

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2020**

Name of exempt organization or person subject to tax

Taxpayer identification number

HEART TO HEART INTERNATIONAL**48-1108359**

Name and title of officer or person subject to tax

KIM CARROLL**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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one 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 248,083,908.
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
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **RSM US LLP** to enter my PIN **08359**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

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.

73684953719

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ▶ **RSM US LLP**Date ▶ **06/09/21**

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** (2020)

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

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Name of exempt organization or person subject to tax

Taxpayer identification number

HEART TO HEART INTERNATIONAL**48-1108359**

Name and title of officer or person subject to tax

KIM CARROLL
CEO**Part I Type of Return and Return Information** (Whole Dollars Only)

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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 _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize RSM US LLP to enter my PIN 08359
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

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.

73684953719

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ▶ RSM US LLPDate ▶ 06/09/21

ERO Must Retain This Form - See Instructions
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LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instructions. HEART TO HEART INTERNATIONAL	Taxpayer identification number (TIN) 48-1108359
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 15566	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LENEXA, KS 66285-5566	

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 66285-5566**
 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 TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2020** 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.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

OMB No. 1545-0047

2020Open to Public
Inspection**A For the 2020 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**HEART TO HEART INTERNATIONAL**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 15566

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LENEXA, KS 66285-5566**F** Name and address of principal officer: **KIM CARROLL****SAME AS C ABOVE****D** Employer identification number**48-1108359****E** Telephone number**913-764-5200****G** Gross receipts \$ **248,098,949.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.HEARTTOHEART.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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) 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) 12
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 101
	6	Total number of volunteers (estimate if necessary) 16247
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 382,278,341.
	9	Program service revenue (Part VIII, line 2g) 1,283,375.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -131,406.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,401.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 383,435,711.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,863,044.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 275,433.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 393,224.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 86,713,118.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 379,144,315.
19		Revenue less expenses. Subtract line 18 from line 12 4,291,396.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 37,113,168.
	21	Total liabilities (Part X, line 26) 7,953,080.
	22	Net assets or fund balances. Subtract line 21 from line 20 29,160,088.

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			
	KIM CARROLL, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAUREN NOWAKOWSKI	Preparer's signature LAUREN NOWAKOWSKI	Date 06/09/21	Check if self-employed <input type="checkbox"/>	PTIN P01796934
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 405-239-7961		
Firm's address ▶ 210 PARK AVE, SUITE 1725 OKLAHOMA CITY, OK 73102					

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

HEART TO HEART INTERNATIONAL STRENGTHENS COMMUNITIES THROUGH IMPROVING HEALTH ACCESS, PROVIDING HUMANITARIAN DEVELOPMENT AND ADMINISTERING CRISIS RELIEF WORLDWIDE. WE ENGAGE VOLUNTEERS, COLLABORATE WITH PARTNERS 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? ☒ **X** Yes ☐ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 134,532,262. including grants of \$ 131,060,181.) (Revenue \$)
 INTERNATIONAL HUMANITARIAN ASSISTANCE: HEART TO HEART STRENGTHENS COMMUNITIES OUTSIDE THE UNITED STATES THROUGH IMPROVING HEALTH ACCESS, PROVIDING HUMANITARIAN DEVELOPMENT, AND CRISIS RELIEF.

4b (Code:) (Expenses \$ 22,618,510. including grants of \$ 3,917,779.) (Revenue \$ 1,515,311.)
 DOMESTIC HUMANITARIAN ASSISTANCE: HEART TO HEART STRENGTHENS COMMUNITIES WITHIN THE UNITED STATES THROUGH IMPROVING HEALTH ACCESS, PROVIDING HUMANITARIAN DEVELOPMENT, AND CRISIS RELIEF.

4c (Code:) (Expenses \$ 392,792. including grants of \$) (Revenue \$ 602,307.)
 INTERNATIONAL AND DOMESTIC EVENTS TO BUILD HYGIENE KITS FOR DISTRIBUTION TO PERSONS AFFECTED BY DISASTER OR OTHER HUMANITARIAN NEED

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **157,543,564.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	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	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	19
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	101
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ▶ HAITI See instructions for filing requirements for 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?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on 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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

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

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

19 Describe on 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 66285-5566

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

☐ 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) KIM CARROLL CEO/DIRECTOR	40.00 1.00			X				143,060.	0.	8,502.
(2) JAMES MITCHUM TREASURER	2.00 40.00	X		X				0.	85,913.	16,011.
(3) RANDY STABENOW COO THRU 07/2020	40.00 0.00			X				55,783.	0.	4,629.
(4) RICK RANDOLPH DIRECTOR & CMO	10.00 0.00	X						24,115.	0.	0.
(5) ART CHAUDRY CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(6) BOB LAMBRECHTS PAST CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(7) CARLA DURYEE SECRETARY	1.00 1.00	X		X				0.	0.	0.
(8) DAVID ALLYN DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) AUSTIN BICKFORD DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) WENDY BLACKBURN DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) JAN CREIDENBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) LARRY DOWNEY DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) SUSAN GARRETT DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) DANIEL MCCLAIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) JON NORTH DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) JAMES ZEEB DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								222,958.	85,913.	29,142.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								222,958.	85,913.	29,142.

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**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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
SINOCHIPS KANSAS LLC 2002 W 39TH AVE, KANSAS CITY, KS 66103	COVID TEST PROCESSING	625,050.
EUROFINS VIACOR INC 2695 MOMENTUM PLACE, CHICAGO, IL 60689	COVID TEST PROCESSING	221,925.

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 **2**

Part VIII Statement of RevenueCheck 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	5,776.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,108,650.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	244,831,039.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 234,874,573.					
	h Total. Add lines 1a-1f							245,945,465.
Program Service Revenue	2 a DISASTER RELIEF PROGRAM	Business Code	485000	1,515,311.	1,515,311.			
	b HYGIENE KIT BUILDING		493000	602,307.	602,307.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				2,117,618.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,884.			12,884.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(i) Real (ii) Personal					
b Less: rental expenses ...		6b						
c Rental income or (loss)		6c						
d Net rental income or (loss)								
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b	11,500.					
c Gain or (loss)		7c	15,041.					
d Net gain or (loss)		-3,541.						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a CREDIT CARD REBATES	Business Code	900099	10,105.			10,105.	
	b GAIN ON CURRENCY CONVERSION		900099	1,377.			1,377.	
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				11,482.			
	12 Total revenue. See instructions				248,083,908.	2,117,618.	0.	20,825.

