297.	12/31/13
75	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 5,973.	12/31/13
76	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 95,690.	12/31/13
77	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 149,201.	12/31/13

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL	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
78	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 12,648,081.	12/31/13
79	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 15,190.	12/31/13
80	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 7,937.	12/31/13
81	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 1,776,991.	12/31/13
82	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 5,040.	12/31/13
88	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 9,825.	12/31/13

Name of organization HEART TO HEART INTERNATIONAL	Employer identification number 48-1108359
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
92	PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____	\$ 107,217.	12/31/13
97	PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____	\$ 199,655.	12/31/13
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

(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

(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

(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

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.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **HEART TO HEART INTERNATIONAL** 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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part 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	63,155.	60,333.	60,538.	58,979.	54,725.
b Contributions				25.	
c Net investment earnings, gains, and losses	2,713.	2,822.	-205.	1,534.	4,254.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	65,868.	63,155.	60,333.	60,538.	58,979.

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

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

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		161,000.		161,000.
b Buildings		1,541,640.	623,698.	917,942.
c Leasehold improvements				
d Equipment		651,508.	416,256.	235,252.
e Other		749,100.	567,515.	181,585.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,495,779.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	94,533,819.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	336.
b	Donated services and use of facilities	2b	2,069,875.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,070,211.
3	Subtract line 2e from line 1	3	92,463,608.
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	
c	Add lines 4a and 4b	4c	250.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	92,463,858.

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

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

1	Total expenses and losses per audited financial statements	1	137,616,981.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,069,875.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,069,875.
3	Subtract line 2e from line 1	3	135,547,106.
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	26,320.
c	Add lines 4a and 4b	4c	26,570.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	135,573,676.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION'S PRESENT ACCOUNTING POLICY FOR THE

EVALUATION OF UNCERTAIN TAX POSITIONS IS TO REVIEW THOSE POSITIONS ON AN

ANNUAL BASIS. A LIABILITY WOULD BE RECORDED IN THE FINANCIAL STATEMENTS

DURING THE PERIOD WHICH, BASED ON ALL AVAILABLE EVIDENCE, BELIEVES IT IS

MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES AND THE LIABILITY WOULD BE INCURRED BY

THE ORGANIZATION. NO ACCRUAL HAS BEEN RECORDED AT DECEMBER 31, 2013, AS

MANAGEMENT DOES NOT BELIEVE ANY MATERIAL UNCERTAINTIES EXIST.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT TO DISTRIBUTED SUPPLIES

26,320.

Part XIII Supplemental Information (continued)

Area containing multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **HEART TO HEART INTERNATIONAL**
Employer identification number: **48-1108359**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	97,188,360.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	848,815.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	25,722.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	17,632,654.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	10,122,565.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	28,440.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	2,304,493.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	532,597.
3 a Sub-total	1	1			128,683,646.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			128,683,646.

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

Schedule F (Form 990) 2013

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		46,636,947.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		6,277.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		174,394.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		25,234.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		32,517.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,784.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		102,100.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		5,238.	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 **124**

