

HEART TO HEART INTERNATIONAL, INC.

Form 990

For the Year Ended December 31, 2011

(For Public Inspection)

Form **990**

Return of Organization Exempt From Income Tax

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEART TO HEART INTERNATIONAL, INC		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 \$ 88,638,274.
	401 S CLAIRBORNE	302	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or country, and ZIP + 4 OLATHE, KS 66062		H(c) Group exemption number ▶	
F Name and address of principal officer: ANDRE BUTLER SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HEARTTOHEART.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: KS	

Part I Summary

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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	35
	6 Total number of volunteers (estimate if necessary)	6	3575
	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 80,510,413.	Current Year 87,931,810.
	9 Program service revenue (Part VIII, line 2g)	464,249.	664,942.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,690.	-2,838.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,939.	-11,948.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,927,033.	88,581,966.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,663,735.
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)		1,217,194.	1,340,700.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 528,034.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,445,305.	3,043,726.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	79,326,234.	93,327,438.	
19 Revenue less expenses. Subtract line 18 from line 12	1,600,799.	-4,745,472.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 26,873,704.	End of Year 22,797,263.
	21 Total liabilities (Part X, line 26)	1,158,578.	1,828,212.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,715,126.	20,969,051.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HEART TO HEART INTERNATIONAL IS IMPROVING GLOBAL HEALTH THROUGH HUMANITARIAN INITIATIVES THAT CONNECT PEOPLE AND RESOURCES TO A WORLD IN NEED.

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

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

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

4a (Code:) (Expenses \$ 89,171,851. including grants of \$ 85,989,337.) (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 \$ 3,223,158. including grants of \$ 2,953,675.) (Revenue \$ 672,749.) 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 92,395,009.

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; 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, XII, and XIII</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, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 and other assistance to any government or organization in the United States 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 and 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 25</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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: HAITI See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI [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 AL, AK, AR, AZ, CA, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HEART TO HEART INTERNATIONAL - 913-764-5200 401 S. CLAIRBORNE, SUITE 302, OLATHE, KS 66062

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY MORSCH, MD VICE CHAIR & FOUNDER	2.00	X		X				0.	0.	0.
(2) LONNIE CANNON TREASURER	1.00	X		X				0.	0.	0.
(3) ARTHUR FILLMORE, JD BOARD MEMBER	1.00	X						0.	0.	0.
(4) ROBERT LAMBRECHTS, JD BOARD MEMBER	1.00	X						0.	0.	0.
(5) BRUCE RE BOARD MEMBER	1.00	X						0.	0.	0.
(6) TIFFANY WOODLEY, CPA BOARD MEMBER	1.00	X						0.	0.	0.
(7) DARRELL LYNN GRACE, D.O. SECRETARY	1.00	X		X				0.	0.	0.
(8) ZANDRA L. MAFFETT BOARD MEMBER	1.00	X						0.	0.	0.
(9) JIM KERR, R. PH. CHAIR	1.00	X		X				0.	0.	0.
(10) JAMES BAKER DIRECTOR OF FINANCE & ADMI	40.00			X				59,379.	0.	3,960.
(11) ANDRE BUTLER CHIEF EXECUTIVE OFFICER	40.00			X				102,192.	0.	3,960.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							161,571.	0.	7,920.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							161,571.	0.	7,920.	

