# **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

DECEMBER 31, 2010

HEART TO HEART INTERNATIONAL, INC 401 S CLAIRBORNE NO. 302 OLATHE, KS 66062
KELLER & OWENS, LLC 10955 LOWELL AVE, STE 800 OVERLAND PARK, KS 66210
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.  A COPY OF THE RETURN SHOULD BE RETAINED FOR PUBLIC INSPECTION. INTERNAL REVENUE CODE SECTION 6104(E) REQUIRES THAT FORM 990 AND FORM 990-T MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT THE ORGANIZATION'S PRINCIPAL OFFICE. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR 3 YEARS FROM THE DUE DATE SPECIFIED ABOVE. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN EXCEPT FOR THE NAMES AND ADDRESSES OF ANY CONTRIBUTORS TO THE ORGANIZATION.  THE INSPECTION REQUIREMENT ALSO APPLIES TO YOUR ORGANIZATION'S APPLICATION FOR EXEMPT STATUS (FORM 1023 OR 1024) AND THE INTERNAL REVENUE SERVICE DETERMINATION LETTER APPROVING EXEMPT STATUS.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047 Open to Public Inspection

_				
Α	For the	2010 calendar year, or tax year beginning and ending	<u> </u>	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
Ē	Addres change Name	HEART TO HEART INTERNATIONAL, INC		
Ļ	lchang		48-1	108359
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s 401 S CLAIRBORNE 302		er 764–5200
F	ated Amend		G Gross receipts \$	80,992,202.
Ē	lreturn Applic tion		H(a) Is this a group r	
_	pendir		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	
$\overline{1}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or □		list. (see instructions)
		e: ► WWW.HEARTTOHEART.ORG	H(c) Group exemption	
		<u>,                                      </u>	Year of formation: 1992	
	art I	Summary	<u>.                                    </u>	··
_ e	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{\rm TO}}$ ${\color{red}{\rm PROVI}}$	DE HUMANITARI	AN RELIEF
Governance		Check this box if the organization discontinued its operations or disposed of	mara than QEO/ of its not a	an ata
Ver	2	Number of voting members of the governing body (Part VI, line 1a)		8
ဗ္	4	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		8
o V	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	·····	33
itie	6	Total number of volunteers (estimate if necessary)		11700
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12		0.
ď	' b	Net unrelated business taxable income from Form 990-T, line 34		0.
_	+	The difficulties business taxable mount from one 1, mile of	Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)	95,914,746.	80,510,413.
Revenue	9	Program service revenue (Part VIII, line 2g)	305,631.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,724.	-
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,918.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,251,183.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,454,835.	73,663,735.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,152,813.	1,217,194.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	-   ь	Total fundraising expenses (Part IX, column (D), line 25)  594,017.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,624,940.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83,232,588.	79,326,234.
		Revenue less expenses. Subtract line 18 from line 12	13,018,595.	1,600,799.
Net Assets or	<u>8</u>		Beginning of Current Year	End of Year
Set	ਰੂ 20	Total assets (Part X, line 16)	25,565,337.	
TAS	21	Total liabilities (Part X, line 26)	1,453,780.	
		Net assets or fund balances. Subtract line 21 from line 20	24,111,557.	25,715,126.
	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		Signature of officer	 Date	
Si	gn		Date	
He	ere	ANDRE BUTLER, EXECUTIVE DIRECTOR  Type or print name and title		
_		21 1	Date   Check	PTIN
ρ.		Print/Type preparer's name Preparer's signature	lif L	
Pa		GREGORY D. OWENS GREGORY D. OWENS	self-employ	ed
	eparer	Firm's name KELLER & OWENS, LLC	Firm's EIN	
US	e Only	Firm's address 10955 LOWELL AVE, STE 800	,	012\ 220 2500
_		OVERLAND PARK, KS 66210	Phone no. (	913) 338-3500
Ma	ay the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

032002 12-21-10

#### 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	Ŭ		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10	Х	
11	If "Yes," complete Schedule D, Part V	10	71	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	<b>20</b> b	000	

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# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
242	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	- 55		
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		\ <sub>37</sub>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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#### Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Sect		Check if Schedule O contains a response to any question in this Part V							
b Enter the number of Forms W26 included in line 1a. Enter o¹. If not applicable   10   0   0   0   0   0   0   0   0						Yes	No		
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers?  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  3 Interest on a single report on line 2a, did the organization file all required federal employment tax returns?  3 Interest on a single report on line 2a, did the organization file all required federal employment tax returns?  3 Interest on a single report on line 2a, did the organization file all required federal employment tax returns?  3 Interest on a single report on line 2a, did the organization file all required federal employment tax returns?  3 Interest on a single report on line 2a, did the organization file and explanation in Schedule O  3 Interest on a single report of the single requirements for some of St. (200 or more 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. File TTI See instructions for filing requirements for Form TD F00.22.1, Report of Foreign Bank and Financial Accounts.  5 In 1'Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 In 1'Yes, 'to line 5a or 5b, did the organization file Form 8886-T?  5 In 1'Yes, 'to line 5a or 5b, did the organization file Form 8886-T?  5 In 1'Yes, 'to line organization have an ort tax deductible?  5 In 1'Yes, 'to line organization have an ort tax deductible?  5 In 1'Yes, 'to line organization have an ort tax deductible?  5 In 1'Yes, 'to line organization in explanation an express statement that such contributions or grits were not tax deductible?  5 In 1'Yes, 'to line organization have excess of \$5's made party as a contribution and party for goods and services provided to the payor?  5 In 1'Yes, 'Indicate the number of Forms 8282 filed during the year  5 In 1'Y	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7					
gambling) winnings to prize winners?  a Fleth the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b I had least on is reported on line 2a, did the organization lie all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions)  b If Yase, "nest iffed a Form 990-Tr for this year IF "No, "provide an explanation is Exhedute O  a 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, seecuties account, or other financial account)?  b If Yase, "nest the name of the foreign country "FIATITI"  See instructions for filing requirements for Form TD F00221, Report of Foreign Bank and Financial Accounts.  was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 Was the organization profity the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year?  5 Was 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?  6 If Yase," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization shell may receive deductible contribution on any party to goods and services provided to the payor?  7 If Yas, and the organization receive a payment in excess of \$75 made partly as a contribution of payment and partly as a contribution of the solution of the solution of the payment of	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a IX Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a IX Yes, Thas It filed a Form 990-T for this year? If No. *provide an explanation in Schedule O  3b If Yes, *Institution of the file year? If No. *provide an explanation in Schedule O  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. *P IAST IT  5e instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, *to line Sa or Sb, did the organization file Form 8898 17  6c If Yes, *to line Sa or Sb, did the organization file Form 8898 17  6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6d Does the organization mould be applyined in exciss of \$7s made party for goods and services provided to the payor?  7b If Yes, *told the organization mould be applyined in exciss of \$7s made party for year year.  8d Did the organization receive applyined in exciss of \$7s made party for year year.  9d Did the organization in exciss of \$7s made party for year year.  9d Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7c IX  9d If Yes, *told the organization of year year.  9d Did the organization movement of porms 8282 filed during the year  1b Did the organization movement of po	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming					
tiled for the calendary year ending with or within the year covered by this return    1		(gambling) winnings to prize winners?			1c				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an inferest 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 accountly?  4a X  b If Yes, "the tree the name of the foreign country. HAITT!  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?  5b UP and the prograzization of the reganization that it was or is a party to a prohibited tax shelfer transaction?  5b X  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, "to line for generation or every a payment in excess of \$75 made party as a contribution of promise provided?  7a Did the organization receive a payment in excess of \$75 made party as a contribution of promise provided?  7b If Yes, "did the organization or every a payment in excess of \$75 made party as a contribution of the promise provided?  7c If If Yes, "to line for the promise	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Dit the organization have unrelated business gross nationed of 5,1000 or more during the year?  3b If "Yes," set if filed a Form 990 T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," set if filed a Form 990 T for this year? If "No," provide an explanation in Schedule O  3b If an instruction occurs in a foreign country (such as a bank account, early securities account), or other financial accountry.  4a X  5b If "Yes," enter the name of the foreign country. ► HATTI  See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," thin 6a sor 5b, did the organization line Form 88867?  6a Dose 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization nortify the donor of the value of the goods or services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 8282 filed during the year  9 If the organization received an contribution of curinectly, on a personal benefit contract?  7 To X  7 Did the organization received an contribution of curinectly, on a personal benefit contract?  7 To X  9 If the organization received an othis busi		filed for the calendar year ending with or within the year covered by this return	2a	33					
3a   X   X   Markey, has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O   3b   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 accounts)   A   X   X   X   X   X   X   X   X   X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X			
b if "Yes," has it filed a Forn 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or "Yes," enter the name of the foreign country. ► HATTT See instructions for filing requirements for Form TD F90/21, Report of Foreign Bank and Financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was 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?  6b If "Yes," to line 5a or 5b, did the organization file Form 8886.1?  6c 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?  6c Did were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 If "Yes," idld the organization nortly the donor of the value of the goods or services provided?  7 Organizations that may receive apyment in excess of \$75 made party is a contribution and party for goods and services provided to the party of the "Yes," indicate the number of Forms 8886 filed during the year  1 C Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 To X  9 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Po X  9 If the organization received any funds, directly or indirectly, on a personal benefit contract?  7 Po X  9 Sponsoring organizations maintaining door advised funds and section \$99(i(3) supp		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)						
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)?  **Net five first the name of the foreign country** **MATTT**  See instructions for filing requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts.  **Sa Was the organization requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts.  **Sa Was the organization requirements for Form TDF 90/22.1, Report of Foreign Bank and Financial Accounts.  **Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**  **Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**  **Did the organization include with every solicitation an express statement that such contributions solicit any contributions that were not tax deductible?**  **Organizations that may receive deductible contributions under section 170(c).**  **Did the organization total may receive deductible contributions under section 170(c).**  **Diff Yes,** fid the organization notity the donor of the value of the goods or services provided?**  **Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?**  **Did the organization notity the donor of the value of the goods or services provided?**  **Did the organization notity the donor of the value of the goods or services provided?**  **Did the organization of the number of Forms 8282 filed during the year**  **Did the organization of the number of Forms 8282 filed during the year**  **Did the organization of the number of Forms 8282 filed during the year**  **Did the organization of the organization of qualified intellectual property, did the organization file a Form 1098-C?*  **Sponsoring organization services was provided to during the year pr	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X		
trancial account in a foreign country (such as a bank account, securities account, or other financial accountity?  b if "Yes," enter the name of the foreign country;   Ata TI  See instructions for filing requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b IV 3C If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible?  6a IV "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization that experiment is excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8 Sponsoring organization maintaining donor advised funds and services believed to the services of the organization maintaining donor advised funds and services believed to the services of the organization maintaining donor advised funds and services believed to the services of the organization maintaining donor advised funds and services against any time during the year  9 Sponsoring organization maintaining donor advised funds and services against any time during the year  10 Did the organizati		•			3b				
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10a						
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_								
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 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? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		•							
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Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Pid the consciention was because of the following the foll			44		v		
							├^		
	D	ii res, rias it lileu a Form (20 to report triese payments (11 No, provide an explanation in Schedule	, U			990 (	(2010)		

