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CLIENT'S COPY



CBIZ MHM, LLC

700 W 47th Street, Suite 1100
Kansas City, MO 64112
Ph: 816.945.5500 ■ Fx: 816.897.1280

HEART TO HEART INTERNATIONAL
PO BOX 15566
LENEXA, KS 66285

HEART TO HEART INTERNATIONAL:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2017 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CBIZ MHM, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2017

PREPARED FOR:

HEART TO HEART INTERNATIONAL
PO BOX 15566
LENEXA, KS 66285

PREPARED BY:

CBIZ MHM, LLC
700 WEST 47TH STREET, SUITE 1100
KANSAS CITY, MO 64112

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

HEART TO HEART INTERNATIONAL

48-1108359

Name and title of officer

JIM MITCHUM
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | | |
|------------------------------------|-------------------------------------|--|-------------------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>138,486,995.</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CBIZ MHM, LLC to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48373534187
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

| | | | |
|---|---|------------|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HEART TO HEART INTERNATIONAL | | D Employer identification number 48-1108359 |
| | Doing business as | | E Telephone number 913-764-5200 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 138,508,430. |
| | PO BOX 15566 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code LENEXA, KS 66285 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F Name and address of principal officer: JIM MITCHUM SAME AS C ABOVE | | | H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.HEARTTOHEART.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1992 |
| | | | M State of legal domicile: KS |

Part I Summary

| | | | |
|---|--|--|-------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HUMANITARIAN RELIEF AND DEVELOPMENT. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 24 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 10249 |
| | 7 a 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 75,419,662. | Current Year 137,221,659. |
| | 9 Program service revenue (Part VIII, line 2g) | 952,958. | 1,270,466. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,717. | 10,776. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -39,930. | -15,906. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 76,337,407. | 138,486,995. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 70,730,825. |
| 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) | | 1,108,834. | 1,231,831. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 238,379. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,630,999. | 6,766,112. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 77,470,658. | 102,077,614. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -1,133,251. | 36,409,381. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 10,024,102. | End of Year 45,655,019. |
| | 21 Total liabilities (Part X, line 26) | 1,243,222. | 625,637. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 8,780,880. | 45,029,382. |

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 | |
| | JIM MITCHUM, CEO Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN P00220718 |
| | LISA BURKE Firm's name ▶ CBIZ MHM, LLC Firm's address ▶ 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112 | | | Firm's EIN ▶ 34-1874260 Phone no. 816-945-5500 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
HHI STRENGTHENS COMMUNITIES THROUGH IMPROVING HEALTH ACCESS AND PROVIDING HUMANITARIAN DEVELOPMENT AND CRISIS RELIEF WORLDWIDE. WE COLLABORATE WITH PARTNERS, ENGAGE VOLUNTEERS AND DEPLOY RESOURCES TO ACHIEVE THIS MISSION.

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.

4a (Code:) (Expenses \$ 96,698,638. including grants of \$ 91,299,535.) (Revenue \$ 0.)
INTERNATIONAL HUMANITARIAN ASSISTANCE: HHI STRENGTHENS COMMUNITIES OUTSIDE THE UNITED STATES THROUGH IMPROVING HEALTH ACCESS, PROVIDING HUMANITARIAN DEVELOPMENT, AND CRISIS RELIEF.

4b (Code:) (Expenses \$ 4,670,186. including grants of \$ 2,780,136.) (Revenue \$ 1,325,040.)
DOMESTIC HUMANITARIAN ASSISTANCE : HHI STRENGTHENS COMMUNITIES WITHIN THE UNITED STATES THROUGH IMPROVING HEALTH ACCESS, PROVIDING HUMANITARIAN DEVELOPMENT, AND CRISIS RELIEF.

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 101,368,824.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 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? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 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 | | |
| 2b | 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 |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 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 | |
| 4b | If "Yes," enter the name of the foreign country: HAITI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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 |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | 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. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THERESA BENUS - 913-764-5200 PO BOX 15566, LENEXA, KS 66285

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ROBERT LAMBRECHTS CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) GARY MORSCH VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) CARLA DURYEE SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) ART CHAUDRY TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) JAN MARK CREIDENBERG DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) DAVID ALLYN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) LEE NORMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) GREG CLUM DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JON NORTH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) JOHN VANDERWALLE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) RICK RANDOLPH, MD DIRECTOR | 1.00 | X | | | | | | 24,000. | 0. | 0. |
| (12) JIM MITCHUM CEO | 40.00 | X | | X | | | | 137,758. | 0. | 5,400. |
| (13) KIM CARROLL COO | 40.00 | X | | X | | | | 79,804. | 0. | 4,400. |
| | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 241,562. | 0. | 9,800. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 241,562. | 0. | 9,800. | |