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 1

	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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	35,309.					
	b Membership dues	1b						
	c Fundraising events	1c	38,287.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	145,000.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	87,713,214.					
	g Noncash contributions included in lines 1a-1f: \$		84,412,776.					
	h Total. Add lines 1a-1f			87,931,810.				
	Program Service Revenue	2 a ADMINISTRATION FEE	Business Code	493000	664,942.	664,942.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				664,942.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,413.			3,413.	
	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	(ii) Other					
		b Less: cost or other basis and sales expenses		90.	30,763.			
		c Gain or (loss)		-90.	-6,161.			
		d Net gain or (loss)			-6,251.			-6,251.
	8 a Gross income from fundraising events (not including \$ 38,287. of contributions reported on line 1c). See Part IV, line 18	a		5,700.				
		b Less: direct expenses	b	25,455.				
		c Net income or (loss) from fundraising events			-19,755.			-19,755.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a MISCELLANEOUS			900099	7,807.	7,807.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				7,807.			
12 Total revenue. See instructions.				88,581,966.	672,749.	0.	-22,593.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,953,675.	2,953,675.		
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	85,989,337.	85,989,337.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	169,491.	48,795.	78,235.	42,461.
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	983,434.	572,266.	158,362.	252,806.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	54,684.	31,868.	8,343.	14,473.
10 Payroll taxes	133,091.	71,959.	26,995.	34,137.
11 Fees for services (non-employees):				
a Management				
b Legal	6,678.		6,678.	
c Accounting	19,725.		19,725.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	250.		250.	
g Other	618,124.	603,913.	1,293.	12,918.
12 Advertising and promotion	147,554.	100,078.		47,476.
13 Office expenses	233,664.	126,339.	47,393.	59,932.
14 Information technology				
15 Royalties				
16 Occupancy	301,921.	259,435.	20,391.	22,095.
17 Travel	436,148.	423,510.	7,226.	5,412.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	74,979.	40,540.	15,208.	19,231.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	179,215.	155,252.	10,615.	13,348.
23 Insurance	22,935.	16,055.	3,440.	3,440.
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	1,001,344.	1,001,344.		
b STAFF DEVELOPMENT	1,189.	643.	241.	305.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	93,327,438.	92,395,009.	404,395.	528,034.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	59,716.	1	1,146,686.	
	2 Savings and temporary cash investments	631,943.	2	495,604.	
	3 Pledges and grants receivable, net	610,000.	3	16,667.	
	4 Accounts receivable, net	26,368.	4	48,278.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	24,377,817.	8	19,475,998.	
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,790,673.			
	b Less: accumulated depreciation	10b 1,236,266.	1,136,324.	10c	1,554,407.
	11 Investments - publicly traded securities	31,536.	11	59,623.	
	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)		26,873,704.	16	22,797,263.	
Liabilities	17 Accounts payable and accrued expenses	161,335.	17	150,745.	
	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 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	997,243.	23	1,677,467.	
	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		1,158,578.	26	1,828,212.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	24,577,476.	27	19,588,889.	
	28 Temporarily restricted net assets	1,077,112.	28	1,319,829.	
	29 Permanently restricted net assets	60,538.	29	60,333.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	25,715,126.	33	20,969,051.	
34 Total liabilities and net assets/fund balances	26,873,704.	34	22,797,263.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,581,966.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,327,438.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,745,472.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,715,126.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-603.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	20,969,051.

Part XII Financial Statements and Reporting

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

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

Form 990 (2011)

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

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

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

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,098,315.	100,181,358.	95,914,746.	80,510,413.	87,931,810.	483,636,642.
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	119,098,315.	100,181,358.	95,914,746.	80,510,413.	87,931,810.	483,636,642.
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)						345,861,433.
6 Public support. Subtract line 5 from line 4.						137,775,209.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	119,098,315.	100,181,358.	95,914,746.	80,510,413.	87,931,810.	483,636,642.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,869.	2,316.	992.	5,394.	3,413.	23,984.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		13,502.				13,502.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			6,890.		7,807.	14,697.
11 Total support. Add lines 7 through 10						483,688,825.
12 Gross receipts from related activities, etc. (see instructions)					12	1,677,592.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	28.48	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	30.80	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

HEART TO HEART INTERNATIONAL, INC

48-1108359

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>37,651,660.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,191,375.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>36,746,700.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HEART TO HEART INTERNATIONAL, INC	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
<u>1</u>	PHARMACEUTICAL SUPPLIES _____ _____ _____	\$ <u>37,651,660.</u>	<u>12/31/11</u>
<u>2</u>	PHARMACEUTICAL SUPPLIES _____ _____ _____	\$ <u>2,191,375.</u>	<u>12/31/11</u>
<u>3</u>	PHARMACEUTICAL SUPPLIES _____ _____ _____	\$ <u>36,746,700.</u>	<u>12/31/11</u>
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization HEART TO HEART INTERNATIONAL, INC	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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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