HEART TO HEART INTERNATIONAL, INC 48-1108359 Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 8 **b** Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_\_ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body? 7a X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? X 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? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE

List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Another's website X Upon request

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HEART TO HEART INTERNATIONAL - 913-764-5200

401 S. CLAIRBORNE, SUITE 302, OLATHE, KS 66062

Form **990** (2010)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours per	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	week (describe	ctor						from the	from related	other
	hours for	or dire				ted		organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee (	truste		a.	beusa		(W-2/1099-MISC)	(** 2) 1000 (***00)	organization
	organizations	nal fr	ional		ploye	t com				and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
GARY MORSCH, MD	O)	F								
VICE CHAIR & FOUNDER	2.00	x		х				0.	0.	0.
LONNIE CANNON										
BOARD MEMBER	1.00	X						0.	0.	0.
CARLA DURYEE										
BOARD CHAIR-1ST PART OF YEAR	1.00	Х		Х				0.	0.	0.
HOWARD FLEISCHER										
BOARD MEMBER	1.00	Х						0.	0.	0.
BRUCE RE										
BOARD MEMBER	1.00	Х						0.	0.	0.
THOMAS SOMMERS, CHE										
TREASURER - 1ST PART OF YEAR	1.00	Х		Х				0.	0.	0.
JIMMY STRICKLAND										
BOARD MEMBER	1.00	Х						0.	0.	0.
DARRELL LYNN GRACE, D.O.										
BOARD MEMBER	1.00	Х						0.	0.	0.
ZANDRA L. MAFFETT	1 00	l								•
BOARD MEMBER	1.00	Х						0.	0.	0.
JIM KERR	1 00	,,		,,						0
BOARD CHAIR - LAST PART OF YEAR	1.00	Х		Х				0.	0.	0.
JAMES BAKER	40 00			X				10 665	0.	0
DIRECTOR OF FINANCE & ADMIN-FIRST PA ANDRE BUTLER	40.00			Λ			-	18,665.	0.	0.
CEO - LAST PART OF YEAR	40.00			x				103,642.	0.	4,430.
JON NORTH	40.00			^				103,042.	0.	4,430.
CEO - FIRST PART OF YEAR	40.00			X				84,637.	0.	0.
CURTIS AUBREY	40.00						┢	04,037.	0.	- 0.
CHIEF FINANCIAL OFFICER - FIRST PART	40.00			x				4,943.	0.	0.
				<del></del>				2,5230		
		_	_		_		_			
-										

Form **990** (2010)

Form 990 (2010) <b>HEART TO</b>									40-11	.00.	333	Pa	ige <b>o</b>
Part VII Section A. Officers, Directors, Tru		mplo	oyee			High	est			—			
<b>(A)</b> Name and title	<b>(B)</b> Average hours per	(C) Position (check all that apply)						(D)  Reportable compensation	(E) Reportable compensatior	,	Est	(F) timate ount o	
	week (describe hours for	director				from from related organizations organization (W-2/1099-MISC)					comp	other pensat om the	tion
	related organizations in Schedule	~~	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)		organizatio and relate organizatio			ed
	O)	Ē	ä	JO Ot	Ke	三品	요						
										$\dashv$			
										$\dashv$			
										_			
1b Sub-total c Total from continuation sheets to Part VI								211,887.		0.		1,43	30.
d Total (add lines 1b and 1c)								211,887.		0.		1,43	
<ul> <li>Total number of individuals (including but n compensation from the organization</li> </ul>							no re	eceived more than \$100	0,000 in reportable	<del></del>			1
3 Did the organization list any <b>former</b> officer,			, ke	y em	plo	yee,	or h	nighest compensated er	mployee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for so  For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	atior	n and	d oth	· · · · · · · · · · · · · · · · · · ·	the organization		3		X
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com</li> </ul>	ccrue compe	nsati	ion f	from	any	/ unr					5		X
Section B. Independent Contractors													
Complete this table for your five highest countered the organization.	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation fr	rom	
Name and business	address							(B) Description of s		Co	(C) ompen		1
PREMIER STUDIOS 10000 MARSHALL DRIVE, LED	NEXA, K	S 6	562	215	5			MARKETING, W MAIL SERVICE			195	5,38	33.
2 Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se lis	sted	d above) who received n	nore than				

Form **990** (2010)

\$100,000 in compensation from the organization

Pa	rt VI	II Statement of Revenue				
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	t c c e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	80,510,413.			
		ADMINISTRATION FEE/PRO Business Code 493000	464,249.	464,249.		
Program Service Revenue	c e f		464,249.			
	3	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds	5,394.			5,394.
	k	Royalties (i) Real (ii) Personal  Gross Rents Less: rental expenses Rental income or (loss)				
	7 a	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis				
0	c	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not	-8,084.			-8,084.
Other Revenue		including \$ 46,122. of contributions reported on line 1c). See Part IV, line 18 a 12,146. Less: direct expenses b 57,085.				
	9 a	Net income or (loss) from fundraising events  Gross income from gaming activities. See  Part IV, line 19  Less: direct expenses  b	-44,939.			-44,939.
	10 a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  b				
	11 a					
		All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.	80,927,033.	464,249.	0.	-47,629.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (C) Management and general expenses (B) **(D)** Fundraising Do not include amounts reported on lines 6b. Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 3,241,424. 3,241,424. Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. 70,422,311. 70,422,311 See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 216,318. 79,445. 59,789 trustees, and key employees ..... 77,084. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 826,529. 483,778. 151,719. 191,032. Other salaries and wages 7 Pension plan contributions (include section 401(k) 8,346. 5,136. 1,705. and section 403(b) employer contributions) 1,505. 20,846. 7,820. 9,889. 38,555. Other employee benefits 9 127,446. 68,907. 25,850. 32,689. 10 Fees for services (non-employees): Management 2,005. 2,005. Legal 17,925. 17,925. Accounting Lobbying Professional fundraising services. See Part IV. line 17 250. 250 Investment management fees ..... 368,288. 532,073. 18,344. 145,441. Other 2,171. Advertising and promotion 6,747. 4,576. 12 122,638. 226,825. 46,008. 58,179. 13 Office expenses 14 Information technology ..... 15 Royalties 281,517. 226,062. 28,002. 27,453. 16 Occupancy 528,193. 462,169. 39,614. 26,410. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 47,767. 60,132. 5,460. 6,905. 20 Payments to affiliates 21 203,679. 173,127. 22,405, 8.147. 22 Depreciation, depletion, and amortization 38,095. 26,667. 5,714. 5,714. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 2,542,415. 2,542,415. OBSOLETE INVENTORY STAFF DEVELOPMENT 5,449. 2,946. 1,105. 1,398. d All other expenses 79,326,234. 78,298,502. 433,715. 594,017. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here ▶ X if following SOP

Form **990** (2010)

solicitation

98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			177,251.	1	59,716.
	2	Savings and temporary cash investments			231,158.	2	631,943.
	3	Pledges and grants receivable, net				3	610,000.
	4	Accounts receivable, net			602.	4	26,368.
	5	Receivables from current and former officers, di	rectors,	, trustees, key			
		employees, and highest compensated employe	es. Con	nplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	d under section			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
v		employees' beneficiary organizations (see instru		F		6	
Assets	7	Notes and loans receivable, net			04 000 680	7	04 255 045
As	8	Inventories for sale or use			24,083,678.	8	24,377,817.
	9	Prepaid expenses and deferred charges			31,184.	9	
	10a	Land, buildings, and equipment: cost or other		2 465 052			
		basis. Complete Part VI of Schedule D	10a	2,465,852.	1 012 000		1 126 224
		Less: accumulated depreciation	10b	1,329,320.	1,013,009.	10c	1,136,324.
	11	Investments - publicly traded securities		28,455.	11	31,536.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			25,565,337.	15 16	26,873,704.
	16 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses	258,425.	17	161,335.		
	18		230, 123.	18	101,333.		
	19	Grants payable  Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
v	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director					
abil		highest compensated employees, and disqualifi					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			1,195,355.	23	997,243.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities Add lines 17 through 05			1,453,780.	26	1,158,578.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			24,010,637.	27	24,577,476.
Bala	28	Temporarily restricted net assets			41,942.	28	1,077,112.
<u> </u>	29			L	58,978.	29	60,538.
Ī		Organizations that do not follow SFAS 117, c	heck he	ere 🕨 📖 and			
ō		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			0/ 111 555	32	75 715 106
~	33	Total net assets or fund balances			24,111,557.	33	25,715,126.
	34	Total liabilities and net assets/fund balances			25,565,337.	34	26,873,704.