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

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|----------------------|---|---|--|----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 12,480. | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c 70,350. | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 1,359,559. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 135,779,270. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 126,306,026. | | | | | |
| | h Total. Add lines 1a-1f | ▶ | 137,221,659. | | | | |
| Program Service Revenue | 2 a ADMINISTRATION FEE | Business Code 493000 | 1,270,466. | 1,270,466. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | ▶ | 1,270,466. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | 2,870. | | | 2,870. | |
| | 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 | | | | |
| | | 246. | 12,000. | | | | |
| | | b Less: cost or other basis and sales expenses | 0. | 4,340. | | | |
| | | c Gain or (loss) | 246. | 7,660. | | | |
| | d Net gain or (loss) | ▶ | 7,906. | | | 7,906. | |
| | 8 a Gross income from fundraising events (not including \$ 70,350. of contributions reported on line 1c). See Part IV, line 18 | a 0. | | | | | |
| | | b Less: direct expenses | b 17,095. | | | | |
| | | c Net income or (loss) from fundraising events | ▶ | -17,095. | | | -17,095. |
| 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 | 2,197. | 2,197. | | | | |
| b LOSS ON CURRENCY CONVERSION | 900099 | -1,008. | | | -1,008. | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | ▶ | 1,189. | | | | | |
| 12 Total revenue. See instructions. | ▶ | 138,486,995. | 1,272,663. | 0. | -7,327. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,780,136. | 2,780,136. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 91,299,535. | 91,299,535. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 227,361. | 153,461. | 56,808. | 17,092. |
| 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 | 910,236. | 614,377. | 227,431. | 68,428. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 94,234. | 63,605. | 23,545. | 7,084. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 32,453. | 14,798. | 17,246. | 409. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 250. | 250. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 2,155,336. | 2,130,183. | 3,226. | 21,927. |
| 12 Advertising and promotion | 3,528. | 2,604. | | 924. |
| 13 Office expenses | 526,132. | 443,443. | 15,705. | 66,984. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 495,974. | 462,657. | 21,471. | 11,846. |
| 17 Travel | 1,249,714. | 1,224,977. | 10,701. | 14,036. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 6,275. | 4,874. | 1,401. | |
| 20 Interest | 95,870. | 52,132. | 14,964. | 28,774. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 106,628. | 35,236. | 71,392. | |
| 23 Insurance | 59,990. | 52,750. | 6,385. | 855. |
| 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 | 1,999,300. | 1,999,300. | 0. | 0. |
| b BAD DEBT EXPENSE | 34,506. | 34,506. | 0. | 0. |
| c STAFF DEVELOPMENT | 156. | 0. | 136. | 20. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 102,077,614. | 101,368,824. | 470,411. | 238,379. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,360,788. | 1 | 6,270,362. |
| | 2 Savings and temporary cash investments | 47,007. | 2 | 38,497. |
| | 3 Pledges and grants receivable, net | 565,679. | 3 | 423,376. |
| | 4 Accounts receivable, net | 5,274. | 4 | 9,018. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 7,201,291. | 8 | 37,792,141. |
| | 9 Prepaid expenses and deferred charges | 27,032. | 9 | 65,095. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,313,951. | | |
| | b Less: accumulated depreciation | 10b 1,299,135. | | |
| | 11 Investments - publicly traded securities | 749,069. | 10c | 1,014,816. |
| | 12 Investments - other securities. See Part IV, line 11 | 67,962. | 11 | 41,714. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 10,024,102. | 15 | | |
| | | 16 | 45,655,019. | |
| Liabilities | 17 Accounts payable and accrued expenses | 174,683. | 17 | 222,131. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 304,670. | 19 | 66,837. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 763,869. | 23 | 336,669. |
| | 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 | 1,243,222. | 26 | 625,637. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 7,659,631. | 27 | 41,106,535. |
| | 28 Temporarily restricted net assets | 1,053,287. | 28 | 3,851,238. |
| | 29 Permanently restricted net assets | 67,962. | 29 | 71,609. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 8,780,880. | 33 | 45,029,382. | |
| 34 Total liabilities and net assets/fund balances | 10,024,102. | 34 | 45,655,019. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 138,486,995. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 102,077,614. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 36,409,381. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,780,880. |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,696. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -164,575. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 45,029,382. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 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 (2017)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
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| Total | | | | | | |