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 ...	3,917,779.	3,917,779.		
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	131,060,181.	131,060,181.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	236,088.	192,374.	29,200.	14,514.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,253,258.	1,015,940.	158,763.	78,555.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,273.	24,004.	3,513.	1,756.
9 Other employee benefits	260,117.	213,296.	31,214.	15,607.
10 Payroll taxes	730,003.	598,603.	87,600.	43,800.
11 Fees for services (nonemployees):				
a Management				
b Legal	28,032.	28,032.		
c Accounting	60,798.	59,485.		1,313.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	31,500.			31,500.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,881,498.	1,878,205.	3,000.	293.
12 Advertising and promotion	14,997.	9,742.	183.	5,072.
13 Office expenses	469,785.	369,406.	10,931.	89,448.
14 Information technology	11,763.	11,763.		
15 Royalties				
16 Occupancy	547,130.	431,126.	12,632.	103,372.
17 Travel	481,972.	478,700.	198.	3,074.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	899.	884.		15.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	453,899.	59,769.	394,130.	
23 Insurance	107,153.	103,345.	743.	3,065.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OBSELETE INVENTORY	16,959,071.	16,959,071.		
b PROGRAM SERVICE EXPENSE	112,244.	112,244.		
c SPECIAL EVENTS	22,686.	18,123.	2,725.	1,838.
d STAFF DEVELOPMENT	1,739.	1,492.	245.	2.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	158,671,865.	157,543,564.	735,077.	393,224.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,808.	1	4,406.
	2 Savings and temporary cash investments	5,753,166.	2	7,821,321.
	3 Pledges and grants receivable, net	789,065.	3	674,358.
	4 Accounts receivable, net	77,616.	4	704,380.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	19,896,464.	8	104,108,692.
	9 Prepaid expenses and deferred charges	35,072.	9	48,585.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,307,760.		
	b Less: accumulated depreciation	10b 2,133,953.	10c	10,173,807.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	256,266.	15	2,198,451.
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,113,168.	16	125,734,000.	
Liabilities	17 Accounts payable and accrued expenses	584,983.	17	278,602.
	18 Grants payable		18	
	19 Deferred revenue	52,255.	19	78,255.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,315,842.	23	6,797,246.
	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	7,953,080.	26	7,154,103.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,967,831.	27	115,059,931.
	28 Net assets with donor restrictions	2,192,257.	28	3,519,966.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,160,088.	32	118,579,897.
	33 Total liabilities and net assets/fund balances	37,113,168.	33	125,734,000.

Part XI Reconciliation of Net AssetsCheck 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	248,083,908.
2	Total expenses (must equal Part IX, column (A), line 25)	2	158,671,865.
3	Revenue less expenses. Subtract line 2 from line 1	3	89,412,043.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,160,088.
5	Net unrealized gains (losses) on investments	5	3,007.
6	Donated services and use of facilities	6	4,759.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	118,579,897.

Part XII Financial Statements and ReportingCheck 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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2020)

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

2020

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		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75419662.	137221659	228047099	382278341	245945465	1068912226.
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	75419662.	137221659	228047099	382278341	245945465	1068912226.
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)						911164931
6 Public support. Subtract line 5 from line 4.						157747295

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	75419662.	137221659	228047099	382278341	245945465	1068912226.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,545.	2,870.	9,418.	8,967.	12,884.	38,684.
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.)	5,795.	2,197.	6,337.	5,401.	11,482.	31,212.
11 Total support. Add lines 7 through 10						1068982122.
12 Gross receipts from related activities, etc. (see instructions)					12	7,051,511.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	14.76 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	15.69 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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? 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.		
2		

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)? 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).		
1		

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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? 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.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**GAIN ON CURRENCY CONVERSION**

2016 AMOUNT: \$ 5,795.

2017 AMOUNT: \$ 2,197.

2018 AMOUNT: \$ 6,337.

2019 AMOUNT: \$ 5,401.

2020 AMOUNT: \$ 1,377.

CREDIT CARD REBATES

2020 AMOUNT: \$ 10,105.

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 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. HEART TO HEART INTERNATIONAL'S (HHI) NEW HEADQUARTERS HAS PROVIDED A PLATFORM TO DIVERSIFY DONOR SUPPORT FROM A BROADER NUMBER OF ENTITIES. EXAMPLES INCLUDE: INVESTMENTS IN EXPANDED COLD-CHAIN CAPACITY, STRENGTHENING AND EXPANDING INTERNAL PROCESSES AND RESOURCES WHICH HAVE RESULTED IN ADDITIONAL PHARMACEUTICAL DONORS, DONOR COMMITMENTS AND DONATED PHARMACEUTICAL PRODUCTS. ADDITIONALLY, HHI HAS DEVELOPED AND EXECUTED A STRATEGY FOR LOCAL HUMANITARIAN RESPONSES THAT HAS EXPANDED INTEREST AND FINANCIAL CONTRIBUTIONS FROM THE KANSAS CITY METRO LOCAL DONORS.