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Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			X				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1									
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)	5	24	,11		$\frac{57.}{70.}$				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25	,71						
Pa	rt XII Financial Statements and Reporting	•								
	Check if Schedule O contains a response to any question in this Part XII		<u></u>			Ш				
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.									
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?									
b	Were the organization's financial statements audited by an independent accountant?			2b	Х					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?			2c	x					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch									
Ч	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue									
	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis									
За	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?									
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b						
				Form	<b>990</b> (2	2010)				

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL. INC

Employer identification number 48-1108359

Desti	Danner		it. Ctatus (			1110				, 1100	333		
Part I	•		<b>ity Status</b> (All organiz					tructions.					
he orgar	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)						
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).					
2 🖳	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
з 🖳	A hospital or	a cooperative hospi	tal service organization	described	in <b>section</b>	170(b)(1)	(A)(iii).						
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's nam	e,	
	city, and stat	e:											
5			benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	it describe	ed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		· ·	ent or governmental uni										
7 X	ŭ	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general p	oublic desc	ribed i	n	
	_	<b>b)(1)(A)(vi).</b> (Comple	•										
8	-		section 170(b)(1)(A)(vi).	-	-								
9 📖	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	ifter June 3	30, 197	5.	
		<b>509(a)(2).</b> (Complete	,										
10	_	-	perated exclusively to te		•			-					
11 📖	•	•	perated exclusively for the									or	
			ations described in secti				2). See <b>se</b> o	ction 509(	<b>a)(3).</b> Che	ck the box	that		
		· · · · · ·	organization and compl		-								
	a		, ·	,,	e III - Fund	,	J			Type III - 0			
e 📖			at the organization is not									n	
		-	han one or more publicly		-				9(a)(1) or s	section 509	)(a)(2).		
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		rganization, check th											
g			organization accepted ar										
			lirectly controls, either al	one or tog	ether with	persons of	described	in (ii) and (	(iii) below,		Yes	No	
	-		upported organization?							. 11g(i)			
			n described in (i) above?										
			person described in (i) o							11g(iii)			
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
		<del> </del>	(iii) Type of	la v				(12)	+ho				
` '	of supported	(ii) EIN	organization		organization sted in your	, ,		Lorganizati	on in col.	(vii) An	nount o	f	
org	anization		(described on lines 1-9		document?		ion in col. r support?	(i) organiz U.S	zed in the	sup	port		
			above or IRC section	• •		(, ,							
			(see instructions))	Yes	No	Yes	No	Yes	No				
							<del>                                     </del>	<del> </del>	<del>                                     </del>				
											-		
otal													

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	74,629,489.	119,098,315.	100,181,358.	95,914,746.	80,510,413.	470,334,321.
2	Tax revenues levied for the organ-						
	ization'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	74,629,489.	119,098,315.	100,181,358.	95,914,746.	80,510,413.	470,334,321.
5	'						
	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)						325,439,620.
	Public support. Subtract line 5 from line 4.						144,894,701.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	74,629,489.	119,098,315.	100,181,358.	95,914,746.	80,510,413.	470,334,321.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	36,010.	11,869.	2,316.	992.	5,394.	56,581.
_	and income from similar sources	30,010.	11,009.	2,310.	334.	3,334.	30,361.
9	Net income from unrelated business						
	activities, whether or not the			13,502.			13,502.
40	business is regularly carried on			13,302.			13,302.
IU	Other income. Do not include gain						
	or loss from the sale of capital				6,890.		6,890.
44	assets (Explain in Part IV.)				0,050.		470,411,294.
	Gross receipts from related activities,	oto (soo instruction	ane)			12 1	,281,501.
	First five years. If the Form 990 is for			d fourth or fifth to			720173011
10	organization, check this box and <b>stop</b>	-			•		ightharpoonup
Sec	ction C. Computation of Publ						<u></u>
14	Public support percentage for 2010 (I	ine 6. column (f) di	vided by line 11. c	column (f))		14	30.80 %
	Public support percentage from 2009					15	33.23 %
	33 1/3% support test - 2010.If the o					ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization	r I		•	ightharpoons
b	33 1/3% support test - 2009.If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organizatio						. $\square$
							000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2010

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	low, picase com	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and		, ,	. ,	` '	,	.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</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						
	(-) 0000	(1-) 0007	(-) 0000	(-I) 0000	(-) 0040	(6) T-+-1
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public					г г	
15 Public support percentage for 2010 (lin					15	%
16 Public support percentage from 2009					16	<u>%</u>
Section D. Computation of Inves					I. <b>.</b> I	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2010. If the	•		•		·	
more than 33 1/3%, check this box an						
<b>b 33 1/3</b> % <b>support tests - 2009.</b> If the o	•			•	·	
line 18 is not more than 33 1/3%, chec			•		•	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	<u></u> ▶∟

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2010

\*\* Do Not File \*\*

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

Contributor's Name	Total Contributions	Excess Contributions
ABBOTT LABS	45,632,699.	36,224,473
ELI LILLY & CO	16,606,493.	7,198,267
MYLAN PHARMACEUTICALS	157300596.	147892370
ORTHO-MCNEIL PARMACEUTICALS	15,189,483.	5,781,257
TEVA PHARMACEUTICALS	27,236,938.	17,828,712
SANOFI-AVENTIS	96,667,640.	87,259,414
WYETH AYERST	31,529,222.	22,120,996
MCNEIL CONSUMERS & SPECIALTY PHARMACEUTICALS	10,542,357.	1,134,131
Total Excess Contributions to Schedule A, Part II, Line 5		325439620

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

**2010** 

Name of the organization **Employer identification number** 48-1108359 HEART TO HEART INTERNATIONAL, INC Organization type (check one): Filers of Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,

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

religious, charitable, etc., contributions of \$5,000 or more during the year.

aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

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

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

#### HEART TO HEART INTERNATIONAL, INC

48-1108359

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$ \$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 18,789,428.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$ 2,955,167.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$\$\$\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$ 22,220,897.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$\$\$\$.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

#### HEART TO HEART INTERNATIONAL, INC

48-1108359

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PHARMACEUTICAL SUPPLIES		
1	<u> </u>		
		\$\$,538,501.	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PHARMACEUTICAL SUPPLIES		
		\$ 18,789,428.	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICAL SUPPLIES		
3			
		\$\$	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	PHARMACEUTICAL SUPPLIES VALUED AT \$18,129,015 AND CASH OF \$10,000		
		\$ <u>18,139,015.</u>	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICAL SUPPLIES		
5	[ <del></del>		
		\$_22,220,897.	12/31/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICAL SUPPLIES		
6			
		\$ 1,894,178.	12/31/10
023453 12-23	3-10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2010)

Name of organization Employer identification number

<u>IEART</u>				48-1108359		
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion \$1,000 or less for the year. (Enter this info	e columns <b>(a)</b> through <b>(e)</b> a ous, charitable, etc., contr	<b>and</b> the follow ibutions of	(c)(7), (8), or (10) organizations aggregating ing line entry. For organizations completing		
(a) No. from	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is held		
Part I	(b) Ful pose of gift	(c) Use of gi		(a) Description of now gift is field		
		(e) Transfe	r of gift			
	Transference name address as	ad 71D : 4	-	Octobranckin of two metavour to two metavour		
-	Transferee's name, address, a	III ZIF + 4		Relationship of transferor to transferee		
(a) No.				T		
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held		
ŀ		(e) Transfe	er of aift			
		(0)	o. g	<del>5</del>		
	Transferee's name, address, a	nd ZIP + 4	R	Relationship of transferor to transferee		
		-				
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held		
Part I	(2). 4. poss s. g	(0, 000 0. g.		(a) 2000 pain of not give to not a		
		(e) Transfe	er of gift			
	Transferee's name, address, a	nd 7IP ± 4	-	Relationship of transferor to transferee		
Ì	Transferee 5 Hame, address, an		•	totationism of a unificial to a unificrate		
(a) No.				<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held		
		(e) Transfe	er of gift	1		
		(5)	g			
	Transferee's name, address, a	nd ZIP + 4	F	Relationship of transferor to transferee		
I						

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number 48-1108359

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	i.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or co		
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or edu	` <u> </u>	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d 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
а	Total number of conservation easements		
b	T		01
С	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the	e organization during the tax
	year▶		
4	Number of states where property subject to conservation easer	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	nd enforcing conservation easements d	luring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC $$	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC $$	958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, edu	cation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures	ures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 116	· -	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2010