3 Enter total number of other organizations or entities **0**

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.		7,034.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		6,361.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		116,967.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		113,880.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		19,637.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		4,111,627.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		666,562.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		119,107.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		572,216.	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)
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		126,520.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		57,725.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		66,000.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL ASSISTANCE	0.		28,440.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		1,226,561.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		52,554.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		10,747.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		24,169.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		4,421.	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.		38,663.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		414,714.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,009,082.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		5,809.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		67,549.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		29,753.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		241,640.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		2,053.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		8,985.	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.		6,591.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		354,366.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		20,682.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		8,079.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		3,686,591.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		78,332.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		8,421.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		8,354,616.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		316,193.	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.		283,924.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		51,166.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		25,793.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		2,310.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		7,770.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		8,011.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		21,408.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,223.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		75,262.	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.		227,173.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		92,670.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		5,526.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		28,484.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		94,181.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		332,630.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		64,478.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		29,452.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		9,259,909.	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.		41,830.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		26,585,184.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		2,053,731.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		99,985.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		105,574.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		89,237.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		7,747.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		56,513.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		153,897.	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.		50,089.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		243,693.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		212,337.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		290,774.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		6,090.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		3,004,589.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		1,877,679.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		18,252.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		30,711.	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 AND NEIGHBORING STATES	MEDICAL ASSISTANCE	0.		486,688.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,583,527.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		32,139.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		RUSSIA AND NEIGHBORING STATES	MEDICAL ASSISTANCE	0.		23,080.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		259,374.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		22,209.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		158,076.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		10,308.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		RUSSIA AND NEIGHBORING STATES	MEDICAL ASSISTANCE	0.		339,048.	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.		2,575.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		214,389.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		33,570.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		123,444.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		23,034.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		6,505.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		134,542.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		31,376.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		6,090.	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.		461,476.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		149,531.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		5,269.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		544,864.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		13,104.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		58,905.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		17,295.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		30,045.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		15,589.	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.		56,979.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		196,785.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		6,016.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		302,612.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		152,083.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0.		9,491.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		5,097.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		14,238.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		38,061.	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.		15,223.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		1,724.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		917.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		276,820.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		15,052.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		21,229.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		36,735.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		148,079.	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" on 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) 2013

Part V Supplemental Information

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

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.

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 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

2013

**Open to Public
Inspection**

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

Name of the organization **HEART TO HEART INTERNATIONAL** 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
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	225,670.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CABOT WESTSIDE HEALTH CENTER 2121 SUMMIT ST KANSAS CITY, MO 64108	44-0546280	501(C)(3)	0.	20,737.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CAMBODIAN HEALTH PROFESSIONALS ASSOCIATION AMERICA - 1025 ATLANTIC AVENUE - LONG BEACH, CA 90813	90-0546021	501(C)(3)	0.	7,721.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CHARITABLE PHARMACY OF CENTRAL OHIO, INC - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	10,013.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CITY RESCUE MISSION 800 WEST CALIFORNIA AVENUE OKLAHOMA CITY, OK 73106	73-0713883	501(C)(3)	0.	18,000.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMON GROUND HEALTH CLINIC 1400 TECHE STREET NEW ORLEANS, LA 70114	20-3723007	501(C)(3)	0.	7,438.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58.**

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) (2013)