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 91553943. | 98756704. | 126334830 | 75419662. | 137221659 | 529286798 |
| 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 | 91553943. | 98756704. | 126334830 | 75419662. | 137221659 | 529286798 |
| 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) | | | | | | 415846011 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 113440787 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 91553943. | 98756704. | 126334830 | 75419662. | 137221659 | 529286798 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 834. | 815. | 4,445. | 4,545. | 2,870. | 13,509. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 103. | 20,862. | 580,789. | 5,795. | 2,197. | 609,746. |
| 11 Total support. Add lines 7 through 10 | | | | | | 529910053 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 21.41 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 20.85 % |
| 16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 VI 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 - 2016. 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 VI 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 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 VI.) | | | | | | |
| 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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2017)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 131,806. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 545,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 3,949,493. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 6,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 65,139. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ <u>9,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>55,214.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ <u>150,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ <u>150,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ <u>100,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | <hr/> <hr/> <hr/> | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | <hr/> <hr/> <hr/> | \$ 48,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | <hr/> <hr/> <hr/> | \$ 42,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | <hr/> <hr/> <hr/> | \$ 21,631. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | <hr/> <hr/> <hr/> | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 19 | <hr/> <hr/> <hr/> | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | <hr/> <hr/> <hr/> | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | <hr/> <hr/> <hr/> | \$ 12,817. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | <hr/> <hr/> <hr/> | \$ 6,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | <hr/> <hr/> <hr/> | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 25 | | \$ <u>6,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | | \$ <u>6,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | | \$ <u>18,299.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 31 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | <hr/> <hr/> <hr/> | \$ 725,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | <hr/> <hr/> <hr/> | \$ 1,363,310. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | <hr/> <hr/> <hr/> | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 37 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | | \$ 22,287. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 43 | <hr/> <hr/> <hr/> | \$ 93,448. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | <hr/> <hr/> <hr/> | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | <hr/> <hr/> <hr/> | \$ 10,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | <hr/> <hr/> <hr/> | \$ 26,020. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | <hr/> <hr/> <hr/> | \$ 14,599. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 49 | _____ _____ _____ | \$ 11,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | _____ _____ _____ | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | _____ _____ _____ | \$ 599,619. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | _____ _____ _____ | \$ 10,300. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | _____ _____ _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 55 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | <hr/> <hr/> <hr/> | \$ 7,477. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | <hr/> <hr/> <hr/> | \$ 20,110. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | <hr/> <hr/> <hr/> | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | <hr/> <hr/> <hr/> | \$ 28,227. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 61 | _____ _____ _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | _____ _____ _____ | \$ 157,270. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | _____ _____ _____ | \$ 59,875. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | _____ _____ _____ | \$ 17,582. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 67 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 73 | <hr/> <hr/> <hr/> | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | <hr/> <hr/> <hr/> | \$ 523,183. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | <hr/> <hr/> <hr/> | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | <hr/> <hr/> <hr/> | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | <hr/> <hr/> <hr/> | \$ 5,113. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 79 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | | \$ 160,292. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | | \$ 560,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 85 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | <hr/> <hr/> <hr/> | \$ 11,513. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 87 | <hr/> <hr/> <hr/> | \$ 6,081. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 88 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 89 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 90 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 91 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 92 | <hr/> <hr/> <hr/> | \$ 21,245. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 93 | <hr/> <hr/> <hr/> | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 94 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 95 | <hr/> <hr/> <hr/> | \$ 29,732. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 96 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 97 | <hr/> <hr/> <hr/> | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 98 | <hr/> <hr/> <hr/> | \$ 59,184. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 99 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 100 | <hr/> <hr/> <hr/> | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 101 | <hr/> <hr/> <hr/> | \$ 7,342. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 102 | <hr/> <hr/> <hr/> | \$ 26,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 103 | <hr/> <hr/> <hr/> | \$ <u>55,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 104 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 105 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 106 | <hr/> <hr/> <hr/> | \$ <u>10,920.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 107 | <hr/> <hr/> <hr/> | \$ <u>1,644,586.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 108 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 109 | <hr/> <hr/> <hr/> | \$ <u>685,315.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 110 | <hr/> <hr/> <hr/> | \$ <u>4,012,438.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 111 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 112 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 113 | <hr/> <hr/> <hr/> | \$ <u>11,784.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 114 | <hr/> <hr/> <hr/> | \$ <u>6,050.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 115 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 116 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 117 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 118 | _____ _____ _____ | \$ <u>40,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 119 | _____ _____ _____ | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 120 | _____ _____ _____ | \$ <u>10,800.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 121 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 122 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 123 | | \$ 10,698. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 124 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 125 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 126 | | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 127 | <hr/> <hr/> <hr/> | \$ <u>16,380.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 128 | <hr/> <hr/> <hr/> | \$ <u>6,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 129 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 130 | <hr/> <hr/> <hr/> | \$ <u>5,434.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 131 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 132 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 133 | <hr/> <hr/> <hr/> | \$ <u>13,027.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 134 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 135 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 136 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 137 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 138 | <hr/> <hr/> <hr/> | \$ <u>6,018.