	,	O HEART IN					48-11							
Par	t III   Organizations Maintaining C	collections of A	t, Historical Tr	easures, c	r Othe	er Simil	ar Asse	<b>ts</b> (cont	inued)					
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items													
	(check all that apply):													
а														
b														
С														
4														
5														
•	to be sold to raise funds rather than to be maintained as part of the organization's collection?													
Par	t IV Escrow and Custodial Arran									- 110				
	reported an amount on Form 990, Par		oto ii tiio organizatio	ir anoword			,, r a. c. r, ,							
12			liany for contribution	s or other as	sets not	included								
ıu	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													
h	If "Yes," explain the arrangement in Part XIV							J 162		ı NO				
b	in res, explain the arrangement in Part Alv	and complete the lo	llowing table.					A						
_	Designing belows					4-		Amoun	ι					
	Beginning balance													
	Additions during the year													
_	Distributions during the year													
f	Ending balance							T	_	T				
	Did the organization include an amount on Fe		21?					Yes		No				
	If "Yes," explain the arrangement in Part XIV.					_								
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.													
		(a) Current year	(b) Prior year	(c) Two year		(d) Three	years back	<b>(e)</b> Fou	years	back				
1a	Beginning of year balance	58,979.	54,725.	64	,370.									
b	Contributions	25.		4	,240.									
С	Net investment earnings, gains, and losses	1,534.	4,254.	-13	,635.									
d	Grants or scholarships													
е	Other expenditures for facilities													
	and programs													
f	Administrative expenses				250.									
	End of year balance	60,538.	58,979.	54	,725.									
2	Provide the estimated percentage of the year	r end balance held a	s:	•										
а	Board designated or quasi-endowment		%											
	Permanent endowment > 100.00	%	_											
		<u></u> , - %												
	Are there endowment funds not in the posse		ation that are held a	nd administe	red for t	he organi	zation							
	by:								Yes	No				
	•							3a(i)		X				
	(i) unrelated organizations							3a(ii)		X				
h	If "Yes" to 3a(ii), are the related organizations							3b						
								30						
4 Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm													
ı aı		1	· · · · · · · · · · · · · · · · · · ·	a.u. a.kla.a.u	(-) A			(d) Daa	المالية المالية					
	Description of investment	(a) Cost or o		or other (other)		ccumulate preciation	l l	( <b>d</b> ) Boo	k valu	е				
		<u> </u>	,	,	uel	oi <del>c</del> ciation		7	<u> </u>	<u> </u>				
	Land			5,000.		126 2	0.2		<u>5,0</u>					
	Buildings			6,787.		<u>436,3</u>		/ 5	0,4					
	Leasehold improvements			1,659.		11,6		1 2	<u> </u>	0.				
d	Equipment			6,986.		283,4 598 1			3,5 72					
_	Other	1	1 77	5 4 7 0 1		nux I	//	1 /	, ,	<b>u</b> 4				

Schedule D (Form 990) 2010

1,136,324.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments - Other Securities.	See Form 990, Part X, line	12.		
(	a) Description of security or category (including name of security)	(b) Book value	С	(c) Method of valuations or end-of-year man	
(1) Financi	al derivatives				
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
	o) must equal Form 990, Part X, col (B) line 12.)				
Part VIII	Investments - Program Related.	See Form 990, Part X, lin	e 13.		
	(a) Description of investment type	(b) Book value	С	(c) Method of valua ost or end-of-year man	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	15 000 B 17 1/B) II 40 \				
	o) must equal Form 990, Part X, col (B) line 13.) Other Assets. See Form 990, Part X, li				
Pail IX		(a) Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·	(a) Description			(b) Book value
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	umn (b) must equal Form 990, Part X, col (B)	line 15.)		<b>•</b>	
Part X	Other Liabilities. See Form 990, Part				
1.	(a) Description of liability	,	(b) Amount		
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Colu	umn (b) must equal Form 990, Part X, col (B)	line 25.)			
2. FIN 48 (AS	SC. 7400 Footpote in Part XIV provide the text of the footpo	te to the organization's financial st	atements that reports the orga	anization's liability for uncerta	in tax positions under

**2.** FIN 4

Schedule D (Form 990) 2010

TEVEL	T	пьубц	INTERNATIONAL.	TNC
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Scne	dule D (Form 990) 2010 HEART TO HEART INTERNATION					TT00333	Page 🕶
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audite	ed Financial S	State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			80,927	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			79,326	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			1,600	
4	Net unrealized gains (losses) on investments		4			2	,770.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV.)		8				
9	Total adjustments (net). Add lines 4 through 8		9			2	<u>,770.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a					1,603	<u>,569.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	nents Wi	th Revenue p	er R	eturr		
1					1	84,240	,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1					
а	Net unrealized gains on investments		2,7 3,208,9	70.			
b	Donated services and use of facilities	2b	3,208,9	36.			
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d	44,6	32.			
е	Add lines 2a through 2d				2e	3,256	
3	Subtract line 2e from line 1				3	80,983	,868.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		50.			
b	Other (Describe in Part XIV.)		-57,0	85.			
С	Add lines 4a and 4b				4c	-56	,835.
5	- · · · · · · · · · · · · · · · · · · ·				5	80,927	,033.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stater	nents W	ith Expenses	per	Retu	rn	
1	Total expenses and losses per audited financial statements				1	82,636	,637.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	3,208,9	36.			
b	Prior year adjustments	···					
С	Other losses						
d	Other (Describe in Part XIV.)		101,7	<del>17.</del>			
e	Add lines <b>2a</b> through <b>2d</b>		·		2e	3,310	,653.
3	Subtract line <b>2e</b> from line <b>1</b>				3	79,325	,984.
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	2	50.			
b	Other (Describe in Part XIV.)	4b			-		
	A 1 1 P				4c		250.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)				5	79,326	
	rt XIV Supplemental Information					,,,,,,,	, _ 0 _ 1
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III linge 1	a and 1: Part IV I	ings 1	h and	2h: Part V line	1. Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con						5 <del>4</del> , 1 ait
Λ, ΙΙΙ Ι	e 2, Fait AI, lille 6, Fait AII, lilles 20 and 45, and Fait AIII, lilles 20 and 45. Also con	Tiblete triis	part to provide a	ily au	uitiona	illionnation.	
DΔI	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
	TITTE TO CHIEK MOODINERID.						
REI	NTAL INCOME FROM WAREHOUSE SPACE DONATED T	TO CHA	ARITABLE				
ORG	GANIZATIONS					44	,632.
	<del></del>						,
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:						
	TITT, BING TO CHIMIC MOCCOTHUNIO.						
SPI	ECIAL EVENT EXPENSES					-57	,085.

Schedule D (Form 990) 2010

#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

► Attach to Form 990.
► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization					Employer identif	ication number
HEART TO HEART	TNTERNAT	TONAL. T	'NC		48-110835	59
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comp	lete if the organ		
to Form 990, Par			·	G		
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of the g	rants or assist	ance, the	
grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gr	ants or assista	nce? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of $\mathfrak g$	rant funds out	side the United Sta	tes.
			an be duplicated if additional space is	1		(O.T.)
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	1 ' '	vity listed in (d) gram service,	(f) Total expenditures
	in the region	employees, agents, and	services, investments, grants to		e specific type	for and
	l in the region	independent contractors	recipients located in the region)		ce(s) in region	investments in region
		in region		DISTRIBUTO	ON OF MEDICAL	irregion
				AID; MEDICA		
CENTRAL AMERICA AND				, SERVICES/EI		
THE CARIBBEAN	1	1	PROGRAM SERVICES	COMMUNITY H	•	29093241.
				DISTRIBUTIO	ON OF MEDICAL	
EUROPE	0	0	PROGRAM SERVICES	AID		15,841.
MIDDLE EAST AND			DDOGDAN GEDYTGEG		ON OF MEDICAL	115 006
NORTH AFRICA	0	0	PROGRAM SERVICES	AID		115,096.
				DISTRIBUTIO	ON OF MEDICAL	
NORTH AMERICA	0	0	PROGRAM SERVICES		TER RESPONSE	5,909,995.
				,		<u> </u>
RUSSIA AND THE NEWLY				DISTRIBUTIO	ON OF MEDICAL	
INDEPENDENT STATES	0	0	PROGRAM SERVICES	AID; MEDICA	AL EDUCATION	1,783,735.
				DISTRIBUTIO	ON OF MEDICAL	
				AID; MEDICA	AL	
				SERVICES/EI	OUCATION;	
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RE		22453369.
					ON OF MEDICAL	
				AID; COMMUN		
GOVERN 1 GT1				INITIATIVES	•	5 020 455
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION;	DISASTER	5,939,477.
				DISTRIBITO	ON OF MEDICAL	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	AID		6,150,228.
3 a Sub-total	1	1				71,460,982.
<b>b</b> Total from continuation						1 ' '
sheets to Part I	0	0				0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2010

71,460,982.

c Totals (add lines 3a

and 3b)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any												
recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.												
Part II can be du	plicated if additional	space is needed.			1		·					
1 (a) Name of organization	<b>(b)</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					PHARMACEUTICALS,	AVERAGE				
			MEDICAL ASSISTANCE	0.			MEDICAL SUPPLIES	WHOLESALE PRICE				
						•						
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE				
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		25,705.	MEDICAL SUPPLIES	WHOLESALE PRICE				
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE				
			MEDICAL ASSISTANCE	0.			MEDICAL SUPPLIES	WHOLESALE PRICE				
				•		2,000.	2011212					
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE				
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		12,042.	MEDICAL SUPPLIES	WHOLESALE PRICE				
						•						
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE				
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,265.	MEDICAL SUPPLIES	WHOLESALE PRICE				
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE				
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,343.	MEDICAL SUPPLIES	WHOLESALE PRICE				
		GENERAL AMERICA					DUADNA GRUMT GAT G	AVEDAGE				
		CENTRAL AMERICA	MEDICAL AGGIGERMON				PHARMACEUTICALS,	AVERAGE				
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,424.	MEDICAL SUPPLIES	WHOLESALE PRICE				
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE				
			MEDICAL ASSISTANCE	0.			MEDICAL SUPPLIES	WHOLESALE PRICE				
2 Enter total number of	recipient organizatio		recognized as charities by the									
			n 501(c)(3) equivalency letter		, g a a a tan o.	<b>•</b>						
3 Enter total number of								172				
	3						0-1	-la F (Farma 000) 0040				

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		15,557,190.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		522.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,258.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,402.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,429.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA		_			PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,448.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA	MEDICAL ASSISTANCE	0.		1 457	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,437.	MEDICAL SUFFLIES	WHOLESALE FRICE
		CENTRAL AMERICA					DUADMA CRIMITONI C	AVERAGE
			MEDICAL ASSISTANCE	0.		1,491.	PHARMACEUTICALS, MEDICAL SUPPLIES	WHOLESALE PRICE
						,		
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			MEDICAL ASSISTANCE	0.		2,516.	MEDICAL SUPPLIES	WHOLESALE PRICE