2020

***** Not Open to Public Inspection *****

023171 04-01-20

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

2020

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 foundationCheck 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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HEART TO HEART INTERNATIONAL	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	ABBOTT FUND 100 ABBOTT PARK RD DEPT 379 ABBOTT PARK, IL 60064-6049	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ABBOTT POINT OF CARE 400 COLLEGE RD E PRINCETON, NJ 08540	\$ 5,667.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ABBVIE INC. 1 NORTH WAUKEGAN ROAD NORTH CHICAGO, IL 60064	\$ 21,821,584.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ABBVIE EMPLOYEE ENGAGEMENT FUND 6111 W PLANO PKWY STE 1000YC PLANO, TX 75093-0014	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ABBVIE FOUNDATION 1 N WAUKEGAN RD DEPT ZZ02 BLDG AP34 NORTH CHICAGO, IL 60064-1802	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AD ASTRA INFORMATION SYSTEMS 6900 W 80TH ST STE 300 OVERLAND PARK, KS 66204-3837	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMAZON 16851 W 113TH ST LENEXA, KS 66219-1322	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION 11400 TOMAHAWK CREEK PKWY STE 440 LEAWOOD, KS 66211-2680	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	AMERICARES FREE CLINICS 88 HAMILTON AVE STE 1 STAMFORD, CT 06902-3100	\$ 346,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ANONYMOUS DONOR C/O VANGUARD CHARITABLE, PO BOX 9509 WARWICK, RI 02889-0509	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ASH GROVE CHARITABLE FOUNDATION PO BOX 25900 OVERLAND PARK, KS 66225-5900	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BD FOUNDATION PO BOX 814804 HOLLYWOOD, FL 33081-4804	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BD (BECTON DICKINSON) 1 BECTON DR # 071 FRANKLIN LAKES, NJ 07417-1815	\$ 1,032,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	BOGER FAMILY FOUNDATION, INC. 155 SEAPORT BLVD BOSTON, MA 02210-2698	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BUNDLE OF HOLDING LLC 36 WOODCREST AVE ITHACA, NY 14850-6241	\$ 5,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CAITLIN SMALLWOOD GIVING FUND C/O MORGAN STANLEY, 1585 BROADWAY NEW YORK, NY 10036	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CALMOSEPTINE, INC. 16602 BURKE LN HUNTINGTON BEACH, CA 92647	\$ 9,330.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	CDC FOUNDATION 600 PEACHTREE ST NE STE 1000 ATLANTA, GA 30308	\$ 6,823.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CENTER FOR DISEASE CONTROL 1600 CLIFTON RD NE ATLANTA, GA 30329-4018	\$ 492,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CHARLIE'S CAR WASH PO BOX 856 SALINA, KS 67402-0856	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 64131-3694	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CHRISTINA T. HOLT, MD 1 C ST SOUTH PORTLAND, ME 04106-2819	\$ 5,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CHURCH OF THE RESURRECTION 13720 ROE BLVD LEAWOOD, KS 66224-3588	\$ 184,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	CLAY COUNTY PUBLIC HEALTH CENTER STAFF 800 HAINES LIBERTY, MO 64068-1006	\$ 99,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	COLLEGE CHURCH OF THE NAZARENE 2020 E SHERIDAN ST OLATHE, KS 66062-2399	\$ 11,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	COLUMIA OUTDOOR CUSTOM SPORTSWEAR 7007 COLLEGE BLVD SUITE 200 OVERLAND PARK, KS 66211	\$ 205,761.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	COMPTIA 3500 LACEY RD STE 100 DOWNERS GROVE, IL 60515-5439	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	CROSS CATHOLIC OUTREACH, INC. 2700 N MILITARY TRL STE 240 BOCA RATON, FL 33431-6394	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DAN AND KAREN TOUGHEY 3745 W 105TH TER LEAWOOD, KS 66206-2703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	DEAN AND MEGAN DOMINY 19930 PARSONS GREEN CT KATY, TX 77450-5214	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DEBRA JORDAN 4321 DAVENCROFT VILLAGE DR WINTERVILLE, NC 28590-6812	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	DELAVAL, INC. 11100 N CONGRESS AVE KANSAS CITY, MO 64153-1222	\$ 49,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	\$ 363,720.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	DR. AND MRS. RICHARD JOSEPH RANDOLPH, III 7745 ROSEHILL RD LENEXA, KS 66216-3230	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	DR. BRUCE AND MRS. CATHERINE HODGES 24525 W 83RD ST LENEXA, KS 66227-3230	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	ECOLAB 370 WABASHA ST N SAINT PAUL, MN 55102-1325	\$ 320,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	ECOLAB FOUNDATION 1 ECOLAB PL SAINT PAUL, MN 55102-2739	\$ 74,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	EDWARD PASTORE 4688 CHELSEA LN LAKE OSWEGO, OR 97035-5768	\$ 5,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	EMERALD FOUNDATION FUND 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105-1595	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	ESSENCE OF AUSTRALIA 15500 W 113TH ST STE 300 LENEXA, KS 66219	\$ 30,043.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	ESTATE OF GLENN F. LEITER 10813 DAVIS AVE GRANITE, MD 21163-1212	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	ETHICON, INC. PO BOX 151 SOMERVILLE, NJ 08876-0151	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	F5 NETWORK C/O BENEVITY, 700 MEREDITH RD CALGARY, ALBERTA, CANADA T2E2W5	\$ 5,460.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	FABLETICS 800 APOLLO STREET EL SEGUNDO, CA 90245	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	\$ 5,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	FASTLY, INC 475 BRANNAN ST STE 320 SAN FRANCISCO, CA 94107-5420	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	FEDERAL EMERGENCY MANAGEMENT AGENCY PO BOX 10055 HYATTSVILLE, MD 20782-8055	\$ 63,198.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	FEDEX GLOBAL DISBURSEMENTS 1000 FED EX DR MOON TOWNSHIP, PA 15108-9373	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	FOOD FOR THE POOR 6401 LYONS RD COCONUT CREEK, FL 33073-3602	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	FORD MOTOR COMPANY PO BOX 6248 DEARBORN, MI 48126	\$ 21,072.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
51	FUTUREPROOF IT 2776 S ARLINGTON MILL DR # 175 ARLINGTON, VI 22206-3402	\$ 5,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	GEAR FOR SPORTS 9700 COMMERCE PARKWAY LENEXA, KS 66219	\$ 236,019.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	GEHA 310 NE MULBERRY ST LEES SUMMIT, MO 64086-5861	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	GLOBAL PAYMENT DIRECT 10 GLENLAKE PKWY ATLANTA, GA 30328-3495	\$ 30,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105-1595	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	GSK 184 LIBERTY CORNER RD STE 200 WARREN, NJ 07059-6870	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	HAMILTON LANE CHARITABLE 1835 MARKET ST STE 2410 PHILADELPHIA, PA 19103-2909	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	HARTLEY FAMILY FOUNDATION 6940 MISSION RD PRAIRIE VILLAGE, KS 66208-2609	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	HEALTH FORWARD FOUNDATION 2300 MAIN ST STE 304 KANSAS CITY, MO 64108-2416	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	HEALTHCARE PERFORMANCE GROUP LTD 23419 W 215TH ST SPRING HILL, KS 66083	\$ 6,789.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	HELPING HAND FOR RELIEF & DEVELOPMENT 21199 HILLTOP ST SOUTHFIELD, MI 48033-4912	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	HENRY SCHEIN 135 DURYEA RD BLDG E370 MELVILLE, NY 11747-3834	\$ 275,867.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	HENRY SCHEIN CARES FOUNDATION 135 DURYEA RD MELVILLE, NY 11747-3834	\$ 50,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	HENRY SCHEIN, INC. 135 DURYEA RD BLDG E370 MELVILLE, NY 11747-3834	\$ 48,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	HERBERT J SIMS & CO. 2150 POST RD FL 301 FAIRFIELD, CT 06824-5669	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	HIGHLAND PARK UNITED METHODIST CHURCH 3300 MOCKINGBIRD LN DALLAS, TX 75205-2327	\$ 11,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	HOPE INTERNATIONAL DEVELOPMENT AGENCY - USA 55 E MONROE ST FL 37 CHICAGO, IL 60603-6029	\$ 8,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	HOPE INTERNATIONAL DEVELOPMENT AGENCY-CANADA 214 SIXTH ST NEW WESTMINSTER, BC, CANADA V3L 1J2	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	HUHTAMAKI FOODSERVICE, INC 9201 PACKAGING DRIVE DESOTO, KS 66018	\$ 16,141.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
70	IBT FOUNDATION 9400 W 55TH ST MERRIAM, KS 66203	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	INTOUCH GROUP 7045 COLLEGE BLVD STE 300 LEAWOOD, KS 66211-1529	\$ 105,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	JANSSEN PHARMACEUTICALS, INC. 1125 TRENTON-HARBOURTON ROAD TITUSVILLE, NJ 08560	\$ 3,257,612.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	JOHN TEMPLETON FOUNDATION 300 CONSHOHOCKEN STATE RD STE 500 W CNSHOHOCKEN, PA 19428-3815	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	JOHNSON & JOHNSON COMPANY 1 JOHNSON AND JOHNSON PLZ WH 7231 NEW BRUNSWICK, NJ 08933	\$ 5,012,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	JORDAN AND CAREN LIBIT 4341 VIA FRASCATI RANCHO PALOS VERDES, CA 90275-6401	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	KAY FAMILY FOUNDATION, INC 8720 GEORGIA AVE STE 410 SILVER SPRING, MD 20910-3640	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	KELLY FAMILY FOUNDATION 10393 S HIGHLAND CIR OLATHE, KS 66061-8441	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	KIERSZNOWSKI FAMILY CHARITABLE TRUST 911 MAIN ST STE 201 KANSAS CITY, MO 64105-5304	\$ 275,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	KNOWLEDGE & FREEDOM FOUNDATION 5446 CARLTON ST OAKLAND, CA 94618-1730	\$ 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	L.A.D GLOBAL ENTERPRISES, INC 1309 S FOUNTAIN DR OLATHE, KS 66061	\$ 178,636.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
81	LARSON DESIGN GROUP 1000 COMMERCE PARK DR, SUITE 201 WILLIAMSPORT, PA 17701	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	LENEXA ROTARY FOUNDATION 9220 REDBUD LN LENEXA, KS 66220-3441	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	LESLIE PETER FOUNDATION 115 BROADWAY RM 1515 NEW YORK, NY 10006-1604	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	LIDA MOFFETT 4323 N JARBOE CT KANSAS CITY, MO 64116-4655	\$ 14,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	LIFESONG FOR ORPHANS PO BOX 40 GRIDLEY, IL 61744-0040	\$ 97,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	LINDA VON THADEN FOUNDATION 47 HULFISH ST STE 400 PRINCETON, NJ 08542-3713	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	LOCAL INDEPENDENT CHARITIES OF AMERICA 21 TAMAL VISTA BLVD STE 209 CORTE MADERA, CA 94925-1147	\$ 5,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	LUTHERN WORLD RELEIF 700 LIGHT ST BALTIMORE, MD 21230-3850	\$ 108,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	M. HOUSE FAMILY FUND PO BOX E EL CAJON, CA 92022-8002	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	MADE GOODS 768 TURNBULL CANYON RD CITY OF INDUSTRY, CA 91745-1401	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	MAKE A DIFFERENCE FOUNDATION 7259 S BINGHAM JUNCTION BLVD MIDVALE, UT 84047-4860	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	MARILYN K TEMPEL LIVING TRUST 502 1ST AVE SE HAMPTON, IA 50441-2209	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	MCCORMICK DISTILLING CO, INC 1 MC CORMICK LN WESTON, MO 64098	\$ 395,124.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
94	MEINERS PARTNERS 6326 ROCKY CREEK RD LA GRANGE, TX 78945-4457	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	MIAMI CITY EMERGENCY MANAGEMENT 1708 INDUSTRIAL ROAD PAOLA, KS 66071	\$ 20,356.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