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
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 NORTH MICHIGAN - PITTSBURG, KS 66762	75-3002264	501(C)(3)	0.	85,100.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY OF HOPE 1717 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-1184749	501(C)(3)	0.	9,605.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	0.	13,836.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
CROSSINGS COMMUNITY CLINIC 3601 N. MAY SUITE A OKLAHOMA CITY, OK 73112	86-1115863	501(C)(3)	0.	7,449.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
DIOCESAN COUNCIL, SOCIETY OF ST. VINCENT DE PAUL - 420 WEST WATKINS - PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	6,841.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
DIRECT RELIEF 27 S. LA PATERA LANE SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	0.	173,277.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
ECHO COMMUNITY HEALTH CENTER 315 MULBERRY STREET EVANSVILLE, IN 47713	35-1791786	501(C)(3)	0.	6,080.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	73,014.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
GENESIS COMMUNITY HEALTH 564 E. WOOLBRIGHT ROAD BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	0.	55,524.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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.	23,062.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HEAD START OF SHAWNEE MISSION, INC 8155 SANTA FE DRIVE OVERLAND PARK, KS 66204	48-0723044	501(C)(3)	0.	9,195.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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.	9,785.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTHFINDERS COLLABORATIVE 710 DIVISION STREET NORTHFIELD, MN 55057	20-1805262	501(C)(3)	0.	13,530.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HEART OF AMERICA STAND DOWN FOUNDATION - PO BOX 413162 - KANSAS CITY, MO 64141	43-1634614	501(C)(3)	0.	13,028.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HEART TO HEART INTERNATIONAL 401 S. CLAIRBORNE, SUITE 302 OLATHE, KS 66062	48-1108359	501(C)(3)	0.	110,035.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HOPE FAMILY CARE CENTER 3027 PROSPECT AVENUE KANSAS CITY, MO 64128	26-4021005	501(C)(3)	0.	11,458.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HOPE NETWORK OF RAYTOWN 10500 E 350 HWY RAYTOWN, MO 64138	26-0240331	501(C)(3)	0.	13,462.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
HOPE WORLDWIDE INC 15 KINGS BEACH ROAD LYNN, MA 01902	04-3129839	501(C)(3)	0.	12,960.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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
INLAND BEHAVIORAL AND HEALTH SERVICES, INC. - 1963 NORTH E STREET - SAN BERNARDINO, CA 92405	95-3246624	501(C)(3)	0.	14,146.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
JAYDOC FREE CLINIC (KU ENDOWMENT ASSOCIATION) - 300 SOUTHWEST BLVD - KANSAS CITY, KS 66103	48-0547734	501(C)(3)	0.	26,564.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
JOPLIN COMMUNITY CLINIC 701 SOUTH JOPLIN AVENUE JOPLIN, MO 64801	43-1643962	501(C)(3)	0.	36,458.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	154,918.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MACEDONIA NEW LIFE CHURCH 2004 ROCK QUARRY RD RALEIGH, NC 27610	56-1650283	501(C)(3)	0.	9,967.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MARTIN LUTHER KING HEALTH CENTER 827 MARGARET PLACE, SUITE 102 SHREVEPORT, LA 71101	72-1079721	501(C)(3)	0.	5,253.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MATAGORDA EPISCOPAL HEALTH OUTREACH - 101 AVE F NORTH - BAY CITY, TX 77414	20-0537948	501(C)(3)	0.	17,028.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MATTHEWS FREE MEDICAL CLINIC 113 NORTH AMES STREET MATTHEWS, NC 28105	51-0468874	501(C)(3)	0.	7,463.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MAUI MEMORIAL MEDICAL CENTER 221 MAHALANI STREET WAILUKU, HI 96793	99-0330698	501(C)(3)	0.	22,439.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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
MINISTRIES OF JESUS 3456 S. BOULEVARD EDMOND, OK 73103	73-1622804	501(C)(3)	0.	220,360.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MONTGOMERY AIDS OUTREACH, INC. 820 WEST SOUTH BOULEVARD MONTGOMERY, AL 36105	63-0959628	501(C)(3)	0.	7,523.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MOSAIC MEDICAL 375 NW BEAVER STREET, SUITE 101 PRINEVILLE, OR 97701	93-1329158	501(C)(3)	0.	10,313.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
NORMAN REGIONAL HEALTH FOUNDATION P.O. BOX 1665 NORMAN, OK 73070	73-1203942	501(C)(3)	0.	53,040.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
NORTHLAND COMMUNITY HEALTH CENTER 104 N MAIN STREET, PO BOX 535 TURTLE LAKE, ND 58575	33-1029318	501(C)(3)	0.	8,945.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	501(C)(3)	0.	702,953.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
OUR LADY OF THE ANGELS 4232 MERCIER KANSAS CITY, MO 64111	44-0546494	501(C)(3)	0.	117,492.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
PENOBSCOT COMMUNITY HEALTH CENTER 103 MAINE AVE BANGOR, ME 04401	01-0514750	501(C)(3)	0.	24,945.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
REMOTE AREA MEDICAL 1834 BEECH STREET KNOWVILLE, TN 37920	62-1650446	501(C)(3)	0.	10,476.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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
RIVERVIEW HEALTH SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501(C)(3)	0.	45,485.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SALVATION ARMY 3637 BROADWAY STREET KANSAS CITY, MO 64111	44-0545998	501(C)(3)	0.	33,729.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SERVE THE PEOPLE 1206 EAST 17TH STREET, SUITE 101 SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	24,993.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SIEDA-COMMUNITY ACTION 226 WEST MAIN STREET OTTUMWA, IA 52501	42-0923813	501(C)(3)	0.	32,821.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SLU HEALTH RESOURCE CENTER 1402 GRAND BLVD ST. LOUIS, MO 63104	43-0654872	501(C)(3)	0.	7,220.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SOJOURNER HEALTH CLINIC 205 EAST 9TH STREET KANSAS CITY, MO 64106	26-3143007	501(C)(3)	0.	6,335.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
SOUTH MIDDLESEX OPPORTUNITY COUNCIL - 300 HOWARD STREET - FRAMINGHAM, MA 01701	04-2389659	501(C)(3)	0.	8,715.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
ST. LUKE'S FAMILY PRACTICE 1700 MCHENRY VILLAGE WAY, SUITE 2 MODESTO, CA 95350	38-3681072	501(C)(3)	0.	14,431.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
TURNER HOUSE CLINIC 21 NORTH 12TH STREET, SUITE 300 KANSAS CITY, KS 66102	48-1151382	501(C)(3)	0.	7,525.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BLVD. - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	0.	31,421.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WHEELING HEALTH RIGHT, INC. 61 - 29TH ST. WHEELING, WV 26003	31-1149085	501(C)(3)	0.	21,333.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WOMEN OF WORTH, INC. 1513 DEAN STREET ROME, GA 30161	80-0306378	501(C)(3)	0.	63,673.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
WYANDOTTE COUNTY JUVENILE DETENTION - 710 NORTH 7TH STREET SUITE 20 - KANSAS CITY, KS 66101	48-1194075	501(C)(3)	0.	23,896.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
JUNTOS CENTER FOR ADVANCING LATINO HEALTH - 4125 RAINBOW BOULEVARD - KANSAS CITY, KS 66160	48-1124839	GOVERNMENT	0.	26,493.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
MIDDLESEX-COUNTY-OEM-COMMUNICATIONS 1001 FIRE ACADEMY DRIVE SAYREVILLE, NJ 08872	07-3133100	GOVERNMENT	0.	54,455.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE
TRINITY CHURCH OF THE NAZARENE 7301 SOUTH WALKER AVENUE OKLAHOMA CITY, OK 73139	73-0776200	501(C)(3)	0.	10,800.	FMV	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	MEDICAL ASSISTANCE