HEART TO HEART INTERNATIONAL, INC

	F (Form 990)			TERNATIONAL, IN			00333		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	T
1 (a) Nam	ne of organization	<b>(b)</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					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,752.	MEDICAL SUPPLIES	WHOLESALE PRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3 117	MEDICAL SUPPLIES	WHOLESALE PRICE
			IND THE CHAIDBEAN	MIDICAL ADDIDITATED	Ů.		3,117.	HIDICAL BUILDING	WHODESTED TRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,232.	MEDICAL SUPPLIES	WHOLESALE PRICE
			CENTRAL AMERICA		_			PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,308.	MEDICAL SUPPLIES	WHOLESALE PRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			1	MEDICAL ASSISTANCE	0.		3 344.	MEDICAL SUPPLIES	WHOLESALE PRICE
							,,,,,,,,		
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,318.	MEDICAL SUPPLIES	WHOLESALE PRICE
			CENTRAL AMERICA	VEDTALL LAGRANIAN			4 688	PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,677.	MEDICAL SUPPLIES	WHOLESALE PRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			1	MEDICAL ASSISTANCE	0.		28,454.	MEDICAL SUPPLIES	WHOLESALE PRICE
							,		
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		48,190.	MEDICAL SUPPLIES	WHOLESALE PRICE

schedule F (Form 990)			TERNATIONAL, IN			00333		Page 2
•	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e United States.	(Schedule F (Form 9	990), Part II, line	1)	1
1 (a) Name of organization	<b>(b)</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, FM) appraisal, other)
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		62,071.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		105117.	MEDICAL SUPPLIES	WHOLESALE PRICE
							L	
		CENTRAL AMERICA	MEDICAL ACCIONANCE	0.		151010	PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	ļ .		151019.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		184790.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA	MEDICAL ASSISTANCE	0.		430382	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		AND THE CARIBBEAN	MEDICAL ADDIDIANCE	Ů.		430302	MEDICAL SUITLIES	WHOLESALE TRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		521134.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS.	AVERAGE
			MEDICAL ASSISTANCE	0.		584889	MEDICAL SUPPLIES	WHOLESALE PRICE
						33333		
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		620645,	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		The state of the s		1	1	1	[,	[

Schedule F (Form 990)	HEART	TO HEART IN	TERNATIONAL, IN	IC	48-11	08359		Page 2
Part II Continuation	n of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizatio	n (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,363.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,378.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,559.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,700.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,851.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,704.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,946.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,996.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,442.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

	e F (Form 990)	пеакт	IO REART	NIERNATIONAL, II	VC .	40-11	.00339		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organ	izations or Entities Outside th	e United States	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Nan	ne of organization	<b>(b)</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	N MEDICAL ASSISTANCE	0.		0 353	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
			AND THE CARIBBEA	N MEDICAL ASSISTANCE	0.	•	9,333.	MEDICAL SOFFLIES	WHOLESALE FRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEA	N MEDICAL ASSISTANCE	0.		9,420.	MEDICAL SUPPLIES	WHOLESALE PRICE
			CENTRAL AMERICA					DUADMA GRUMT GAT G	AVEDACE
			AND THE CARIBBEA	N MEDICAL ASSISTANCE	0.		9 717	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
				N HEBIGIE HEBIBIENCE	†	<u>'</u>	3,727	, and the source of the source	MIGDEDIED TRIED
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEA	N MEDICAL ASSISTANCE	0.		9,786.	MEDICAL SUPPLIES	WHOLESALE PRICE
			GENTEDAL AMEDICA					DUADMA GRUMT GAT G	AVEDACE
			CENTRAL AMERICA	N MEDICAL ASSISTANCE	0.		9 842	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
			AND THE CARIBBEA	N MEDICAL ADDIDIANCE		•	3,042.	MEDICAL SOTTLIES	WHOLESALE TRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEA	N MEDICAL ASSISTANCE	0.		14,468.	MEDICAL SUPPLIES	WHOLESALE PRICE
			GENTERAL AMERICA					DUADNA GRUMT GAT G	1777D 2 GE
			CENTRAL AMERICA	N MEDICAL ASSISTANCE	0.		14 905	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
			THE CANTEDEA	I PLEDICILL MODIDIANCE			14,505,	JULIE SOLIDIES	OLIDILLE TRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			AND THE CARIBBEA	N MEDICAL ASSISTANCE	0.	,	15,775.	MEDICAL SUPPLIES	WHOLESALE PRICE
			GENERAL AMERICA					DUADMA GRUMT GAT C	AVEDACE
			CENTRAL AMERICA	N MEDICAL ASSISTANCE	0.		21 520	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
			THE CAKIDRE	MEDICAL ASSISTANCE	1 0.	1	1 31,330,	MEDICAL SOLLLIES	MUODESADE LKICE

Schedule F (Form 990)	HEART	TO HEART IN	TERNATIONAL, IN	IC .	48-11	08359		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		43,986.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		51,447.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		73,195.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		85,625.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		87,660.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		94,140.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		124540.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		222839,	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		436804.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

Schedule F (Form 990)	HEART	TO HEART IN	TERNATIONAL, IN	IC	48-11	08359		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		800861.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,170,550.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,229,875.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,445,198.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,229,384.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,343.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,567.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		18,245.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		59,637.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

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	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line		1
1 (a) Name of organization	<b>(b)</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, FM) appraisal, other)
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		88,239.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		91,517.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					DIIA DMA GELIET GA L G	AVEDACE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		288462	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
		AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,570.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	AVERAGE
			MEDICAL ASSISTANCE	0.		4,710.	MEDICAL SUPPLIES	WHOLESALE PRICE
							L	
		EUROPE	MEDICAL ASSISTANCE	0.		2 195	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		EUROPE	MEDICAL ASSISTANCE	0.		2,165.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		EUROPE	MEDICAL ASSISTANCE	0.		13,656.	MEDICAL SUPPLIES	WHOLESALE PRICE
		MIDDLE EAST &					PHARMACEUTICALS,	AVERAGE
		NORTHERN AFRICA	MEDICAL ASSISTANCE	0.		19,596.	MEDICAL SUPPLIES	WHOLESALE PRICE
						,		
		MIDDLE EAST &					PHARMACEUTICALS,	AVERAGE
		NORTHERN AFRICA	MEDICAL ASSISTANCE	0.		95,500.	MEDICAL SUPPLIES	WHOLESALE PRICE

Schedule F (Form 990)	HEART	TO HEART IN	TERNATIONAL, IN	NC	48-11	08359		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside th	e United States.	(Schedule F (Form 9	90), 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)
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		1,446.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		4,175.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		5,430.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		16,320.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		36,668.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		166207.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE	0.		5,679,750.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		65,573.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		1,201,329.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

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Part II   Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name of organization	n (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		RUSSIA AND THE						
		NEWLY INDEPENDENT					PHARMACEUTICALS,	AVERAGE
		STATES	MEDICAL ASSISTANCE	0.		3,455.	MEDICAL SUPPLIES	WHOLESALE PRICE
		DUIGGEA AND MILE						
		RUSSIA AND THE NEWLY INDEPENDENT					PHARMACEUTICALS,	AVERAGE
		STATES	MEDICAL ASSISTANCE	0.		277938	MEDICAL SUPPLIES	WHOLESALE PRICE
		DIMILES	HIDICIE NOOIOTINCE	Ů.		277330	HIDICIL BOITHIB	WHOLEDALL TRICE
		RUSSIA AND THE						
		NEWLY INDEPENDENT					PHARMACEUTICALS,	AVERAGE
		STATES	MEDICAL ASSISTANCE	0.		120376.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,424.	MEDICAL SUPPLIES	WHOLESALE PRICE
		GOLUMIA AMERICA	MEDICAL ACCIONANCE	0.		1 401	PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	٠.		1,491.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,701,	MEDICAL SUPPLIES	WHOLESALE PRICE
						,		
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		3,941.	MEDICAL SUPPLIES	WHOLESALE PRICE
							L	L
			 	_		16.355	PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		16,390.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		328705	MEDICAL SUPPLIES	WHOLESALE PRICE
		Poorii immiridii	FILL TIPPIDITITION	<u> </u>		1 320703	PILLETCIE DOLL DIED	FILL DEDUTED TRICE

HEART TO HEART INTERNATIONAL, INC

Schedule F (Form 990)			INTERNATIONAL, II		48-11			Page 2
	of Grants and Other	Assistance to Organ	izations or Entities Outside th	e United States	(Schedule F (Form 9		1)	T
1 (a) Name of organization	<b>(b)</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)
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,888,512.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,921.	MEDICAL SUPPLIES	WHOLESALE PRICE
						•		
							DUADNA GRUMT GAT G	AVED A CE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		2 625.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		2 752	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		DOUTH MALKIEM	MEDICIE ROSISTRACE		1	2,732,	HIDICAL BUILDE	WHODESTEE TRICE
		GOLIERI AMEDICA	MEDICAL ACCICMANCE			2 002	PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	•	2,903.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		10,008.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0,		37,005.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		285970.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	,	9,778,538.	MEDICAL SUPPLIES	WHOLESALE PRICE

0.