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

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

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

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 XIV, 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 XIV, 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 XIV.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		161,000.		161,000.
b Buildings		1,532,142.	495,360.	1,036,782.
c Leasehold improvements				
d Equipment		328,052.	166,142.	161,910.
e Other		769,479.	574,764.	194,715.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,554,407.

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

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

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	88,581,966.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	93,327,438.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,745,472.
4	Net unrealized gains (losses) on investments	4	-603.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-603.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-4,746,075.

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

1	Total revenue, gains, and other support per audited financial statements	1	90,923,398.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-603.
b	Donated services and use of facilities	2b	2,271,752.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	45,078.
e	Add lines 2a through 2d	2e	2,316,227.
3	Subtract line 2e from line 1	3	88,607,171.
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 XIV.)	4b	-25,455.
c	Add lines 4a and 4b	4c	-25,205.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	88,581,966.

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

1	Total expenses and losses per audited financial statements	1	95,669,473.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,271,752.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	70,533.
e	Add lines 2a through 2d	2e	2,342,285.
3	Subtract line 2e from line 1	3	93,327,188.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	250.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	93,327,438.

Part XIV Supplemental Information

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

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

740-10 - ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS AS IT MIGHT APPLY TO THE ORGANIZATION'S FINANCIAL TRANSACTIONS. THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO THE TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH

Part XIV Supplemental Information (continued)

POSITIONS AS OF DECEMBER 31, 2011 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL INCOME FROM WAREHOUSE SPACE DONATED TO CHARITABLE ORGANIZATIONS 45,078.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -25,455.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DONATION OF WAREHOUSE SPACE TO CHARITABLE ORGANIZATIONS 45,078.

SPECIAL EVENT EXPENSES 25,455.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 70,533.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID; MEDICAL SERVICES/EDUCATION; COMMUNITY HEALTH	73886134.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID; MEDICAL EDUCATION	703,750.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID; COMMUNITY HEALTH INITIATIVES; MEDICAL EDUCATION; DISASTER	3,203,725.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	8,724,582.
EAST ASIA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	591,676.
EUROPE	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	7,200.
MIDDLE EAST	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	29,467.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	2,223.
3 a Sub-total	1	1			87,148,757.
b Total from continuation sheets to Part I	0	0			210,297.
c Totals (add lines 3a and 3b)	1	1			87,359,054.

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

Schedule F (Form 990) 2011

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	210,297.
Totals					210,297.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		5,367.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		513.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		6,931.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		983022.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,998,866.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		8,688.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,647,220.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		202414.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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 164