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

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)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **HEART TO HEART INTERNATIONAL** 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		3,620,824.	AVERAGE WHOLESALE
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	84,617,688.	AVERAGE WHOLESALE
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.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WILL BE REVIEWED AND APPROVED BY THE 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 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, 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, NV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES IT ANNUAL REPORT AND FINANCIAL
STATEMENTS AVAILABLE ON ITS WEBSITE. THE GOVERNING DOCUMENTS, FINANCIAL
STATEMENTS AND CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO DISTRIBUTED SUPPLIES 26,320.

SCHEDULE F, PART IV, LINE 6:

THE ORGANIZATION GAVE MEDICAL AND PHARMACEUTICAL SUPPLIES VALUED AT \$28,440 TO CONVOY OF HOPE TO BE DISTRIBUTED IN LEBANON. THE ORGANIZATION GAVE NO CASH, AND ALL NONCASH CONTRIBUTIONS WENT THROUGH CONVOY OF HOPE.

FORM 990, PART XI, LINE 8:

THE NET ASSETS AS OF DECEMBER 31, 2012 HAVE BEEN RESTATED FROM THE AMOUNT PREVIOUSLY REPORTED. DONATED INVENTORY THAT WAS RECEIVED AS GIFT IN-KIND REVENUE PRIOR TO DECEMBER 31, 2012 WAS INADVERTENTLY RECORDED AS RECEIVED IN 2013 AND NOT RECORDED IN THE 2012 FINANCIAL STATEMENTS. THE PRIOR PERIOD ADJUSTMENT CORRECTS THE INVENTORY AS BEING RECORDED IN 2012.