MEDICAL ASSISTANCE

SOUTH AMERICA

PHARMACEUTICALS

WHOLESALE PRICE

1,474.MEDICAL SUPPLIES

Schedule F (Form 990)	HEART	TO HEART	INTERNATIONAL, I	NC	48-11	08359		Page 2
Part II Continuation	on of Grants and Other	Assistance to Organ	nizations or Entities Outside th	e United States	(Schedule F (Form 9	90), Part II, line	1)	_
1 (a) Name of organizat	ion (b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		16,619.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		187863.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		537197.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		4,834.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		860161.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		210631.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		664491.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		267948.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		287489.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

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Part II Continuation	of Grants and Other	Assistance to Organia	zations or Entities Outside th	e United States.	(Schedule F (Form 9	90), Part II, line	1)	_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		149871.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		2,866,161.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		9,645.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		6,431.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		14,772.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		63,241.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		1,782.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		148881.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		407109.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

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Part II Continuation	of Grants and Other	Assistance to Organia	zations or Entities Outside th	e United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		2,628.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		3,245.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		3,480.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		5,037.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		89,264.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		143811.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		146648.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		4,156.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.		433469.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	T
1 (a) Name of organization	<b>(b)</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)
				_			PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,318,226.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		40,565.	, MEDICAL SUPPLIES	WHOLESALE PRICE
						,		
				_			PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		120.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,343.	MEDICAL SUPPLIES	WHOLESALE PRICE
		GUD GAUADA ABDIGA	MEDICAL ACCIONANCE				PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		17,352.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,570.	MEDICAL SUPPLIES	WHOLESALE PRICE
							DUADNA GRUETGA I G	AVED A CE
		SIIR-SAHARA AFRICA	MEDICAL ASSISTANCE	0.			PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		DIMINICAL TRACE		ļ .		10,554.	50111111	oldbilld TRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		286349.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1 570	MEDICAL SUPPLIES	WHOLESALE PRICE
				<u> </u>		1,570.		FILEDEDINE TRICE

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	<b>(b)</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)
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		12,034.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,056.	MEDICAL SUPPLIES	WHOLESALE PRICE
						,		
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,940.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		46,614.	MEDICAL SUPPLIES	WHOLESALE PRICE
		GUD GAUADA AEDIGA	MEDICAL ACCIONANCE	0.			PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	٠.		304391.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		387915.	MEDICAL SUPPLIES	WHOLESALE PRICE
							DUADNA GRUETGA I G	AVED A CE
		SIIR-SAHARA AFRICA	MEDICAL ASSISTANCE	0.			PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		DOD DIMININI IN NICK	INDIGIN NODIDINICE	ļ		337000.	PILOTOTIC BOTTERS	INCOLUMN TRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,599,158.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1 570	MEDICAL SUPPLIES	WHOLESALE PRICE
				<u> </u>	1	1,5,0,		

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Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	_
1 (a) Nan	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		9 297	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
			bob bining in kien	MDDIGNE NODISTANCE	, ·		5,257	HIDICAL BUILD	WHODEBIED TRICE
								PHARMACEUTICALS,	AVERAGE
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		3,886.	MEDICAL SUPPLIES	WHOLESALE PRICE
								PHARMACEUTICALS,	AVERAGE
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		9,702.	MEDICAL SUPPLIES	WHOLESALE PRICE
			GUD GAUADA AEDIGA	MEDICAL ACCIONANCE			2 600	PHARMACEUTICALS,	AVERAGE
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		2,690.	MEDICAL SUPPLIES	WHOLESALE PRICE
								PHARMACEUTICALS,	AVERAGE
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		13,018.	MEDICAL SUPPLIES	WHOLESALE PRICE
								PHARMACEUTICALS,	AVERAGE
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		49,995.	MEDICAL SUPPLIES	WHOLESALE PRICE
							,		
							004045	PHARMACEUTICALS,	AVERAGE
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		891845.	MEDICAL SUPPLIES	WHOLESALE PRICE
								PHARMACEUTICALS,	AVERAGE
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		723.	MEDICAL SUPPLIES	WHOLESALE PRICE
								PHARMACEUTICALS.	AVERAGE
			SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		2 614	MEDICAL SUPPLIES	WHOLESALE PRICE
			r Dimini III NICA	L 11551511111CH	<u> </u>	İ	L 2,014.		THE TRICE

Schedule F (Form 990)	ппи	TO HEART IN	TERNATIONAL, IN		40 11	00333		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section	(a) Degion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ave avvini 1757a					PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		3,919.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	AVERAGE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.			MEDICAL SUPPLIES	WHOLESALE PRICE
		•	•	•	•	•	•	•

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

#### 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X 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	X 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

#### Part V Supplemental Information

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

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

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

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE

REGION: SOUTH ASIA

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

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open To Public** Inspection

Name of the organization HEART T	O HEART INTERNATIO	NAL	, I	NC		Employer ide 48-1108	ntification number 359
Part I Fundraising Activities required to complete this par	Complete if the organization answer t.	ered "Y	'es" to	Form 990, Part IV,	line 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover ising ding o	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees	Yes	□ <b>No</b> oe
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	r retained by) undraiser	(vi) Amount paid to (or retained by) organization
		Yes	No				
7 Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is	exempt from re	egistration
HA Panerwork Reduction Act Notice	see the Instructions for Form 900	or aan	-F7		ç	Schedule G (Forr	n 990 or 990-EZ) 2010

(d) Total events

(c) Other events

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

(b) Event #2

(a) Event #1

			GOLF	ILLUMINATE	1	(a) rotal events (add col. (a) through
			TOURNAMENT (event type)	EVENT (event type)	(total number)	col. <b>(c)</b> )
Jue			(event type)	(event type)	(total fluffibel)	
Revenue	1	Gross receipts	40,535.	17,733.		58,268.
	2	Less: Charitable contributions	30,287.	15,835.		46,122.
	3	Gross income (line 1 minus line 2)	10,248.	1,898.		12,146.
	4	Cash prizes				
ses	5	Noncash prizes	11,498.			11,498.
<b>Direct Expenses</b>	6	Rent/facility costs	7,920.		25,000.	32,920.
Direct F	7	Food and beverages	3,004.	2,305.		5,309.
		Entertainment				
	8 9	Entertainment Other direct expenses				7,358.
	10				<b>•</b>	57,085
		Net income summary. Combine line 3, column				-44,939.
Pa	rt l	<b>III Gaming.</b> Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				_
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billigo/progressive billigo		col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
<b>Direct Expenses</b>	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes%	Yes %	Yes%	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	( )
		Nat assains in assas assassas Combine line 1	and was allowed lines 7		_	
	8	Net gaming income summary. Combine line 1	, column d, and line /		<b>&gt;</b>	
9	Fn	ter the state(s) in which the organization opera	tes gaming activities:			
		the organization licensed to operate gaming ac	_	states?		Yes No
		No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			year'?	Yes No
D	11	Yes," explain:				
	_					
0320	32 0	1-13-11			Schedule G (For	rm 990 or 990-EZ) 2010
					Somewhite Will Ul	

		T083	59	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y₀	es l	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?	Y	es [	No
13	Indicate the percentage of gaming activity operated in:	1		
	The organization's facility	13a		%
	An outside facility	13b		<u></u> %
	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?	Y	es [	□ 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  \$\bigs\\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	<u> </u>			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. 🔲 Y	es [	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 ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
_				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2010

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization **Employer identification number** HEART TO HEART INTERNATIONAL, INC 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 XYes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ...... (f) Method of (d) Amount of 1 (a) Name and address of organization (b) EIN (c) IRC section (e) Amount of (g) Description of (h) Purpose of grant valuation (book. if applicable non-cash assistance or assistance or government cash grant non-cash FMV, appraisal, assistance other) FEED THE CHILDREN 333 N. MERIDIAN AVERAGE PHARMACEUTICALS OKLAHOMA CITY, OK 73107 73-6108657 501(C)(3) 431 160 WHOLESALE PRICE MEDICAL SUPPLIES MEDICAL ASSISTANCE OPERATION USA 3617 HAYDEN ST. UNIT A AVERAGE PHARMACEUTICALS 535 492 WHOLESALE PRICE CULVER CITY, CA 90232 95-3504080 501(C)(3) MEDICAL SUPPLIES MEDICAL ASSISTANCE RIVERVIEW COMMUNITY SERVICES, INC. 722 REYNOLDS AVENUE AVERAGE PHARMACEUTICALS 48-1072716 501(C)(3) 254 660 WHOLESALE PRICE MEDICAL SUPPLIES KANSAS CITY, KS 66101 MEDICAL ASSISTANCE KANSAS CITY FREE CLINIC AVERAGE 3515 BROADWAY PHARMACEUTICALS KANSAS CITY, MO 64111 43-0967292 501(C)(3) 0. 45 566 WHOLESALE PRICE MEDICAL SUPPLIES MEDICAL ASSISTANCE THE LEARNING TREE, INC 4979 LOTT RD AVERAGE PHARMACEUTICALS 22,066. WHOLESALE PRICE EIGHT MILE, AL 36613 63-0859115 501(C)(3) MEDICAL SUPPLIES MEDICAL ASSISTANCE CITIZENS OF LAKE COUNTY FOR HEALTH CARE - 215 SOUTH COURT STREET -AVERAGE PHARMACEUTICALS 62-1026947 501(C)(3) 86 132 WHOLESALE PRICE MEDICAL SUPPLIES TIPTONVILLE, TN 38079 MEDICAL ASSISTANCE 2 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</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
MAUI MEMORIAL MEDICAL CENTER					AVEDAGE	DUADWA GEUMT GAT G	
221 MAHALANI STREET	00 0262210	E01/Q\/3\		47 172	AVERAGE	PHARMACEUTICALS,	MEDICAL ACCIONANCE
WAILUKA, HI 96793	99-0263310	501(C)(3)	0.	47,173.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST. VINCENT DE PAUL CHARITABLE							
PHARMACY - 1125 BANK ST -					AVERAGE	DUADMACEIIMTCAI C	
	30-0272954	501(C)(3)	0.	102 501	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ACCIONANCE
CINCINNATI, OH 45214	30-0272934	501(0)(3)	0.	102,391.	WHOLESALE FRICE	MEDICAL SOFFLIES	MEDICAL ASSISTANCE
SILVER CITY HEALTH CENTER							
1428 S 32ND STREET, SUITE 100					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, KS 66106	48-1149398	501(C)(3)	0.	51 183		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
	10 1111000			02,200.			
MACEDONIA NEW LIFE CHURCH							
2004 ROCK QUARRY RD					AVERAGE	PHARMACEUTICALS,	
RALEIGH, NC 27610	56-1650283	501(C)(3)	0.	5 265.		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
,				, , , , , ,			
GREATER KANSAS CITY COMMUNITY							
FOUNDATION - 1055 BROADWAY, SUITE					AVERAGE	PHARMACEUTICALS,	
130 - KANSAS CITY, MO 64105	43-1152398	501(C)(3)	0.	39,110.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
,				,			
DUCHESNE CLINIC							
636 TAUROMEE					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, KS 66101	48-1009910	501(C)(3)	0.	20,563.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
-							
GILLIS CENTER - CORNERSTONES OF							
CARE - 8150 WORNALL ROAD - KANSAS					AVERAGE	PHARMACEUTICALS,	
CITY, MO 64114	43-1765826	501(C)(3)	0.	13,477.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WEST VIRGINIA HEALTH RIGHT							
1520 E. WASHINGTON ST.					AVERAGE	PHARMACEUTICALS,	
CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	14,578.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OUR LADY OF THE ANGELS							
4232 MERCIER					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64111	43-1580587	501(C)(3)	0.	39,946.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
LHA							Schedule I (For