96	MID-AMERICA REGIONAL COUNCIL 600 BROADWAY BLVD STE 200 KANSAS CITY, MO 64105-1659	\$ 161,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	MIKE HOWER AND MARY HEPPERLY 14540 RADCLIFFEBOROUGH CT CHESTERFIELD, MO 63017-5626	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	MILLER HAMMOND CHARITABLE FUND 4200 SOMERSET DR STE 242 PRAIRIE VILLAGE, KS 66208-5213	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	MONTHLY APPLICATIONS IN STRENGTH SPORT LLC 3251 SW 116TH AVE DAVIE, FL 33330-1719	\$ 6,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	MR. DAVID AND MS. AMY ALLYN 14 W LAKE ST SKANEATELES, NY 13152-1404	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	MR. AARON FRANK 2300 CHARLOTTE AVE STE 103 NASHVILLE, TN 37203-1877	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	MR. AND MRS. DON ALLISON 4817 SW MARGUERITE BLUE SPRINGS, MO 64015-6602	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	MR. AND MRS. JOHN VANDEWALLE 10906 W 120TH TER OVERLAND PARK, KS 66213-2012	\$ 5,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	MR. AND MRS. MICHAEL RAAF 13904 LONG ST OVERLAND PARK, KS 66221-4104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	MR. BRENT NOORDA 14010 GULF BLVD UNIT 203 MADEIRA BEACH, FL 33708-2395	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	MR. CHUCK AND MRS. DAWN MURPHY 5705 W 152ND PL OVERLAND PARK, KS 66223-3254	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	MR. DAVID JAHNER 12416 S BARTH RD OLATHE, KS 66061-3286	\$ 5,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	MR. DON DURYEE AND\ CARLA C. DURYEE 12412 MAPLE ST OVERLAND PARK, KS 66209-2793	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	MR. FARUK CAPAN 11110 ALHAMBRA ST OVERLAND PARK, KS 66211-1416	\$ 7,213.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	MR. JOE MCKENNA AND\ DR. MINDI MCKENNA 11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211-2680	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	MR. JOSH JENKINS-ROBBINS PO BOX 5010 RANCHO SANTA FE, CA 92067-5010	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	MR. MICHAEL LAMBORN 130 CRANE TER ORINDA, CA 94563-1105	\$ 17,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	MR. MILES AND MRS. EMERY GOLSON 4795 JAY RD BOULDER, CO 80301-4341	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	MR. MILTON BATES 3737 N COLLEGE AVE APT 335 BETHANY, OK 73008-3385	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	MR. PAUL AND MRS. DIANA MCKENZIE 315 GOLDEN GRASS DR ALAMO, CA 94507-2788	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	MR. RICHARD DAULTON 8007 NE 102ND ST KANSAS CITY, MO 64157-7900	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	MR. RICHARD P. JOHNSON 2708 WILSHIRE BLVD # 421 SANTA MONICA, CA 90403-4706	\$ 8,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	MR. SCOTT VANWAGENEN AND MRS. LANETTE VANWAGENEN C/O SCHWAB CHARITABLE, 211 MAIN ST SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	MR. STEVE AND MRS. LIANE HOWER 10966 S COTTAGE LN OLATHE, KS 66061-7324	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	MR. STEVE YONKER AND MRS. ANN YONKER 976 NW HIGH POINT DR LEES SUMMIT, MO 64081-1986	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	MR. WALT AND MRS. DIANE MOONEY 5624 W 81ST TER PRAIRIE VILLAGE, KS 66208-4958	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	MR. WILLIAM BENNETT 157 HURFFVILLE RD TURNERSVILLE, NJ 08012-2401	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	MRS. ANNE DYKES 5641 TAHOE LN FAIRWAY, KS 66205-3311	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	MRS. ELIZABETH MARDER 5500 W 123RD ST APT 108 LEAWOOD, KS 66209-3192	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	MS. DIANE ALLEN 2749 BROOK HILL LN SAINT CHARLES, MO 63303-5459	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	MS. JULIET FUNT 13185 LESLIE RD MEADVILLE, PA 16335-8475	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	MS. KIMBERLY CARROLL 4851 MEADOWBROOK PKWY UNIT 303 PRAIRIE VILLAGE, KS 66207-3485	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	MS. LAURA WICKETT 18212 MAMMOTH CAVE BLVD PFLUGERVILLE, TX 78660-5294	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	MS. MARY BRUNGARDT 6200 W 95TH ST OVERLAND PARK, KS 66207-2856	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	MS. NORAH JONES 360 HAMILTON AVE STE 100 WHITE PLAINS, NY 10601-1847	\$ 10,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	MS. RUTH GIANANTE 9800 NW 41ST ST DORAL, FL 33178-2968	\$ 25,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	MS. SERRANO 1365 N RIDGE PKWY OLATHE, KS 66061-5873	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	MS. VIRGINIA MILLER 5834 WINDSOR DR FAIRWAY, KS 66205-3344	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	MULTIVAC CARES FOUNDATION 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105-1595	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	MYLAN INSTITUTIONAL 781 CHESTNUT RIDGE RD PO BOX 4310 MORGANTOWN, WV 26504	\$ 12,695,074.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136	MYLAN PHARMACEUTICALS, INC. 781 CHESTNUT RIDGE RD PO BOX 4310 MORGANTOWN, WV 26504	\$ 180,426,577.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
137	MYLAN SPECIALTY L.P. 781 CHESTNUT RIDGE RD PO BOX 4310 MORGANTOWN, WV 26504	\$ 5,751,073.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
138	NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY STE 4 NAPA, CA 94558-3382	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	NBA PROPERTIES INC 645 FIFTH AVENUE NEW YORK, NY 10022	\$ 12,064.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140	NITORUM CAPITAL LP 450 PARK AVE NEW YORK, NY 10022-2605	\$ 5,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	NOVARTIS US FOUNDATION 1 HEALTH PLZ EAST HANOVER, NJ 07936-1016	\$ 139,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	OLATHE FIRE DEPARTMENT PO BOX 758 OLATHE, KS 66051-0758	\$ 13,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	ORLANDO HEALTH 1404 KUHL AVE # 38 ORLANDO, FL 32806-2008	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	PACIFIC ONE CONSTRUCTION PO BOX 2097 KIRKLAND, WA 98083-2097	\$ 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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145	PAYPAL GIVING FUND 1250 I ST NW STE 1201 WASHINGTON, DC 20005-3935	\$ 13,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	PFK FAMILY FOUNDATION C/O KATTEN, 525 MONROE ST CHICAGO, IL 60661	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	PGA TOUR CHARITIES, INC. 112 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082-3046	\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	PRAXAIR, INC. 39 OLD RIDGEBURY RD STE 7 DANBURY, CT 06810-5100	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	RANDALS TOWER TECH 5685 DICE GROVE RD BELTON, TX 76513-7789	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	REDBUBBLE 111 SUTTER ST, 17TH FLOOR SAN FRANCISCO, CA 94104	\$ 685,426.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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151	RERSTORE GLOBAL PO BOX 77293 CHARLOTTE, NC 28271-7005	\$ 7,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	RESOURCE AND POLICY EXCHANGE 26 ELM ST DELHI, NY 13753-1209	\$ 6,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	RESTORING VISION 369 3RD ST STE 695B SAN RAFAEL, CA 94901	\$ 39,646.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
154	REV. ADAM J. HAMILTON AND\ MRS. LAVON HAMILTON 3420 W 193RD ST STILWELL, KS 66085-8783	\$ 25,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	SAMUEL U RODGERS HEALTH - CAH 825 EUCLID AVE KANSAS CITY, MO 64124	\$ 5,128.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
156	SANOFI CARES NORTH AMERICA 55 CORPORATE DRIVE, MAIL STOP 55A-500A BRIDGEWATER, NJ 08807	\$ 263,258.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	SANOFI US 55 CORPORATE DRIVE, MAIL STOP 55A-500A BRIDGEWATER, NJ 08807	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	SIGNET JEWELERS 375 GHENT RD AKRON, OH 44333	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	SISTERS OF CHARITY OF LEAVENWORTH 4200 S 4TH ST LEAVENWORTH, KS 66048-5024	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	SKYLUM SOFTWARE USA, INC. 244 5TH AVE STE C25 NEW YORK, NY 10001-7604	\$ 39,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	SRIVATSAN RAJAN 1432 GREAT HERON DR SANTA ROSA, CA 95409-4360	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	STUART SCHLEMMER 6020 W 52ND ST MISSION, KS 66202-1641	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	SUNDERLAND FOUNDATION 5700 W 112TH ST STE 320 OVERLAND PARK, KS 66211-1759	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	SUNLIGHTEN 7373 W. 107TH OVERLAND PARK, KS 66212	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	THE CLAIRE & THEODORE MORSE FOUNDATION 9200 W SUNSET BLVD STE 525 LOS ANGELES, CA 90069-3507	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	THE CROWN FAMILY 222 N LA SALLE ST STE 2000 CHICAGO, IL 60601-1109	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	THE DARRELL AND DEE ROLPH FAMILY FUND C/O SIGNATRY, 7171 W 95TH ST STE 501 OVERLAND PARK, KS 66212	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	THE EDUCATIONAL PROJECTS FOUNDATION 2 JOHNS RD SETAUKET, NY 11733-3020	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	THE HART FAMILY FOUNDATION 106 CHURCH ST LAGRANGE, GA 30240-2710	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	THE LUKE COMMISSION PO BOX 1335 SAGLE, ID 83860-1335	\$ 11,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	THE MABEE FOUNDATION 6 DESTA DR STE 5400 MIDLAND, TX 79705-5604	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	THE MATTHEW 6:3 FUND C/O SIGNATRY, 7171 W 95TH ST STE 501 OVERLAND PARK, KS 66212	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	THE NEWMAN FAMILY FUND C/O GREATER KS COMMUNITY FDN, 1055 BROADWAY STE 130 KANSAS CITY, MO 64105-1595	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	THE RAYNIE FOUNDATION 1610 CRABAPPLE LN CHAMPAIGN, IL 61822-3313	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	THE SANOFI FOUNDATION FOR NORTH AMERICA 55 CORPORATE DR BRIDGEWATER, NJ 08807-1265	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	THE SKIN DEEP 42 WEST ST APT 226 BROOKLYN, NY 11222-6261	\$ 16,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	THE STEVEN B SCHONFELD FOUNDATION 2 JERICHO PLZ STE 300 JERICHO, NY 11753-1681	\$ 14,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	TIMKEN FOUNDATION 200 MARKET AVE N STE 210 CANTON, OH 44702-1437	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$ 552,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	ULTRA CHEM 8043 FLINT ST LENEXA, KS 66214	\$ 6,204.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
HEART TO HEART INTERNATIONAL	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
181	UMB PO BOX 419226 KANSAS CITY, MO 64141-6226	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	UNITED WAY OF GREATER KANSAS CITY 801 W 47TH ST STE 500 KANSAS CITY, MO 64112-1239	\$ 5,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66103	\$ 13,103.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184	UPS CORPORATE OVERGOODS - KC 1449 N SOUTHERN RD KANSAS CITY, KS 64120-1109	\$ 1,757,088.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
185	UPS CORPORATE OVERGOODS - SLC 430 N NEIL ARMSTRONG RD SALT LAKE CITY, UT 84116	\$ 682,392.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
186	VERTEX PHARMACEUTICALS C/O BENEVITY, 700 MEREDITH RD CALGARY, ALBERTA, CANADA T2E2W5	\$ 5,000.	Person <input checked="" 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 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	VIRGINIA SPAULDING 1147 S 3RD ST APT 234 NILES, MI 49120-3472	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	WARNER MUSIC GROUP 511 UNION ST NASHVILLE, TN 37219-1733	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	HILROM 4341 STATE STREET ROAD SKANEATELES FALLS, NY 13153	\$ 289,943.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
190	X CHAIR 10300 SOUTHARD DR BELTSVILLE, MD 20705-2107	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	YELLOW BOX CORP 3230 E IMPERIAL HWY STE 300 BREA, CA 92821-6751	\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0001	\$ 15,000.	Person <input checked="" 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 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	NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DR STE 500 ALPHARETTA, GA 30009-8678	\$ 970,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-0509	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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	\$ 5,667.	12/31/20
3	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 21,553,584.	12/31/20
13	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 832,094.	12/31/20
17	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 9,330.	12/31/20
18	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 6,823.	12/31/20
26	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 205,761.	12/31/20