FORM 990, PART V, LINE 2A

HEART TO HEART EMPLOYED A STAFF OF 24 INDIVIDUALS IN 2013. PAYROLL AND PAYROLL TAXES FOR 23 OF THOSE EMPLOYED WERE PROCESSED AND PAID BY INSPIRITY AND REPORTED UNDER THEIR EIN UNDER A PROFESSIONAL EMPLOYER ORGANIZATION RELATIONSHIP MAINTAINED WITH HEART TO HEART INTERNATIONAL. PAYROLL AND PAYROLL TAXESE FOR ONE EMPLOYEE, NOT ELIGIBLE UNDER THE INSPIRITY ARRANGEMENT, WAS PAID BY HEART TO HEART INTERNATIONAL UNDER ITS EIN

International Boycott Report

(Rev. December 2010)
Department of the Treasury
Internal Revenue Service

For tax year beginning JANUARY 1, 20 13,
and ending DECEMBER 31, 20 13.
▶ **Controlled groups, see instructions.**

**Attachment
Sequence No. 123**

**Paper filers must file in
duplicate (see When and Where
to File in the instructions)**

Name HEART TO HEART INTERNATIONAL, INC. Identifying number 48-1108359

Number, street, and room or suite no. If a P.O. box, see instructions.

401 S CLAIRBORNE RD SUITE 302

City or town, state, and ZIP code

OLATHE, KS 66062

Address of service center where your tax return is filed

E-FILE

Type of filer (check one):

- Individual
- Partnership
- Corporation
- Trust
- Estate
- Other

1 Individuals—Enter adjusted gross income from your tax return (see instructions)

2 Partnerships and corporations:

a Partnerships—Enter each partner's name and identifying number.

b Corporations—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.

Name	Identifying number

If more space is needed, attach additional sheets and check this box

c Enter principal business activity code and description (see instructions)

Code	Description
621498	NONCASH MEDICAL AID

d IC-DISCs—Enter principal product or service code and description (see instructions)

3 Partnerships—Each partnership filing Form 5713 must give the following information:

a Partnership's total assets (see instructions)

b Partnership's ordinary income (see instructions)

4 Corporations—Each corporation filing Form 5713 must give the following information:

a Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)

FORM 990

b Common tax year election (see instructions)

- (1) Name of corporation ▶
- (2) Employer identification number
- (3) Common tax year beginning _____, 20____, and ending _____, 20____.

c Corporations filing this form enter:

- (1) Total assets (see instructions) 14,127,599
- (2) Taxable income before net operating loss and special deductions (see instructions) 0

5 Estates or trusts—Enter total income (Form 1041, page 1)

6 Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a** Foreign tax credit 0
- b** Deferral of earnings of controlled foreign corporations 0
- c** Deferral of IC-DISC income 0
- d** FSC exempt foreign trade income 0
- e** Foreign trade income qualifying for the extraterritorial income exclusion 0

**Please
Sign
Here**

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

Signature _____ Date _____ Title _____

	Yes	No
7a Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?		X
b If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		X
c Do you own any stock of an IC-DISC?		X
d Do you claim any foreign tax credit?		X
e Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		X
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
f Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		X
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
g Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
h Are you a partner in a partnership that has reportable operations under section 999(a)?		X
i Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		X
j Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		X

Part I Operations in or Related to a Boycotting Country (see instructions)

	Yes	No
8 Boycott of Israel —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)	X	
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>		

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a LEBANON	48-1108359	621498	NONCASH MEDICAL AID	
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

9 Nonlisted countries boycotting Israel—Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

10 Boycotts other than the boycott of Israel—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

11 Were you requested to participate in or cooperate with an international boycott?
 If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

12 Did you participate in or cooperate with an international boycott?
 If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part II Requests for and Acts of Participation in or Cooperation With an International Boycott	Requests		Agreements	
	Yes	No	Yes	No
13a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):				
(1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—				
(a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?				
(b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?				
(c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?				
(d) Refrain from employing individuals of a particular nationality, race, or religion?				
(2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?				

b Requests and agreements—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only— Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								

• 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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HEART TO HEART INTERNATIONAL	Employer identification number (EIN) or 48-1108359
	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)

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 (other than individual)	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.

BUD JEFFRESS

• The books are in the care of **401 S CLAIRBORNE SUITE 302 - OLATHE, KS 66062**
Telephone No. **913-764-5200** Fax No.

• 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.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE ACCOUNTING RECORDS ARE NOT COMPLETE ENOUGH TO FILE AN ACCURATE TAX RETURN AT THIS TIME.

8a If this application is for Forms 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 Forms 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 Title Date