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt 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
WHEELING HEALTH RIGHT, INC.					AVEDAGE	DIADMA GEREET GAT G	
61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)	0.	5 916	AVERAGE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEALTH PARTNERSHIP CLINIC OF	31-1149003	501(0)(3)	0.	3,910.	WHODESALE FRICE	MEDICAL SOFFLIES	MEDICAL ASSISTANCE
JOHNSON COUNTY - 7171 W 95TH							
STREET, SUITE 100 - OVERLAND PARK,					AVERAGE	PHARMACEUTICALS,	
KS 66212	48-1115529	501(C)(3)	0.	38 437		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
XD 00212	40 1113323	501(0)(3)	· · ·	30,437,	WHOLESALE TRICE	MEDICAL SOTTLIES	MEDICAL ADDIDIANCE
CABOT WESTSIDE HEALTH CENTER							
2121 SUMMIT ST					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64108	44-0546280	501(C)(3)	0.	38 056		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ministration of the control of the c	11 0310200	501(0)(0)		30,030.	, MIGDEDING TRICE	THE POST DOTTED	IIIDIGIII IIIDIDIIII(CI
TURNER HOUSE CLINIC							
21 NORTH 12TH STREET, SUITE 300					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, KS 66102	48-1151382	501(C)(3)	0.	10 286		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
	10 1101001			20,200			112219112 1122121111(02
VOLUNTEERS IN MEDICINE - DIXON							
FOUNDATION - 711 S 8TH ST -					AVERAGE	PHARMACEUTICALS,	
LEBANON, PA 17042	26-3915958	501(C)(3)	0.	9 102		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
,				, , , , , ,			
OASIS OF HOPE CENTER							
522 LEONARD ST. NW					AVERAGE	PHARMACEUTICALS,	
GRAND RAPIDS, MI 49504	20-2781312	501(C)(3)	0.	16.829.		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SOJOURNER HEALTH CLINIC							
205 E 9TH ST					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64106	43-6003859	501(C)(3)	0.	12,920.		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
,		1		,			
DOWN SYNDROME GUILD							
10200 W 75TH, STE 281					AVERAGE	PHARMACEUTICALS,	
SHAWNEE MISSION, KS 66204	43-1427760	501(C)(3)	0.	54,211.		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
		,		, , , , , ,			
HEALTH CARE NETWORK							
904 STATE STREET					AVERAGE	PHARMACEUTICALS,	
RACINE, WI 53404	42-1299913	501(C)(3)	0.	160 935		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
LHA	1		<u>.                                    </u>	1 200,500.	7		Schedule I (Forr

Part II Continuation of Grants and Other	Assistance to GC	Vernments and Orga	nizations in the O	Tilled States (SCI)	edule i (Form 990), Pa I	rt II.) T	
(a) Name and address of organization or government	<b>(b)</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
MEDINA MEALEM MINICEPLY							
MEDINA HEALTH MINISTRY					AVERAGE	DUADMA CEIIMI CAI C	
425 W LIBERTY STREET, STE 1 MEDINA, OH 44256	30-0092944	501(C)(3)	0.	130 936		PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MEDINA, OII 44230	30 0032344	501(0)(3)		130,030.	WHODESABE TRICE	MEDICAL BOILDIES	MEDICAL ADDIDIANCE
ST. MARY MEDICAL CENTER FOUNDATION							
1050 LINEN AVE					AVERAGE	PHARMACEUTICALS,	
LONG BEACH , CA 90813	23-7153876	501(C)(3)	0.			MEDICAL SUPPLIES	MEDICAL ASSISTANCE
,			1				
WYANDOTTE COUNTY JUVENILE INTAKE							
AND ASSESSMENT - 710 N 7TH ST -					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, KS 66101	48-1194075	501(C)(3)	0.			MEDICAL SUPPLIES	MEDICAL ASSISTANCE
,				,			
GREATER MILWAUKEE FREE CLINIC							
9330 W LINCOLN AVE					AVERAGE	PHARMACEUTICALS,	
MILWAUKEE, WI 53227	39-1816794	501(C)(3)	0.	54,351.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KINGS KLINIC							
1001 NW 92					AVERAGE	PHARMACEUTICALS,	
OKLAHOMA CITY, OK 73113	76-0715165	501(C)(3)	0.	51,503.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GREENVILLE FREE MEDICAL CLINIC							
PO BOX 8993					AVERAGE	PHARMACEUTICALS,	
GREENVILLE, SC 29604	57-0855205	501(C)(3)	0.	50,526.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CITY UNION MISSION							
1100 EST 11TH STREET					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64106	44-6005481	501(C)(3)	0.	48,351.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CHARITABLE PHARMACY OF CENTRAL							
OHIO, INC 200 EAST LIVINGSTON					AVERAGE	PHARMACEUTICALS,	
AVE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	43,995.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COMMUNITY CARE CLINIC OF HIGHLAND					L	L	
- CASHIERS, INC 52 AUNT DORA DR					AVERAGE	PHARMACEUTICALS,	
- HIGHLANDS, NC 28741	65-1251915	pu1(C)(3)	0.	40,603.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	0 1100333 Fai
(a) Name and address of organization or government	<b>(b)</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
SPRING BRANCH COMMUNITY HEALTH							
CENTER - 9325 KEMPWOOD DRIVE -					AVERAGE	PHARMACEUTICALS,	
HOUSTON, TX 77080	30-0198705	501(C)(3)	0.	37,895.		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GOOD NEIGHBOR HEALTHCARE CLINIC							
190 HEIGHTS BLVD					AVERAGE	PHARMACEUTICALS,	
HOUSTON, TX 77007	74-1746576	501(C)(3)	0.	37,895.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GRACE MEDICAL CLINIC							
211 S 8TH ST.					AVERAGE	PHARMACEUTICALS,	
MAYFIELD, KY 42066	61-1351519	501(C)(3)	0.	31 325.		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
				,			
BUCHANAN TRANSITIONAL LIVING							
1213 BUCHANAN ST					AVERAGE	PHARMACEUTICALS,	
DES MOINES , IA 50316	23-7442304	501(C)(3)	0.	29,557.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST. LUKES FAMILY PRACTICE					AVED A GE	DIIADWA GERIET GAT G	
1700 MCHENRY VILLAGE WAY #2	20 2601072	E01/C)/2)		26 025	AVERAGE	PHARMACEUTICALS,	MEDICAL ACCICMANCE
MODESTO, CA 95350	38-3681072	501(C)(3)	0.	20,025.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
PATH OF LIFE MINISTRIES							
4495 MAGNOLIA AVE					AVERAGE	PHARMACEUTICALS,	
RIVERSIDE, CA 92502	33-0724945	501(C)(3)	0.	25,743.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HARMON DIABETES CENTER							
2188 E MEYER BLVD					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64132	43-1349021	501(C)(3)	0.	18,419.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CARE OF POOR PEOPLE							
3606 EAST 12TH STREET					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64127	43-1726439	501(C)(3)	0.			MEDICAL SUPPLIES	MEDICAL ASSISTANCE
	13 1,20133		ļ	17,300.			11223111 1100101111(01)
OPERATION TOUCH							
2809 NEW JERSEY #14					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, KS 66102	83-0383759	501(C)(3)	0.	17,715.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE

Schedule I (Form 990)