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)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		11,295.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		72,998.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		494.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		6,811,984.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		5,175.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,667.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		6,880.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		17,851.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,924.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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.		14,864,021.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		8,345.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		501.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		193168.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		125190.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		66,891.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		122282.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		115745.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		673.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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.		1,482,674.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		278,420.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		10,934.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,708,059.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		10,440.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		589,225.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		13,917,148.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		8,246.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,042,109.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,764.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		45,471.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		34,261.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,988,667.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,677.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,805.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		128981.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,707.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		209170.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		137763.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,571.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		43,146.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		69,864.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,589.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		906.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		56,296.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		171.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		155537.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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.		2,015.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		14,504.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		11,405.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		6,045.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		469.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		15,508.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		5,181.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		114858.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,444.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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.		2,257.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		67,320.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		544.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		11,303.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		16,648.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		50,941.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,411,361.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,609.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,369,623.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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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.		24,363.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		347,268.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,284.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		59,056.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,951.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		36,712.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		523.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		11,434.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		61,299.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		5,229.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,898,258.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		591.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,199.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		5,216.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		699202.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		109322.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		EAST ASIA	MEDICAL ASSISTANCE	0.		584319.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		EAST ASIA	MEDICAL ASSISTANCE	0.		2,556.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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		EAST ASIA	MEDICAL ASSISTANCE	0.		67.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		EAST ASIA	MEDICAL ASSISTANCE	0.		3,155.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		EAST ASIA	MEDICAL ASSISTANCE	0.		1,580.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		EUROPE	MEDICAL ASSISTANCE	0.		7,200.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		MIDDLE EAST	MEDICAL ASSISTANCE	0.		29,467.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		1,659.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		565.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		37,683.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		43,963.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		497564.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		6,674.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		7,121.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		4,671.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		13,501.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,012.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		6,974.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		11,099.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		164614.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		4,156.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		5,327.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		5,103.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		6,216.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		1,475.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		7,794.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		114798.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		354281.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		161705.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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		SOUTH ASIA	MEDICAL ASSISTANCE	0.		22,642.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		3,510.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		20,408.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		2,360,485.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		1,214.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		44,645.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		0.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		55,831.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		2,894.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		13,406.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		39,600.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		5,169.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		75,853.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		37,044.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		712163.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		28,813.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		27,729.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		5,856.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		85,645.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		5,352.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		3,190.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		186508.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,798.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		10,325.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		599.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		423767.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		9,983.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		8,432.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,233.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,563,889.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		3,035.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		256730.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		72,065.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		111934.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		874945.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		321114.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		337.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		90,430.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		10,430.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		412654.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		2,532,609.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		978.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		22,942.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		3,085.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		6,523.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

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-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		14,078.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		7,422.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		678194.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, FMV AS A WHOLESALE DISTRIBUTOR

Part IV Foreign Forms

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

Schedule F (Form 990) 2011

Part V Supplemental Information

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

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

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

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISTRIBUTION OF MEDICAL AID; MEDICAL SERVICES/EDUCATION; COMMUNITY HEALTH INITIATIVES; DISASTER RESPONSE

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISTRIBUTION OF MEDICAL AID; COMMUNITY HEALTH INITIATIVES; MEDICAL EDUCATION; DISASTER RESPONSE

SCHEDULE F, PART IV, LINE 1

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

SCHEDULE F, PART IV, LINE 6

THE ORGANIZATION GAVE MEDICAL AND PHARMACEUTICAL SUPPLIES VALUED AT

Part V Supplemental Information

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

\$29,467 TO THE INTERNATIONAL MEDICAL CORP TO BE DISTRIBUTED IN LIBYA.

THE ORGANIZATION GAVE NO CASH, AND ALL NONCASH CONTRIBUTIONS WENT

THROUGH THE INTERNATIONAL MEDICAL CORP.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENT		NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	43,987.			43,987.
	2	Less: Charitable contributions	38,287.			38,287.
	3	Gross income (line 1 minus line 2)	5,700.			5,700.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	12,855.			12,855.
	6	Rent/facility costs	5,440.			5,440.
	7	Food and beverages	1,806.			1,806.
	8	Entertainment				
	9	Other direct expenses	5,354.			5,354.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(25,455)
	11	Net income summary. Combine line 3, column (d), and line 10				-19,755.

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUTWILER CLINIC, INC 205 ALMA ST TUTWILER, MS 38963-0462	53-0196617	501C3	0.	5,213.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
LAKE COUNTY FREE MEDICAL CLINIC 54 SOUTH STATE STREET SUITE 302 PAINESVILLE, OH 44077	34-1081191	501C3	0.	5,223.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
JOPLIN COMMUNITY CLINIC 701 SOUTH JOPLIN AVENUE JOPLIN, MO 64801	43-1643962	501C3	0.	5,463.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501C3	0.	6,009.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
JAYDOC FREE CLINIC 300 SOUTHWEST BLVD KANSAS CITY, KS 66103	48-0547734	501C3	0.	6,604.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MICH ST UNIV CIM COLLEGE OF OSTEOPATHIC MED - C108 EAST FEE HALL MSU COLLEGE OF OSTEOPTHIC MED - EAST LANSING, MI 48824	38-6005984	501C3	0.	6,938.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **71.**
- 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) (2011)