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
33	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 363,720.	12/31/20
40	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 30,043.	12/31/20
47	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 63,198.	12/31/20
50	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 21,072.	12/31/20
52	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 236,019.	12/31/20
60	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 6,789.	12/31/20

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
62	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 275,867.	12/31/20
69	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 16,141.	12/31/20
72	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 3,257,612.	12/31/20
74	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 4,732,094.	12/31/20
80	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 178,636.	12/31/20
93	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 395,124.	12/31/20

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
95	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 20,356.	12/31/20
135	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 12,695,074.	12/31/20
136	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 180,426,577.	12/31/20
137	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 5,751,073.	12/31/20
139	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 12,064.	12/31/20
150	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 685,426.	12/31/20

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
153	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 39,646.	12/31/20
155	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 5,128.	12/31/20
156	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 263,258.	12/31/20
180	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 6,204.	12/31/20
183	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 13,103.	12/31/20
184	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 1,757,088.	12/31/20

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
185	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 682,392.	12/31/20
189	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 289,943.	12/31/20
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

HEART TO HEART INTERNATIONAL**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

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

2020**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 (for example, 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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 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	18,243.	15,554.	16,502.	14,688.	13,922.
b Contributions					
c Net investment earnings, gains, and losses	2,274.	2,689.	-948.	1,814.	766.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	20,517.	18,243.	15,554.	16,502.	14,688.

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

- a Board designated or quasi-endowment ☐ .0000 %
 b Permanent endowment ☐ 100 %
 c Term endowment ☐ .0000 %

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:

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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		9,684,256.	523,809.	9,160,447.
c Leasehold improvements		360,052.	119,640.	240,412.
d Equipment		1,442,036.	951,627.	490,409.
e Other		735,416.	538,877.	196,539.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,173,807.

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.