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 139 | <hr/> <hr/> <hr/> | \$ <u>15,624.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 140 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 141 | <hr/> <hr/> <hr/> | \$ <u>483,710.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 142 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 143 | <hr/> <hr/> <hr/> | \$ <u>18,132.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 144 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 145 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 146 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 147 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 148 | <hr/> <hr/> <hr/> | \$ 11,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 149 | <hr/> <hr/> <hr/> | \$ 8,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 150 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 151 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 152 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 153 | _____ _____ _____ | \$ <u>107,873,895.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 154 | _____ _____ _____ | \$ <u>258,059.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 155 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 156 | _____ _____ _____ | \$ <u>11,714.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 157 | _____ _____ _____ | \$ 220,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 158 | _____ _____ _____ | \$ 843,108. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 159 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 160 | _____ _____ _____ | \$ 131,712. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 161 | _____ _____ _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 162 | _____ _____ _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 163 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 164 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 165 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 166 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 167 | <hr/> <hr/> <hr/> | \$ <u>13,253.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 168 | <hr/> <hr/> <hr/> | \$ <u>11,725.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 169 | _____ _____ _____ | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 170 | _____ _____ _____ | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 171 | _____ _____ _____ | \$ 7,264. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 172 | _____ _____ _____ | \$ 2,058,420. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 173 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 174 | _____ _____ _____ | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 175 | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 176 | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 177 | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 178 | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 179 | | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 180 | | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 181 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 182 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 183 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 184 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 185 | _____ _____ _____ | \$ <u>250,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 186 | _____ _____ _____ | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 187 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 188 | _____ _____ _____ | \$ <u>7,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 189 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 190 | _____ _____ _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 191 | _____ _____ _____ | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 192 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 193 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 194 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 195 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 196 | <hr/> <hr/> <hr/> | \$ <u>12,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 197 | <hr/> <hr/> <hr/> | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 198 | <hr/> <hr/> <hr/> | \$ <u>40,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 199 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 200 | <hr/> <hr/> <hr/> | \$ <u>200,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 201 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 202 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 203 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 204 | <hr/> <hr/> <hr/> | \$ <u>60,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 205 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 206 | <hr/> <hr/> <hr/> | \$ <u>15,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 207 | <hr/> <hr/> <hr/> | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 208 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 209 | <hr/> <hr/> <hr/> | \$ <u>8,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 210 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 211 | _____ _____ _____ | \$ <u>75,748.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 212 | _____ _____ _____ | \$ <u>261,718.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 213 | _____ _____ _____ | \$ <u>1,693,243.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 214 | _____ _____ _____ | \$ <u>553,524.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 215 | _____ _____ _____ | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 216 | _____ _____ _____ | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 217 | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 218 | | \$ <u>200,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 219 | | \$ <u>629,561.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 220 | | \$ <u>6,138.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 221 | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 222 | | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 223 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 224 | <hr/> <hr/> <hr/> | \$ <u>23,887.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 225 | <hr/> <hr/> <hr/> | \$ <u>13,464.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 2 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 131,806. | 12/31/17 |
| 4 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 3,949,493. | 12/31/17 |
| 8 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 55,214. | 12/31/17 |
| 35 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 1,363,310. | 12/31/17 |
| 38 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 22,287. | 12/31/17 |
| 47 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 26,020. | 12/31/17 |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 48 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 14,599. | 12/31/17 |
| 53 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 10,300. | 12/31/17 |
| 56 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 7,477. | 12/31/17 |
| 57 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 20,110. | 12/31/17 |
| 60 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 28,227. | 12/31/17 |
| 64 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 59,875. | 12/31/17 |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 75 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 523,183. | 12/31/17 |
| 82 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 160,292. | 12/31/17 |
| 92 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 21,245. | 12/31/17 |
| 98 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 59,184. | 12/31/17 |
| 101 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 7,342. | 12/31/17 |
| 107 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 1,644,586. | 12/31/17 |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 110 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ <u>4,012,438.</u> | <u>12/31/17</u> |
| 123 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ <u>10,698.</u> | <u>12/31/17</u> |
| 139 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ <u>15,624.</u> | <u>12/31/17</u> |
| 141 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ <u>483,710.</u> | <u>12/31/17</u> |
| 143 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ <u>18,132.</u> | <u>12/31/17</u> |
| 153 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ <u>107,873,895.</u> | <u>12/31/17</u> |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 154 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 258,059. | 12/31/17 |
| 158 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 843,108. | 12/31/17 |
| 160 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 131,712. | 12/31/17 |
| 171 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 7,264. | 12/31/17 |
| 172 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 2,058,420. | 12/31/17 |
| 211 | PHARMACEUTICAL AND MEDICAL SUPPLIES | \$ 75,748. | 12/31/17 |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 213 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 1,693,243. | 12/31/17 |
| 219 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 629,561. | 12/31/17 |
| 225 | PHARMACEUTICAL AND MEDICAL SUPPLIES _____ _____ _____ | \$ 13,464. | 12/31/21 |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
Open to Public Inspection