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
ORLANDO UNION RESCUE MISSION 1521 WEST WASHINGTON STREET ORLANDO, FL 32805	59-1035082	501C3	0.	7,154.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MOTHER AND CHILD HEALTH COALITION 6400 PROSPECT AVENUE, SUITE 216 KANSAS CITY, MO 64132	43-1897000	501C3	0.	7,283.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
BETTER TOGETHER, INC. 9138 CAENEN LAKE ROAD LENEXA, KS 66215	27-0574873	501C3	0.	7,379.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MAUI MEMORIAL MEDICAL CENTER 221 MAHALANI STREET WAILUKA, HI 96793	99-0330698	501C3	0.	7,572.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OPERATION CARE, INC. 708 MAIN STREET SHELBYVILLE, KY 40065	61-1211189	501C3	0.	7,929.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
METRO MINISTRIES 17 MENAHAN STREEET BROOKLYN, NY 11221	11-3302193	501C3	0.	8,121.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST. VINCENT DE PAUL CHARITABLE PHARMACY - 1125 BANK ST. - CINCINNATI, OH 45214	30-0272954	501C3	0.	8,392.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CHARLOTTE COMMUNITY HEALTH CLINIC PO BOX 18216 3040A EASTWAY DR CHARLOTTE, NC 28218	56-2274174	501C3	0.	8,539.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HOPE PRESBYTERIAN CHURCH 8500 WALNUT GROVE CORDOVA, TN 38018	62-1360056	501C3	0.	8,640.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	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
ST. LUKE'S FAMILY PRACTICE 1700 MCHENRY VILLAGE WAY, SUITE 2 MODESTO, CA 95350	38-3681072	501C3	0.	9,325.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MISSION BIRMINGHAM 1009 20TH STREET BIRMINGHAM, AL 35205	27-0005520	501C3	0.	9,376.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501C3	0.	9,515.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WYANDOTTE CO. JUVENILE INTAKE AND ASSESSMENT CTR. - 710 N 7TH ST - KANSAS CITY, KS 66101	48-1194075	501C3	0.	9,692.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CHILDREN'S AID AND FAMILY SERVICES, INC. - 200 ROBIN ROAD - PARAMUS, NJ 07652	22-1487147	501C3	0.	9,720.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COALITION OF HISPANIC WOMEN AGAINST CANCER, INC. - 2100 METROPOLITAN AVENUE, SUITE 16 - KANSAS CITY, KS 66106	48-1230884	501C3	0.	9,873.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GOOD NEIGHBOR HEALTHCARE CLINIC 190 HEIGHTS BLVD HOUSTON, TX 77007	74-1746576	501C3	0.	9,980.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST. JOSEPH HEALTH SERVICES OF RHODE ISLAND - 200 HIGH SERVICE AVENUE - NORTH PROVIDENCE, RI 02904	05-0259026	501C3	0.	10,081.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WATERED GARDENS GOSPEL RESCUE MISSION - 531 SOUTH KENTUCKY - JOPLIN, MO 64801	20-2586821	501C3	0.	10,800.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	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
COMMUNITY CARE CLINIC OF HIGHLAND - CASHIERS, INC. - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501C3	0.	10,878.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEALTH CARE ACCESS 330 MAINE LAWRENCE, KS 66044	48-1062114	501C3	0.	11,006.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
NAZARENE COMPASSIONATE MINISTRIES 17001 PRAIRIE STAR PARKWAY LENEXA, KS 66220	43-1550318	501C3	0.	11,175.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CAMBODIAN HEALTH PROFESSIONALS ASSOCIATION - CHPAA - 1025 ATLANTIC AVE - LONG BEACH, CA 90813	90-0546021	501C3	0.	11,336.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
LAKE AREA FREE CLINIC 856 B ARMOUR ROAD OCONOMOWOC, WI 53066	39-2006388	501C3	0.	11,617.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CABOT WESTSIDE HEALTH CENTER 2121 SUMMIT ST KANSAS CITY, MO 64108	44-0546280	501C3	0.	11,986.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501C3	0.	13,031.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OUR LADY OF THE ANGELS 4232 MERCIER KANSAS CITY, MO 64111	44-0546494	501C3	0.	13,926.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DUCHESNE CLINIC 636 TAUROMEE KANSAS CITY, KS 66101	48-1009910	501C3	0.	14,077.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	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