(a) Description of liability	(b) Book value
1. (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 FASB 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	249,285,245.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,007.
b	Donated services and use of facilities	2b	1,198,330.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,201,337.
3	Subtract line 2e from line 1	3	248,083,908.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	248,083,908.

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	159,865,436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,193,571.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,193,571.
3	Subtract line 2e from line 1	3	158,671,865.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	158,671,865.

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:

AS A NONPROFIT ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), HEART TO HEART INTERNATIONAL, INC. IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES, EXCEPT ON UNRELATED BUSINESS INCOME, UNDER SECTION 501(A). THE ORGANIZATION HAS BEEN DETERMINED TO NOT BE A PRIVATE FOUNDATION AND IS CLASSIFIED AS A PUBLIC CHARITY.

UNRELATED BUSINESS INCOME TAX, IF ANY, IS IMMATERIAL TO THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX. 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

Part XIII Supplemental Information *(continued)*

DURING THE PERIOD WHICH, BASED ON ALL AVAILABLE EVIDENCE, BELIEVES IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES AND THE LIABILITY WOULD BE INCURRED BY THE ORGANIZATION. NO ACCRUAL HAS BEEN RECORDED AT DECEMBER 31, 2020 OR 2019, AS MANAGEMENT DOES NOT BELIEVE ANY MATERIAL UNCERTAINTIES EXIST.

**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

2020Open 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	1	20	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	128,955,338.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	81,041.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	96,420.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	692,668.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	431,378.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	540,789.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	262,548.
3 a Subtotal	1	20			131,060,182.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	20			131,060,182.

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

Schedule F (Form 990) 2020

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 CARB	MEDICAL ASSISTANCE	0.		8,255.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		255,285.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		MIDDLE EAST/N.AFRICA	MEDICAL ASSISTANCE	0.		506,811.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA & PACIFIC	MEDICAL ASSISTANCE	0.		13,402.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA & PACIFIC	MEDICAL ASSISTANCE	0.		162,957.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA CARB	MEDICAL ASSISTANCE	0.		37219244	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		62,160.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA CARB	MEDICAL ASSISTANCE	0.		89212672	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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **21**

3 Enter total number of other organizations or entities **1**

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 CARB	MEDICAL ASSISTANCE	0.		326,303.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA CARB	MEDICAL ASSISTANCE	0.		5,297.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		121,931.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		96,420.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA CARB	MEDICAL ASSISTANCE	0.		285,094.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA CARB	MEDICAL ASSISTANCE	0.		1700997.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		127,729.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		MIDDLE EAST/N.AFRICA	MEDICAL ASSISTANCE	0.		10,521.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA & PACIFIC	MEDICAL ASSISTANCE	0.		248,379.	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 & NIS	MEDICAL ASSISTANCE	0.		49,608.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA CARB	MEDICAL ASSISTANCE	0.		65,680.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		RUSSIA & NIS	MEDICAL ASSISTANCE	0.		31,433.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		15,938.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		6,865.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		MIDDLE EAST/N.AFRICA	MEDICAL ASSISTANCE	0.		23,458.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		343,131.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		10,074.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.		6,477.	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 CARB	MEDICAL ASSISTANCE	20,000.	WIRE	0.		

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

Part III can be duplicated if additional space is needed.

[illegible]

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

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 ORGANIZATIONS STAFF PERSONALLY CONDUCT SITE VISITS AND FIELD INVESTIGATIONS FOR SPECIFIED RECIPIENTS EACH YEAR. BECAUSE OF THE GLOBAL RISK OF COVID19 AND IN ACCORDANCE WITH WHO AND CDC GUIDANCE; IN 2020 HEART TO HEART INTERNATIONAL RESTRICTED EMPLOYEE AND VOLUNTEER TRAVEL TO CRITICAL DISASTER RESPONSE ACTIVITY; BOTH DOMESTICALLY AND INTERNATIONALLY. THIS RESULTED IN A REDUCTION IN OPERATING EXPENSES FOR SEVERAL DEPARTMENTS AND PROGRAMS.

PART I, LINE 3:

THE AMOUNTS REFLECTED ON PART I, LINE 3 REPRESENT THE DISTRIBUTION OF MEDICAL AID BY REGION. THE ORGANIZATION'S TOTAL INTERNATIONAL HUMANITARIAN ASSISTANCE, AS REPORTED ON PART III, LINE 4A, ALSO INCLUDES INDIRECT EXPENSES ALLOCABLE TO FOREIGN ACTIVITIES, WHICH THE ORGANIZATION DOES NOT SEPARATELY TRACK BY REGION.

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number	
--------------------------------	--

48-1108359

Part I

Fundraising Activities.

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

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

- a ☒ Mail solicitations

- b** ☒ Internet and email solicitations

- c** ☐ Phone solicitations

- d ☒ In-person solicitations

- e ☒ Solicitation of non-government grants

- ☒ Solicitation of government grants

- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HARTSOOK - 1100 WALNUT, KANSAS CITY, MO 64106	FUNDRAISER		X	400,000.	31,500.	367,391.
Total				400,000.	31,500.	367,391.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

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

2020

**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
161ST STREET MERCHANTS ASSOCIATION, INC - 2865 KINGSBRIDGE TERRACE, SUITE 7M - BRONX, NY 10463	30-0064721	501(C)(3)	0.	9,951.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
ACCESS FAMILY CARE 475 NELSON AVE NEOSHO, MO 64850	43-1752799	501(C)(3)	0.	5,969.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	0.	157,623.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	46,433.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
ASCENSION VIA CHRISTI MANHATTAN 1823 COLLEGE AVE MANHATTAN, KS 66502	48-1152279	501(C)(3)	0.	5,458.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
AVENUE OF LIFE 500 N 7TH STREET TRAFFICWAY KANSAS CITY, KS 66101	46-2526799	501(C)(3)	0.	7,261.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

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

103.