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of 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" on 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 a 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 7/25/06, 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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

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

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

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

(i) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 | 14,688. | 13,922. | 14,166. | 13,557. | 11,825. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 1,814. | 766. | -244. | 609. | 1,732. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 16,502. | 14,688. | 13,922. | 14,166. | 13,557. |

- 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 on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land | | 86,000. | | 86,000. |
| b Buildings | | 426,034. | 86,205. | 339,829. |
| c Leasehold improvements | | 239,852. | 70,721. | 169,131. |
| d Equipment | | 843,042. | 711,346. | 131,696. |
| e Other | | 719,023. | 430,863. | 288,160. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,014,816. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

| | | | |
|----------|--|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 140,983,477. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 3,696. |
| b | Donated services and use of facilities | 2b | 2,475,941. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 2,479,637. |
| 3 | Subtract line 2e from line 1 | 3 | 138,503,840. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 250. |
| b | Other (Describe in Part XIII.) | 4b | -17,095. |
| c | Add lines 4a and 4b | 4c | -16,845. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 138,486,995. |

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

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

| | | | |
|----------|---|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 104,734,976. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 2,475,941. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 2,475,941. |
| 3 | Subtract line 2e from line 1 | 3 | 102,259,035. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 250. |
| b | Other (Describe in Part XIII.) | 4b | -181,671. |
| c | Add lines 4a and 4b | 4c | -181,421. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 102,077,614. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION'S PRESENT ACCOUNTING POLICY FOR THE EVALUATION OF UNCERTAIN TAX POSITIONS IS TO REVIEW THOSE POSITIONS ON AN ANNUAL BASIS. A LIABILITY WOULD BE RECORDED IN THE FINANCIAL STATEMENTS DURING THE PERIOD WHICH, BASED ON ALL AVAILABLE EVIDENCE, THE ORGANIZATION BELIEVES IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES AND THE LIABILITY WOULD BE INCURRED BY THE ORGANIZATION. NO ACCRUAL HAS BEEN RECORDED AT DECEMBER 31, 2017 OR 2016, AS MANAGEMENT DOES NOT BELIEVE ANY MATERIAL UNCERTAINTIES EXIST.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -17,095.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|-----------|
| ADJUSTMENT TO DISTRIBUTED SUPPLIES | -164,576. |
| FUNDRAISING EXPENSES | -17,095. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | -181,671. |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 1 | 1 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 74,113,309. |
| RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS, | 0 | 0 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 263,406. |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 1,133. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO, | 0 | 0 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 9,373,975. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 4,347,854. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT, | 0 | 0 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 14,153. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR, | 0 | 0 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 3,050,325. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 14,897. |
| 3 a Sub-total | 1 | 1 | | | 91,179,052. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 120,483. |
| c Totals (add lines 3a and 3b) | 1 | 1 | | | 91,299,535. |

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

Schedule F (Form 990) 2017

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE - GREECE | 0 | 0 | PROGRAM SERVICES | DISTRIBUTION OF MEDICAL AID | 120,483. |
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| Totals | | | | | 120,483. |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---|----------------------|--------------------------|---------------------------------|----------------------------------|---|---|
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 818. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 23,348. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 45,095. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 58,107. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 28,891. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 30,213. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 53,156. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 1,050. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 75

3 Enter total number of other organizations or entities 9

| 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 - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 67,923. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 2217082. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 112,008. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 10721211 | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 23787641 | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 3368323. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 22853767 | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 167,759. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 88,595. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 3433620. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 2500005. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 423. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 965. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 44,351. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 60,992. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 571,357. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 38,586. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 426. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 497. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 14,455. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 813,730. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 1484020. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 967,683. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 1,745. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 27,436. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 37,297. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 5,120. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 20,880. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 167,275. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 58,251. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 383. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 155,084. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 12,375. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 69,809. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 1,102. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | MEDICAL ASSISTANCE | 0. | | 455. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|----------------------|--------------------------|---------------------------------|-----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | MEDICAL ASSISTANCE | 0. | | 2551977. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | MEDICAL ASSISTANCE | 0. | | 7,356. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | MEDICAL ASSISTANCE | 0. | | 20. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | MEDICAL ASSISTANCE | 0. | | 1788501. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | MEDICAL ASSISTANCE | 0. | | 120,483. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | MEDICAL ASSISTANCE | 0. | | 14,153. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | MEDICAL ASSISTANCE | 0. | | 5,931. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | MEDICAL ASSISTANCE | 0. | | 5,798. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | MEDICAL ASSISTANCE | 0. | | 3,168. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, | MEDICAL ASSISTANCE | 0. | | 263,406. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | MEDICAL ASSISTANCE | 0. | | 2935794. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | MEDICAL ASSISTANCE | 0. | | 12,412. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 3,963. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 96,239. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 1,247. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 670. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 1,133. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 5,445. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 787. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 1400163. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 4,379. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 9,125. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 411. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 10,277. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 3,323. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 436,692. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 15,238. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 6,226. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 5466389. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 130,531. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 14,341. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 445,769. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 701. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 23,559. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 4,173. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 362,448. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|----------------------|--------------------------|---------------------------------|-----------------------------------|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 515,556. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 57,596. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 394,246. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MEDICAL ASSISTANCE | 0. | | 66,601. | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | FMV |
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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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3:

FAIR MARKET VALUE OF NONCASH ITEMS DISTRIBUTED.