GRACE MEDICAL CLINIC 211 SOUTH 8TH STREET MAYFIELD, KY 42066	61-1351519	501C3	0.	15,009.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HARMON DIABETES CENTER 2188 EAST MEYER BOULEVARD KANSAS CITY, MO 64132	43-1349021	501C3	0.	15,599.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MOUNTAIN HOPE CLINIC 312 PRINCE STREET SEVIERVILLE, TN 37862	62-1747037	501C3	0.	15,733.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY - 7171 W 95TH STREET, SUITE 100 - OVERLAND PARK, KS 66212	48-1115529	501C3	0.	16,162.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CHEYENNE CROSSROADS CLINIC 1504 STINSON AVENUE CHEYENNE, WY 82001	82-0530042	501C3	0.	16,478.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
AMERICAN DIABETES ASSOCIATION PO BOX 3551 JOPLIN, MO 64803	13-1623888	501C3	0.	17,975.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WOMEN'S HEALTHCARE GROUP 10550 QUIVIRA OVERLAND PARK, KS 66215	48-1084280	501C3	0.	17,980.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SOJOURNER HEALTH CLINIC 205 EAST 9TH STREET KANSAS CITY, MO 64106	26-3143007	501C3	0.	19,284.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CATHEDRAL OF PRAISE INTERNATIONAL MINISTRIES - 1519 SOUTH RIVERSIDE AVENUE - RIALTO, CA 92376	33-0652964	501C3	0.	20,221.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	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
VOLUNTEERS IN MEDICINE - DIXON FOUNDATION - 711 SOUT 8TH STREET - LEBANON, PA 17042	26-3915958	501C3	0.	21,330.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311	31-1066881	501C3	0.	23,333.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
TRUMAN MEDICAL CENTER 2633 INDEPENDENCE AVE. KANSAS CITY, MO 64124	44-0661018	501C3	0.	23,468.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CHARLES TOWN HEALTH RIGHT, INC 1212 NORTH MILDRED STREET RANSON, WV 25438	55-0778553	501C3	0.	24,344.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
INLAND BEHAVIORAL AND HEALTH SERVICES, INC. - 1963 NORTH E STREET - SAN BERNARDINO, CA 92405	95-3246624	501C3	0.	24,565.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE, SUITE MOORESVILLE, NC 28115	20-1020941	501C3	0.	25,998.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GRACE UNITED METHODIST CHURCH AGAPE CLINIC - 4105 JUNIUS STREET - DALLAS, TX 75246	14-1847977	501C3	0.	31,716.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
NEIGHBORHOOD CHRISTIAN CENTER 785 JACKSON AVENUE MEMPHIS, TN 38107	58-1394456	501C3	0.	32,370.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SILVER CITY HEALTH CENTER 1428 S 32ND STREET, SUITE 100 KANSAS CITY, KS 66106	48-1149398	501C3	0.	35,843.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	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
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	42-1428706	501C3	0.	36,823.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MACEDONIA NEW LIFE CHURCH 2004 ROCK QUARRY RD RALEIGH, NC 27610	56-1650283	501C3	0.	41,391.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON ROAD GREENVILLE, SC 29601	57-0855205	501C3	0.	53,150.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
PROJECT CURE 10377 EAST GEDDES AVENUE, SUITE 200 CENTENNIAL, CO 80112	84-1568566	501C3	0.	56,420.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CITIZENS OF LAKE COUNTY FOR HEALTH CARE - 215 SOUTH COURT STREET - TIPTONVILLE, TN 38079	62-1026947	501C3	0.	63,097.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KANSAS CITY FREE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501C3	0.	78,488.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAINT MARY MEDICAL CENTER FOUNDATION - 1050 LINDEN AVE: OFFICE OF MEDICAL EDUCATION - LONG BEACH, CA 90813	23-7153876	501C3	0.	81,412.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SERVE THE PEOPLE 1206 EAST 17TH STREET, SUITE 205 SANTA ANA, CA 92701	27-0421556	501C3	0.	100,183.