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

4.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BAAL PERAZIM WELLNESS, INC. 770 N HALSTEAD STREET SUITE 100 CHICAGO, IL 60642	46-5746945	501(C)(3)	0.	48,468.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
BAY AREA COMMUNITY HEALTH 40910 FREMONT BLVD FREMONT, CA 94538	23-7255435	501(C)(3)	0.	8,082.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
CABS HOME ATTENDANTS SERVICE INC 44 VARET STREET BROOKLYN, NY 11206	11-2503313	501(C)(3)	0.	11,102.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
CARE BEYOND THE BOULEVARD INC. 5612 W 158TH TERRACE OVERLAND PARK, KS 66223	83-1122028	501(C)(3)	0.	10,913.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
CATHOLIC CHARITIES OF NORTHEAST KANSAS - 2220 CENTRAL AVENUE - KANSAS CITY, KS 66101	48-1181305	501(C)(3)	0.	40,319.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
CHILDRENS MERCY KANSAS CITY 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	0.	13,122.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
CITY RESCUE MISSION JACKSONVILLE 426 S. MCDUFF AVE JACKSONVILLE, FL 32254	59-1009115	501(C)(3)	0.	7,267.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
CITY UNION MISSION 1100 EAST 11TH STREET KANSAS CITY, MO 64106-3095	44-6005481	501(C)(3)	0.	13,878.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
CLARKSTON COMMUNITY HEALTH CENTER 3700 MARKET STREET, SUITE E CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	57,549.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CLAY COUNTY PUBLIC HEALTH CENTER 800 HAINES DRIVE LIBERTY, MO 64068	48-6023072	CLAY COUNTY	0.	10,650.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
COLORADO HOSPITAL ASSOCIATION 7335 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	84-1228675	501(C)(3)	0.	16,271.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740-6114	52-1772594	501(C)(3)	0.	22,310.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
COMMUNITY HEALTH CENTER OF CENTRAL MISSOURI - 1511 CHRISTY DRIVE - JEFFERSON CITY, MO 65101	68-0545808	501(C)(3)	0.	14,528.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
COMMUNITY LINC 4012 TROOST AVENUE KANSAS CITY, MO 64110	43-1506591	501(C)(3)	0.	5,490.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
COMPASS HEALTH NETWORK 1092 S. CALLAHAN RD WENTZVILLE, MO 63385	43-1032835	501(C)(3)	0.	7,755.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
COSSAO PR-140, FLORIDA UTUADO, PR 00650	66-0812599		108,370.	0.			MEDICAL ASSISTANCE
CROSS TRAILS MEDICAL CENTER 408 SOUTH BROADVIEW STREET CAPE GIRARDEAU, MO 63703	43-1679687	501(C)(3)	0.	18,477.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
DEVELOPING POTENTIAL, INC 251 NW EXECUTIVE WAY LEE'S SUMMIT, MO 64063	43-1661167	501(C)(3)	0.	13,906.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DIOCESAN COUNCIL, SOCIETY OF ST. VINCENT DE PAUL - 420 WEST WATKINS - PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	20,912.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
ELLIS CARE 11918 EAST 59TH STREET KANSAS CITY, MO 64133	61-1661285	501(C)(3)	0.	37,962.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. SUITE E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	16,552.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
EUREKA-PUBLIC-SCHOOL-DISTRICT-#13 PO BOX 2000 340 9TH STREET EUREKA, MT 59917	81-6000597	EUREKA ISD	0.	6,422.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
FAMILY CONSERVANCY INC. 626 MINNNEOTA AVE. KANSAS CITY, KS 66101	44-0454800	501(C)(3)	0.	61,832.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
FAMILY HEALTH CARE KC 340 SOUTHWEST BLVD KANSAS CITY, KS 66103	48-1067752	501(C)(3)	0.	33,289.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
FARGO MOORHEAD COALITION TO END HOMELESSNESS - 417 MAIN AVE. SUITE 208 - FARGO, ND 58103	41-2198589	501(C)(3)	0.	12,472.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
FOX 4 LOVE FUND FOR CHILDREN 3030 SUMMIT KANSAS CITY, MO 64108	43-1298128	501(C)(3)	0.	11,048.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
FREE CLINIC OF FRANKLIN COUNTY 1171 FRANKLIN STREET ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)	0.	11,307.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF MERIDIAN 4707 POPLAR SPRINGS DR. MERIDIAN, MS 39305	45-5309446	501(C)(3)	0.	17,154.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	8,692.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
GALLUP INDIAN MEDICAL CENTER INDIAN HEALTH SERVI - 516 NIZHONI BLVD, - GALLUP, NM 87301	86-0719855	NAVAJO NATION	0.	13,092.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
GENESIS COMMUNITY HEALTH 2623 S. SEACREST BLVD SUITE 65 BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	0.	5,055.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
GUADALUPE CENTERS, INC. 1015 AVE. CESAR E. CHAVEZ KANSAS CITY, MO 64108	44-0610781	501(C)(3)	0.	7,666.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HABILITAT, INC. 45-035 KUHONU PL. KANE OHE, HI 96744	99-0146306	501(C)(3)	0.	6,425.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HARVESTERS COMMUNITY FOOD NETWORK 3801 TOPPING AVENUE KANSAS CITY, MO 64129	43-1208665	501(C)(3)	0.	57,733.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HEALTH ALLIANCE FOR THE UNINSURED 601 NW GRAND BLVD. SUITE B OKLAHOMA CITY, OK 73118	26-1789292	501(C)(3)	0.	21,841.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HEALTH PARTNERSHIP OF JOHNSON COUNTY - 7171 WEST 95TH STREET, SUITE 100 - OVERLAND PARK, KS 66212	48-1115529	501(C)(3)	0.	7,060.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HEALTHCARE COALITION PARTNERS OF KANSAS - 412 W 8TH STREET - HOLTON, KS 66436	83-4507689		0.	21,300.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HEALTHFINDERS COLLABORATIVE 710 DIVISION STREET NORTHFIELD, MN 55057	20-1805262	501(C)(3)	0.	9,761.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HOPE FAITH MINISTRIES INC 705 VIRGINIA AVENUE KANSAS CITY, MO 64106	02-0727462	501(C)(3)	0.	20,854.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HOPE HOUSE 1215 NE LONG RIDGE RD. LEES SUMMIT, MO 64064	43-1265685	501(C)(3)	0.	5,645.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	6,329.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(C)(3)	0.	8,052.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
JOPLIN COMMUNITY CLINIC 701 SOUTH JOPLIN AVENUE JOPLIN, MO 64801	43-1643962	501(C)(3)	0.	14,519.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
KANSAS CITY CARE HEALTH CENTER 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	35,889.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
KANSAS CITY, MISSOURI SCHOOL DISTRICT - 1211 MCGEE STREET - KANSAS CITY, MO 64103	44-6003108	KANSAS CITY, MO	0.	6,684.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS DIVISION OF EMERGENCY MANAGEMENT - 5920 SE COYOTE DR. - TOPEKA, KS 66619	48-1124839	STATE OF KANSAS	0.	26,626.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
KATY TRAIL COMMUNITY HEALTH 821 WESTWOOD DRIVE SEDALIA, MO 65301	43-1879853	501(C)(3)	0.	6,303.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
KAYENTA UNIFIED SCHOOL DISTRICT NORTH HWY163, MUSTANG BLVD KAYENTA, AZ 86033	86-0181044	NAVAJO NATION	0.	40,266.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501(C)(3)	0.	11,281.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER - 1035 14TH AVENUE NORTH - NASHVILLE, TN 37208	62-1035426	501(C)(3)	0.	7,836.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MEDSHARE 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	0.	9,656.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MIAMI COUNTY SHERIFFS OFFICE 209 S. PEARL ST PAOLA, KS 66071	48-6038307	MIAMI COUNTY	0.	5,325.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MISSISSIPPI ALLIANCE OF NONPROFITS AND PHILANTHROP - 201 WEST CAPITOL STREET. SUITE 700 - JACKSON, MS 39201	58-2025957	501(C)(3)	0.	9,404.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MISSOURI HIGHLANDS HEALTH CARE 315 WEST MULBERRY PILOT KNOB, MO 63663	43-1068291	501(C)(3)	0.	13,300.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MISSOURI PRIMARY CARE ASSOCIATION 3325 EMERALD LANE JEFFERSON CITY, MO 65109	43-1419937	501(C)(3)	0.	23,750.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MISSOURI SECRETARY OF STATE 600 WEST MAIN JEFFERSON CITY, MO 65102	44-6000987	STATE OF MO	0.	22,632.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MOTHER'S REFUGE 14400 E 42 ST S # 220 INDEPENDENCE, MO 64055	43-1454628	501(C)(3)	0.	9,209.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
MT. CARMEL REDEVELOPMENT CORP. INC. - 1130 TROUP AVENUE - KANSAS CITY, KS 66104	48-1160735	501(C)(3)	0.	13,596.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
NAZARENE HOSPITAL FOUNDATION 3282 MILLER COURT MEDFORD, OR 97504	20-2985223	501(C)(3)	0.	5,181.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
NORTH WEST HEALTH SERVICES 2303 VILLAGE DRIVE ST. JOSEPH, MO 64506	43-1323669	501(C)(3)	0.	33,278.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
NORTH-COUNTY-VETERANS-STAND-DOWN 1237 GREEN OAK RANCH VISTA, CA 92081	81-2357784	501(C)(3)	0.	8,240.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
NORTHEAST MISSOURI HEALTH COUNCIL INC - 1416 CROWN DRIVE - KIRKSVILLE, MO 63501	43-1606173	501(C)(3)	0.	6,483.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
OLATHE FIRE ADMINISTRATION 1225 S. HAMILTON CIRCLE OLATHE, KS 66061	48-6034756	CITY OF OLATHE	0.	16,440.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OPERATION-BREAKTHROUGH 3039 TROOST AVENUE KANSAS CITY, MO 64109	43-0971560	501(C)(3)	0.	15,128.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
OUR LADY OF HOPE 4232 MERCIER KANSAS CITY, MO 64111	44-0546494	501(C)(3)	0.	39,207.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
PLANNED PARENTHOOD GREAT PLAINS 4401 W 109TH STREET, SUITE 100 OVERLAND PARK, KS 66211	44-0565390	501(C)(3)	0.	12,866.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
POINT WASHINGTON MEDICAL CLINIC 498 RICKER AVENUE SANTA ROSA BEACH, FL 32459	59-1971345	501(C)(3)	0.	16,713.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
PONCE MEDICAL SCHOOL FOUNDATION 388 DR. LUIS F. SALA ST. PONCE, PR 00716-2347	66-0379122	501(C)(3)	0.	829,169.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
PREFERRED FAMILY HEALTHCARE 4066 DUNNICA AVE ST. LOUIS, MO 63116	43-1236557	501(C)(3)	0.	7,755.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
PROVIDENCE MEDICAL CENTER 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112	48-0784446	501(C)(3)	0.	51,535.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
REACH MEDICAL, PLLC 402 NORTH CAYUGA ST. ITHACA, NY 14850	82-3284560	501(C)(3)	0.	5,295.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
RESTART INC. 918 EAST 9TH STREET KANSAS CITY, MO 64106-3072	43-1349378	501(C)(3)	0.	26,507.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RESTORE GLOBAL 9525 MONROE ROAD STE 150 CHARLOTTE, NC 28270	26-0745879	501(C)(3)	0.	66,808.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
RICHLAND MEDICAL CENTER INC. 304 W. WASHINGTON AVE RICHLAND, MO 65556	43-1183442	501(C)(3)	0.	5,170.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	0.	7,380.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	0.	48,236.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503-2406	80-0308973	501(C)(3)	0.	11,582.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
SOUTHEAST MISSOURI HEALTH NETWORK 6738 HIGHWAY 77 BENTON, MO 63736	43-1253101	501(C)(3)	0.	7,755.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
ST. VINCENT DE PAUL CHARITABLE PHARMACY OF CINCINN - 1125 BANK STREET - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	128,411.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501(C)(3)	0.	9,985.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
THE CENTER FOR HEALING AND HOPE 902 S MAIN GOSHEN, IN 46527	02-0560511	501(C)(3)	0.	215,056.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE COMMUNITY CLINIC OF SW MISSOURI - 701 S JOPLIN AVE - JOPLIN, MO 64801	43-1643962	501(C)(3)	0.	29,061.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
THE HEALTH HUT 310 WEST MISSISSIPPI AVE RUSTON, LA 71270	27-3764078	501(C)(3)	0.	30,123.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
THE MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	95-1691293	501(C)(3)	0.	12,557.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
THE MOORE WRIGHT GROUP 2747 29TH AVENUE SW TUMWATER, WA 98512	81-5157499	501(C)(3)	0.	10,991.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
THE WAY FREE MEDICAL CLINIC 479 HOUSTON STREET GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	0.	9,457.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET, SUITE 30 TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	20,856.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
TRINIDAD-LIFE-CENTER FEDERICO MATTHEWS BAEZ SCHOOL YABUCOA, PR 00767	66-0803935		0.	9,434.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
UBI CARITAS 4450 HIGHLAND AVE. BEAUMONT, TX 77705	76-0558225	501(C)(3)	0.	7,780.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
UNITED HEALTH PARTNERS 6846 ANTOINE DR. HOUSTON, TX 77091	61-1757254	501(C)(3)	0.	20,991.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 4401 DEWEY AVE - OMAHA, NE 68105	43-1624985	STATE OF NE	0.	26,626.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
UNIVERSITY OF PUERTO RICO - SCHOOL OF PHARMACY - ALMACN 1ER PISOSCHOOL OF PHARMACY UNIV. PR - SAN JUAN, PR 00931	66-0877611		0.	87,947.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
VCARES CLINICS 8121 BROADWAY STREET #103 HOUSTON, TX 77061	46-1267820	501(C)(3)	0.	5,602.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
VETERANS-COMMUNITY-PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 64131	47-4960735	501(C)(3)	0.	5,664.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA - 4770 HARRISON DRIVE, SUITE 200 - LAS VEGAS, NV 89121	39-2072453	501(C)(3)	0.	12,527.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
WATER MISSION 1150 MOLLY GREENE WAY N. CHARLESTON, SC 29405	57-1116978	501(C)(3)	0.	11,176.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
WINSLOW INDIAN HEALTH CARE CENTER 500 N. INDIANA AVENUE, WINSLOW, AZ 86047	81-0549382	501(C)(3)	0.	14,264.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
WYANDOTTE COUNTY EMERGENCY MANAGEMENT - 701 N 7TH ST, B-20 - KANSAS CITY, KS 66101	48-1194075	WYANDOTTE COUNTY	0.	105,127.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE
WYANDOTTE COUNTY PUBLIC HEALTH DEPARTMENT - 619 ANN AVENUE - KANSAS CITY, KS 66101	48-1194075	WYANDOTTE COUNTY	0.	16,961.	FMV	MEDICAL SUPPLIES & EQUIPMENT	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ **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 instructions and 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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	18,261	234,873,400.	AVERAGE WHOLESale
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CARDS)	X	23	1,173.	FMV
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 V, Donee Acknowledgement