Page 1

(a) Name and address of organization or government	( <b>b)</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	<b>(h)</b> Purpose of grant or assistance
EIGHBORHOOD RESOURCE CENTER							
L312 3RD AVE N					AVERAGE	PHARMACEUTICALS,	
NASHVILLE , TN 37208	62-1817514	501(C)(3)	0.	17 540.		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
,							
MOTHER AND CHILD HEALTH COALITION							
5400 PROSPECT AVE #216					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64132	43-1897000	501(C)(3)	0.	17,075.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
·							
SAVED BY GRACE MINISTRIES							
226 CENTER ROAD					AVERAGE	PHARMACEUTICALS,	
EAST AURORA, NY 14052	16-1560404	501(C)(3)	0.	16,408.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CATHEDRAL OF PRAISE INTERNATIONAL							
MINISTRIES - 1519 S RIVERSIDE AVE					AVERAGE	PHARMACEUTICALS,	
RIALTO, CA 92376	33-0652964	501(C)(3)	0.	16,208.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KANSAS CITY RESCUE MISSION					L		
L520 CHERRY STREET	40 400 5000	504 (5) (2)		45 540	AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64108	43-1287029	501(C)(3)	0.	15,518.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSITANCE
SAN FRANCISCO RESCUE MISSION							
230 JONES					AVERAGE	PHARMACEUTICALS,	
SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	15 321		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAN FRANCISCO, CA 74102	J4 3103072	501(0)(3)		15,521.	WHODESADE TRICE	MEDICAL BUILDIES	MEDICAL ADDIDIANCE
TUTWILER CLINIC, INC.							
205 ALMA ST					AVERAGE	PHARMACEUTICALS,	
rutwiler, Ms 38963	64-0678336	501(C)(3)	0.	15,294.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
•				, ,			
NATER STREET HEALTH SERVICES							
210 SOUTH PRINCE STREET					AVERAGE	PHARMACEUTICALS,	
LANCASTER, PA 17603	23-2798318	501(C)(3)	0.	14,961.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MARTIN LUTHER KING YOUTH CENTER							
milling definding names recent controls					1		
1298 PRINCE RODGERS AVE					AVERAGE	PHARMACEUTICALS,	

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt 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
OODY OF GUIDIGE GOMENINES GUIDGU							
BODY OF CHRIST COMMUNITY CHURCH, INC 2608 NORTH MAIN B-269 -					AVERAGE	PHARMACEUTICALS,	
BELTON, TX 76513	27-0645782	501(C)(3)	0.	12 941		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DDD10N, 12 70313	27 0043702	501(0)(3)		12,541.	MICHEL TRICE	MEDICAL BOILDING	MIDICILL MODIDIMEL
BELMONT-HILLSBORO NEIGHBORS, INC.							
PO BOX 12712					AVERAGE	PHARMACEUTICALS,	
NASHVILLE, TN 37212	23-7160968	501(C)(3)	0.			MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COMMUNITY RESOURCE CENTER							
218 OMOHUNDRO PLACE					AVERAGE	PHARMACEUTICALS,	
NASHVILLE, TN 37210	62-1308387	501(C)(3)	0.	10,320.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAMUEL U RODGERS HEALTH CENTER							
825 EUCLID AVENUE					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64124	43-0899356	501(C)(3)	0.	9,491.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WESTSIDE COMMUNITY ACTION NETWORK							
CENTER - 2136 JEFFERSON COURT -					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64108	43-1718317	501(C)(3)	0.	8,994.	WHOLESALE PRICE	MEDICAL SUPPLIES	MECICAL ASSISTANCE
GRACE BAPTIST CHURCH							
1414 W PAWNEE					AVERAGE	PHARMACEUTICALS,	
WICHITA, KS 67213	13-4268548	501(C)(3)	0.	8,692.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
BLUE CROSS OF KANSAS CITY					L		
ONE PERSHING SQUARE					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64108	43-1257251	501(C)(3)	0.	8,355.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DED T GGOVED							
REDISCOVER					AVEDAGE	DIIADMA GERIMT GAT G	
901 INDEPENDENCE AVE	22 7160417	E01/Q)/3)			AVERAGE	PHARMACEUTICALS,	MEDICAL ACCIONANCE
LEES SUMMIT, MO 64116	23-7169417	501(C)(3)	0.	8,050.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MOINTAIN HODE OF THIC							
MOUNTAIN HOPE CLINIC					AVERAGE	риармаститски с	
312 PRINCE STREET	62_1747027	501/C)/3	0.			PHARMACEUTICALS,	MEDICAL ACCIONANCE
SEVIERVILLE, TN 37862	62-1747037	ho1(c)(3)	<u> </u>	0,915.	MUODESADE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE

Part II Continuation of Grants and Other	er Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</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
EUNICE COMMUNITY HEALTH CLINIC					AVERAGE	DUADMA CELIMIT CAT C	
450 MOOSA BLVD. SUITE E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	6 915		PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HONIEL, HI 70333	27 0213332	501(0)(3)	· ·	0,513.	MICHEDINE TRICE	HIDICAL BOTTETES	MIDICILL MODIBINACE
VINEYARD CHURCH NORTH							
12300 NW ARROWHEAD TRFWY					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64165	43-1592707	501(C)(3)	0.	6,680.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
·				·			
COMMUNITY RESOURCE CENTER							
650 SECOND STREET					AVERAGE	PHARMACEUTICALS,	
ENCINTAS, CA 92024	95-3497926	501(C)(3)	0.	6,045.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
LITTLE SISTERS OF THE POOR							
8745 JAMES A REED ROAD					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64138	44-1573390	501(C)(3)	0.	6,000.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
FREE CLINICS OF IOWA					L		
3200 GRAND AVENUE	40.4400706	504 (5) (2)			AVERAGE	PHARMACEUTICALS,	
DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	5,770.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAN JOSE CLINIC							
2615 FANNIN ST					AVERAGE	PHARMACEUTICALS,	
HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	5 707		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
	70 0373703	501(0)(3)	· · ·	3,707.	WHODESABE TRICE	MEDICAL BUILDIES	MEDICAL ADDIDIANCE
DREAM STREET FOUNDATION							
433 NORTH CAMDEN DR #600					AVERAGE	PHARMACEUTICALS,	
BEVERLY HILLS, CA 90210	95-4210774	501(C)(3)	0.	5,706.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
·				·			
SETON CENTER							
2816 E 23RD STREET					AVERAGE	PHARMACEUTICALS,	
KANSAS CITY, MO 64127	43-0926003	501(C)(3)	0.	5,502.	WHOLESALE PRICE	MEDICAL SUPPLIES	MEDICAL ASSISTANCE
NEIGHBORHOOD CHRISTIAN CENTER							
785 JACKSON AVE					AVERAGE	PHARMACEUTICALS,	
705 UACKSON AVE							

Part II Continuation of Grants and Othe	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	iedule i (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</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
'ILLWELL BAPTIST CHURCH 1950 BROADMOOR LANE					AVERAGE	PHARMACEUTICALS,	
TILLWELL, KS 66085	48-0995297	501(C)(3)	0.	5 372		MEDICAL SUPPLIES	MEDICAL ASSISTANCE
				,			

Schedule I (Form 990)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV   Supplemental Information. Complete this part to p	rovide the information	n required in Part I	, line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: RECI	PIENT ORGA	NIZATIONS	ARE REQUIR	ED TO PROVIDE	
HEART TO HEART WITH DISTRIBUTION	REPORTS A	ND OTHER I	OOCUMENTATI	ON SUCH AS	
PHOTOGRAPHS DETAILING THE HUMANI	TARIAN IMP	ACT OF THI	E DONATION.	HEART TO	
HEART AND/OR DISTRIBUTION PARTNE					
MEARI AND/OR DISTRIBUTION PARTNE	IR ORGANIZA	IION SIAFI	FERSONALL	1 CONDUCT	
SITE VISITS AND FIELD INVESTIGAT	IONS FOR S	PECIFIED E	RECIPIENTS	EACH YEAR.	

## SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number 48-1108359

Pa	rt I Types of Property	_								
			(a)	(b)	(c)		(d)			
			Check if	Number of contributions or	Noncash cont amounts repo		Method of d		•	_
			applicable	items contributed			noncash contrib	ution a	mount	S
1	Art - Works of art					,				
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods		X		1,721	.438.	FAIR MARKET	' VA	LUE	
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	ī								
••	trust interests	*								
12	Securities - Miscellaneous									
13	Qualified conservation contribut									
.0	Historic structures									
14	Qualified conservation contribut									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies		X	19	74.572	.045.	FAIR MARKET	י VA	TJUE	
21	Taxidermy	Ī			, _ , _ ,	,				
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (									
26	Other (									
27	Other (									
28	Other (									
29	Number of Forms 8283 received	d by the organiz	zation during	the tax vear for o	ontributions					
	for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29								0	
					99				Yes	No
30a	During the year, did the organize	ation receive by	v contributio	on any property rei	oorted in Part I. lii	nes 1-28 tha	at it must hold for			
	at least three years from the dat									
	the entire holding period?				•			30a		Х
h	If "Yes," describe the arrangement							-		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?								х	
	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								- <del>-</del>	
<b></b> u		•		_				32a		Х
b								OZ.A		
33	If the organization did not repor	t an amount in	column (c) f	or a type of prope	rty for which colu	ımn (a) is ch	ecked			
-	describe in Part II.	t arr arriourit III	column (c) i	or a type or prope	ity for writeri colu	11111 (a) 15 Cl	iconeu,			
	accombe in rait II.									

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule M (Form 990) (2010)

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

QMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number 48-1108359

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

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

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES THAT

DIRECTORS AND OFFICERS ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO

CONFLICTS. IF A DIRECTOR HAS AN INTEREST THAT COULD GIVE RISE TO CONFLICT,

THAT DIRECTOR RECUSES HIMSELF FROM ANY DISCUSSION AND VOTING THAT AFFECTS

HIS INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE
BOARD REVIEWS AND APPROVES THE COMPENSATION FOR THE CEO AND USES THE SALARY
AND BENEFITS SURVEY OF GREATER KANSAS CITY AREA NONPROFIT ORGANIZATIONS

COMPILED BY THE MIDWEST CENTER FOR NONPROFIT LEADERSHIP AS WELL AS

COMPENSATION INFORMATION FROM OTHER NATIONAL NONPROFIT ORGANIZATIONS WHICH
PROVIDE THE SAME TYPES OF SERVICES THAT WE PROVIDE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS ANNUAL
REPORT AVAILABLE ON ITS WEBSITE. THE GOVERNING DOCUMENTS, FINANCIAL
STATEMENTS AND CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST.

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

NET UNREALIZED GAINS ON INVESTMENTS:

2,770.

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Schedule O (Form 990 or 990-EZ) (2010)