SCHEDULE F, PART IV, LINE 1

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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)) |
|-----------------|--|---|--------------|------------------------|--|
| | | 25TH ANNIVERSARY (event type) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 70,350. | | 70,350. |
| | 2 | Less: Contributions | 70,350. | | 70,350. |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 5,000. | | 5,000. |
| | 7 | Food and beverages | 7,022. | | 7,022. |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 5,073. | | 5,073. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -17,095. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|--|---|---|---|--|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| 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. Subtract line 7 from line 1, column (d) | | | | |

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

a Is the organization licensed to conduct 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: _____

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902 | 06-1008595 | 501(C)(3) | 0. | 280,885. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO - EDIFICIO ALIANZA #400 ,AVE AMERICO MIRANDA - SAN JUAN, PR 00927 | 66-0419912 | 501(C)(3) | 0. | 662,022. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| AUDREY GARRETT ELEMENTARY SCHOOL 3224 OLD HILLSBOROUGH ROAD MEBANE, NC 27302 | 56-6000271 | | 0. | 286. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| BELL COUNTY SHELTER 2409 SOUTH LOOP 121 BELTON, TX 76513 | | | 0. | 8,564. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CAPITAL CITY RESCUE MISSION FREE CLINIC - 259 SOUTH PEARL STREET - ALBANY, NY 12202 | 56-2663290 | 501(C)(3) | 0. | 1,766. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CASA EL BUEN SAMARITANO 14060 DUBLIN HOUSTON, TX 77085 | 37-1546805 | 501(C)(3) | 0. | 7,195. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **75.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (2017)