29

0

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

2020

Open to Public
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PERFORMED COVID TESTING AND VACCINATION CLINICS IN THE KC METRO AREA

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 PRIOR
TO FILING.

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 SHALL CONDUCT AN ANNUAL EVALUATION OF THE PRESIDENT
AND CEO AND SUBMIT SALARY AND EMPLOYMENT AGREEMENT RECOMMENDATIONS TO THE
BOARD OF DIRECTORS FOR APPROVAL. THE ORGANIZATION UTILIZES THIRD PARTY DATA
TO COMPARE ITS COMPENSATION ARRANGEMENTS TO THOSE OF SIMILARLY QUALIFIED
INDIVIDUALS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS
AND ENSURE THEY ARE REASONABLE.

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

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

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

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. THE ORGANIZATION ALSO PROVIDES A COPY OF ITS FORM 990 TO CHARITY NAVIGATOR TO BE MADE AVAILABLE AT WWW.CHARITYNAVIGATOR.ORG.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S BOARD OF DIRECTORS HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT PROCESS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HEART TO HEART INTERNATIONAL FOUNDATION - 82-3603257, PO BOX 15566, LENEXA, KS 66285	SUPPORT HEART TO HEART INTERNATIONAL	KANSAS	501(C)(3)	LINE 12A, I	HEART TO HEART INTERNATIONAL	X	
REGALORX, INC - 83-3558266 PO BOX 15566 LENEXA, KS 66285	PROVIDE ASSISTANCE TO INDIVIDUALS WITH LIFE THREATENING DISEASES	KANSAS	501(C)(3)	LINE 10	HEART TO HEART INTERNATIONAL	X	

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

Schedule R (Form 990) 2020

Part III

[illegible]

Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.