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEART TO HEART INTERNATIONAL 401 S. CLAIRBORNE, SUITE 302 OLATHE, KS 66062	48-1108359	501C3	0.	182,587.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	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 COMMUNITY SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501C3	0.	186,072.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MONTGOMERY AIDS OUTREACH, INC. 820 WEST SOUTH BOULEVARD MONTGOMERY, AL 36105	63-0959628	501C3	0.	197,443.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WORLD ASSIST 7695 CONCERTO LANE SAN DIEGO, CA 92127	26-1434692	501C3	0.	236,962.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OPERATION USA 3617 HAYDEN AVENUE SUITE A CULVER CITY, CA 90232	95-3504080	501C3	0.	350,755.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	MEDICAL ASSISTANCE
THE CONSULATE OF MEXICO IN KANSAS CITY - 1617 BALTIMORE - KANSAS CITY, MO 64108	APPLIED FOR	501C3	0.	5,238.	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KING SOLOMON MISSIONARY BAPTIST CHURCH - 2601 GARFIELD AVENUE - KANSAS CITY, KS 66212	APPLIED FOR	501C3	0.	7,049.	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM - 1000 SW JACKSON STREET, SUITE 340 - TOPEKA, KS 66612	APPLIED FOR	501C3	0.	9,218.	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CLIFFORD & JOYCE PENNER & ASSOCIATES - 200 E DEL MAR BLVD., SUITE 126 - PASADENA, CA 91105	APPLIED FOR	501C3	0.	10,788.	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COUNCILMAN RILEY 414 EAST 12TH STREET, 22ND FLOOR KANSAS CITY, MO 64106	APPLIED FOR	501C3	0.	15,255.	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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
KCMO HEALTH DEPARTMENT 2400 TROOST KANSAS CITY, MO 64108	APPLIED FOR	501C3	0.	35,960.	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KANSAS CITY MISSOURI SCHOOL DISTRICT - 1211 MCGEE STREET - KANSAS CITY, MO 64106	APPLIED FOR	501C3	0.	190,896.	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**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.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		991,858.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	19	83,420,918.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II **Supplemental Information.** Complete this part to 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.

SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTORS REPRESENT
DIFFERENT DONORS. EACH DONOR MAY HAVE GIVEN MULTIPLE TIMES.

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization
HEART TO HEART INTERNATIONAL, INC

Employer identification number
48-1108359

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -603.

International Boycott Report

OMB No. 1545-0216

For tax year beginning JANUARY 1, 20 11
 and ending DECEMBER 31, 20 11
 ▶ **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, 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

	Code	Description
c Enter principal business activity code and description (see instructions)	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) 22,797,263

(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 _____

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)?	Yes	No
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?		
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?		
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)

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.)	Yes	No
	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"/>	X	

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 LIBYA	48-1108359	621498	NONCASH MEDICAL AID	
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

NONCASH MEDICAL AND PHARMACEUTICAL SUPPLIES WERE GIVEN TO THE INTERNATIONAL MEDICAL CORP TO BE DISTRIBUTED IN LIBYA.

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

Yes	No
	X

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

Yes	No
	X

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
	X

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
	X

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								