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CATHOLIC CHARITIES OF KANSAS CITY-ST. JOSEPH, INC. - 1112 BROADWAY - KANSAS CITY, MO 64105 | 43-0887779 | 501(C)(3) | 0. | 4,459. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CHARITABLE PHARMACY OF CENTRAL OHIO, INC - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215 | 27-0147099 | 501(C)(3) | 0. | 1,000. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CHURCH OF THE RESURRECTION 13720 ROE AVE LEAWOOD, KS 66224 | 48-1107898 | 501(C)(3) | 0. | 20,110. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CITY UNION MISSION 1100 EAST 11TH STREET KANSAS CITY, MO 64106-3095 | 44-6005481 | 501(C)(3) | 0. | 4,920. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CLUB CHIRST 3243 E WARM SPRINGS ROAD LAS VEGAS, NV 89014 | 20-2135611 | 501(C)(3) | 0. | 144. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVE - KANSAS CITY, KS 66101 | 01-0674969 | 501(C)(3) | 0. | 602. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| COMMUNITY HEALTH SERVICES OF UNION COUNTY - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112 | 46-0495947 | 501(C)(3) | 0. | 66,174. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802 | 68-0051386 | 501(C)(3) | 0. | 43,370. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CORPUS CHRISTI METRO MINISTRIES - GABBBAD HEALTH C - 2615 FANNIN STREET - HOUSTON, TX 77002 | 74-2247261 | 501(C)(3) | 0. | 19,560. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| DELIVERANCE OUTREACH MINISTRIES 821 NE 36TH TERRACE, SUITE 10 OCALA, FL 34470 | 59-3319732 | 501(C)(3) | 0. | 2,453. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| DOWNTOWN CLINIC 611 S. 2ND STREET LARAMIE, WY 82070 | 83-0326354 | 501(C)(3) | 0. | 69,639. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| ELLIS CARE 11918 EAST 59TH STREET KANSAS CITY, MO 64133 | 61-1661285 | 501(C)(3) | 0. | 3,075. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073 | 59-2174510 | 501(C)(3) | 0. | 62,865. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| FORT PIERCE GOOD SAMARITAN FREE CLINIC - 2601 VIRGINIA AVENUE - FORT PIERCE, FL 34981 | 46-0970320 | 501(C)(3) | 0. | 2,153. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| FREE CLINIC OF FRANKLIN COUNTY 1171 FRANKLIN STREET ROCKY MOUNT, VA 24151 | 54-1634138 | 501(C)(3) | 0. | 108,293. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312 | 42-1428706 | 501(C)(3) | 0. | 2,139. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| GOOD NEWS CLINICS PO BOX 2683 GAINESVILLE, GA 30503 | 58-2058853 | 501(C)(3) | 0. | 1,680. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| GOOD NEWS MINISTRIES - GOOD NEWS MISSION - 2716 EAST WASHINGTON STREET - INDIANAPOLIS, IN 46206-1871 | 35-0999233 | 501(C)(3) | 0. | 761. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON ROAD GREENVILLE, SC 29601 | 57-0855205 | 501(C)(3) | 0. | 2,098. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| HARDIN COUNTY DEPARTMENT OF HEALTH 440 W MONROE STREET KOUNTZE, TX 77625 | | | 0. | 12,978. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| HEALTHCORE 2707 E 21ST ST N WICHITA, KS 67214 | 48-1180078 | 501(C)(3) | 0. | 6,259. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| HEALTHFINDERS COLLABORATIVE 710 DIVISION STREET NORTHFIELD, MN 55057 | 20-1805262 | 501(C)(3) | 0. | 2,307. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| HEART OF AMERICA STAND DOWN FOUNDATION - PO BOX 413162 - KANSAS CITY, MO 64141 | 43-1634614 | 501(C)(3) | 0. | 1,282. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| HEART TO HEART INTERNATIONAL 13250 WEST 98TH STREET LENEXA, KS 66215 | 48-1108359 | 501(C)(3) | 0. | 640,547. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541 | 26-3811078 | 501(C)(3) | 0. | 3,096. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| HOSPITALS OF HOPE, INC. 3545 NORTH SANTA FE WICHITA, KS 67219 | 31-1625108 | 501(C)(3) | 0. | 1,289. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| IBN SINA FOUNDATION 11226 S WILCREST DRIVE HOUSTON, TX 77099 | 76-0698464 | 501(C)(3) | 0. | 28,494. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| INTERFAITH COMMUNITY CLINIC 101 PINE MANOR DRIVE OAK RIDGE NORTH, TX 77385 | 75-2634623 | 501(C)(3) | 0. | 12,225. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| JAYDOC FREE CLINIC (KU ENDOWMENT ASSOCIATION) - 300 SOUTHWEST BLVD - KANSAS CITY, KS 66103 | 48-0547734 | 501(C)(3) | 0. | 112. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111 | 43-0967292 | 501(C)(3) | 0. | 11,866. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| MACEDONIA NEW LIFE CHURCH 2004 ROCK QUARRY RD RALEIGH, NC 27610 | 56-1650283 | 501(C)(3) | 0. | 4,700. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| MARTIN LUTHER KING HEALTH CENTER 827 MARGARET PLACE, SUITE 102 SHREVEPORT, LA 71101 | 72-1079721 | 501(C)(3) | 0. | 4,234. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| METRO MINISTRIES 17 MENAHAN STREEET BROOKLYN, NY 11221 | 11-3302193 | 501(C)(3) | 0. | 1,612. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| NAZARENE COMPASSIONATE MINISTRIES 17001 PRAIRIE STAR PARKWAY LENEXA, KS 66220 | 44-0552034 | 501(C)(3) | 0. | 164,675. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| NBC COMMUNITY DEVELOPMENT CORPORATION - 745 WALKER AVE - KANSAS CITY, KS 66101 | 45-3682212 | 501(C)(3) | 0. | 2,539. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| NEWTON COUNTY HEALTH DEPARTMENT 812 W HARMONY NEOSHO, MO 64850 | | | 0. | 2,095. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OKLAHOMA LIONS SERVICE FOUNDATION 4123 NW 10TH OKLAHOMA CITY, OK 73107 | 23-7396135 | 501(C)(3) | 0. | 4,036. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| OUR LADY OF HOPE 4232 MERCIER KANSAS CITY, MO 64111 | 44-0546494 | 501(C)(3) | 0. | 37,432. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| PALMER COLLEGE FOUNDATION 1000 BRADY STREET DAVENPORT, IA 52803 | 42-6081293 | 501(C)(3) | 0. | 442. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| PENOBSCOT COMMUNITY HEALTH CENTER 103 MAINE AVE BANGOR, ME 04401 | 01-0514750 | 501(C)(3) | 0. | 9,334. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| PHILADELPHIA CENTER WELLNESS CLINIC - 2020 CENTENARY - SHREVEPORT, LA 71104 | 72-1204262 | 501(C)(3) | 0. | 1,198. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| PROJECT C.A.M.P. 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164 | 20-1789905 | 501(C)(3) | 0. | 4,262. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646 | 53-0242962 | 501(C)(3) | 0. | 2,296. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| REDLAND CHURCH OF THE NAZARENE 22940 OLD DIXIE HIGHWAY MIAMI, FL 33170 | 36-3955413 | 501(C)(3) | 0. | 3,840. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| RISE FAMILY PO BOX 91462 HENDERSON, NV 89009 | 45-5617917 | 501(C)(3) | 0. | 192. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RIVERVIEW HEALTH SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101 | 48-1072716 | 501(C)(3) | 0. | 10,555. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| SAFE NEST 2915 W CHARLESTON BLVD, SUITE 12 LAS VEGAS, NV 89102 | 94-2411883 | 501(C)(3) | 0. | 96. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| SALVATION ARMY OF HOUSTON 1500 AUSTIN STREET HOUSTON, TX 77002 | 58-0660607 | 501(C)(3) | 0. | 13,148. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607 | 58-1437002 | 501(C)(3) | 0. | 8,582. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825 | 06-0726487 | 501(C)(3) | 0. | 167,266. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| SAVED BY GRACE MINISTRY, INC. 226 CENTER ROAD EAST AURORA, NY 14052 | 16-1560404 | 501(C)(3) | 0. | 1,849. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| SCOTT AND WHITE HEALTHCARE FOUNDATION - 2401 SOUTH 31ST STREET, MS-FD2-202 - TEMPLE, TX 76508 | 27-3513154 | 501(C)(3) | 0. | 3,468. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| SERVE THE PEOPLE 1206 EAST 17TH STREET, SUITE 101 SANTA ANA, CA 92701 | 27-0421556 | 501(C)(3) | 0. | 46,288. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503-2406 | 80-0308973 | 501(C)(3) | 0. | 10,480. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SPECIAL OLYMPICS OHIO 3303 WINCHESTER PIKE COLUMBUS, OH 43232 | 51-0183468 | 501(C)(3) | 0. | 659. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| ST. MARY HEALTH CLINICS 1884 RANDOLPH AVE. SAINT PAUL, MN 55105 | 41-1760632 | 501(C)(3) | 0. | 596. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| THE SALVATION ARMY NEW BRUNSWICK NJ - 287 HANDY ST - NEW BRUNSWICK, NJ 08901 | 13-5562351 | 501(C)(3) | 0. | 12,529. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET, SUITE 30 TOMBALL, TX 77375 | 76-0280324 | 501(C)(3) | 0. | 19,560. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| TRI-CITY HEALTH CENTER 39465 PASEO PADRE PARKWAY FREMONT, CA 94538 | 23-7255435 | 501(C)(3) | 0. | 13,068. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| TURNER HOUSE CLINIC 21 NORTH 12TH STREET, SUITE 300 KANSAS CITY, KS 66102 | 48-1151382 | 501(C)(3) | 0. | 5,033. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| UHI COMMUNITYCARE CLINIC 4851 NW 183RD MIAMI, FL 33055 | 65-0268904 | 501(C)(3) | 0. | 12,060. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405 | 56-0668555 | 501(C)(3) | 0. | 1,613. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| URBAN STRATEGIES 720 OLIVE STREET #2600 ST. LOUIS, MO 63101 | 43-1141027 | 501(C)(3) | 0. | 12,700. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VCARES CLINICS 8121 BROADWAY STREET #103 HOUSTON, TX 77061 | 46-1267820 | 501(C)(3) | 0. | 24,450. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| VIRGINIA B. ANDES VOLUNTEER CLINIC 21297 OLEAN BLVD PORT CHARLOTTE, FL 33952 | 65-0958042 | 501(C)(3) | 0. | 9,026. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| WATER STREET HEALTH SERVICES 210 SOUTH PRINCE STREET LANCASTER, PA 17603 | 23-2798318 | 501(C)(3) | 0. | 888. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| WEST BOULEVARD ELEMENTARY SCHOOL 6125 WEST BOULEVARD BOARDMAN, OH 44512 | 34-6000286 | | 0. | 3,882. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311 | 31-1066881 | 501(C)(3) | 0. | 2,340. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| WOMEN OF WORTH, INC. 1513 DEAN STREET ROME, GA 30161 | 80-0306378 | 501(C)(3) | 0. | 16,628. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| WOMEN'S RESOURCE MEDICAL CENTER 2915 W. CHARLESTON BOULEVARD SUITE LAS VEGAS, NV 89102 | 94-2944732 | 501(C)(3) | 0. | 288. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| WORLD HOPE INTERNATIONAL 1330 BRADDOCK PLACE, SUITE 301 ALEXANDRIA, VA 22314 | 35-1985485 | 501(C)(3) | 0. | 2,343. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| WYANDOTTE COUNTY JUVENILE DETENTION - 710 NORTH 7TH STREET SUITE 20 - KANSAS CITY, KS 66101 | 48-1194075 | 501(C)(3) | 0. | 6,499. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| YOUR BEST PATHWAY TO HEALTH 9903 CLOVERLAN HILLS DRIVE OOLTEWAH, TN 37363 | 81-3012737 | 501(C)(3) | 0. | 14,687. | FMV | PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS | MEDICAL ASSISTANCE |
| CASA EL BUEN SAMARITANO 14060 DUBLIN ST HOUSTON, TX 77085 | 37-1546805 | 501(C)(3) | 20,000. | 0. | | | HURRICANE RECOVERY |
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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | X | 2 | 7,466. | FMV |
| 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 | X | 2 | 4,343. | FMV |
| 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 | 43 | 126,272,963. | AVERAGE WHOLESale |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (AIRFARE) | X | 1 | 21,000. | AVERAGE WHOLESale |
| 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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

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

THE RETURN IS REVIEWED BY THE CEO AND THE FINANCE/AUDIT COMMITTEE OF THE BOARD. 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 THEMSELVES FROM ANY DISCUSSION AND VOTING THAT AFFECTS THEIR INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION FOR THE CEO AND USES THE SALARY AND BENEFITS SURVEY OF GREATER KANSAS CITY AREA NONPROFIT ORGANIZATIONS COMPILED BY THE MIDWEST CENTER FOR NONPROFIT ORGANIZATIONS WHICH PROVIDE THE SAME TYPES OF SERVICES THAT WE PROVIDE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH
OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, CO, MO, ND, WA, NV

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | Enter filer's identifying number | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. HEART TO HEART INTERNATIONAL | Employer identification number (EIN) or 48-1108359 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 15566 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. LENEXA, KS 66285 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

THERESA BENUS

• The books are in the care of ▶ **PO BOX 15566 - LENEXA, KS 66285**
Telephone No. ▶ **913-764-5200** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.