

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2010

Prepared for	HEART TO HEART INTERNATIONAL, INC 401 S CLAIRBORNE NO. 302 OLATHE, KS 66062
Prepared by	KELLER & OWENS, LLC 10955 LOWELL AVE, STE 800 OVERLAND PARK, KS 66210
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.</p> <p>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.</p> <p>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.</p>

Form **990**

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

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	HEART TO HEART INTERNATIONAL, INC		48-1108359
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	401 S CLAIRBORNE	302	913-764-5200
City or town, state or country, and ZIP + 4		G Gross receipts \$	
OLATHE, KS 66062		80,992,202.	
F Name and address of principal officer: ANDRE BUTLER		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.HEARTTOHEART.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: KS	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE HUMANITARIAN RELIEF AND DEVELOPMENT.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 8
	4	Number of independent voting members of the governing body (Part VI, line 1b) 8
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) 33
	6	Total number of volunteers (estimate if necessary) 11700
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) 95,914,746. (Prior Year) 80,510,413. (Current Year)
	9	Program service revenue (Part VIII, line 2g) 305,631. 464,249.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 36,724. -2,690.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -5,918. -44,939.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 96,251,183. 80,927,033.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,152,813. 1,217,194.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 594,017.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,624,940. 4,445,305.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,232,588. 79,326,234.	
19	Revenue less expenses. Subtract line 18 from line 12 13,018,595. 1,600,799.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 25,565,337. (Beginning of Current Year) 26,873,704. (End of Year)
	21	Total liabilities (Part X, line 26) 1,453,780. 1,158,578.
	22	Net assets or fund balances. Subtract line 21 from line 20 24,111,557. 25,715,126.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 74583028. including grants of \$ 70422311.) (Revenue \$) INTERNATIONAL DELIVERY AND DISTRIBUTION OF HUMANITARIAN AID FOR THE BENEFIT OF PEOPLE IN DEVELOPING COUNTRIES. ACTIVITIES INCLUDE DISTRIBUTION OF MEDICAL AID, SHIPMENTS OF RELIEF SUPPLIES, AND COMPREHENSIVE MEDICAL-EDUCATION INITIATIVES.

4b (Code:) (Expenses \$ 3,715,474. including grants of \$ 3,241,424.) (Revenue \$ 464,249.) DOMESTIC DELIVERY AND DISTRIBUTION OF HUMANITARIAN AID FOR THE BENEFIT OF DISADVANTAGED PEOPLE IN THE UNITED STATES. ACTIVITIES INCLUDE DISTRIBUTION OF MATERIAL SUPPORT TO DIRECT-SERVICE AGENCIES, SHIPMENTS OF RELIEF SUPPLIES FOR DISASTER VICTIMS, AND ONGOING MEDICAL SERVICE TO DISASTER ZONES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 78,298,502.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Check if Schedule O contains a response 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 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.
 Own website Another's website Upon request
- 19 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HEART TO HEART INTERNATIONAL - 913-764-5200**
401 S. CLAIRBORNE, SUITE 302, OLATHE, KS 66062

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GARY MORSCH, MD VICE CHAIR & FOUNDER	2.00	X		X				0.	0.	0.
LONNIE CANNON BOARD MEMBER	1.00	X						0.	0.	0.
CARLA DURYEE BOARD CHAIR-1ST PART OF YEAR	1.00	X		X				0.	0.	0.
HOWARD FLEISCHER BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE RE BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS SOMMERS, CHE TREASURER - 1ST PART OF YEAR	1.00	X		X				0.	0.	0.
JIMMY STRICKLAND BOARD MEMBER	1.00	X						0.	0.	0.
DARRELL LYNN GRACE, D.O. BOARD MEMBER	1.00	X						0.	0.	0.
ZANDRA L. MAFFETT BOARD MEMBER	1.00	X						0.	0.	0.
JIM KERR BOARD CHAIR - LAST PART OF YEAR	1.00	X		X				0.	0.	0.
JAMES BAKER DIRECTOR OF FINANCE & ADMIN-FIRST PA	40.00			X				18,665.	0.	0.
ANDRE BUTLER CEO - LAST PART OF YEAR	40.00			X				103,642.	0.	4,430.
JON NORTH CEO - FIRST PART OF YEAR	40.00			X				84,637.	0.	0.
CURTIS AUBREY CHIEF FINANCIAL OFFICER - FIRST PART	40.00			X				4,943.	0.	0.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	3,775.				
	b	Membership dues	1b					
	c	Fundraising events	1c	46,122.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	145,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	80,315,516.				
	g	Noncash contributions included in lines 1a-1f: \$		76,293,483.				
	h	Total. Add lines 1a-1f		80,510,413.				
	Program Service Revenue	2 a	ADMINISTRATION FEE/PRO	Business Code 493000	464,249.	464,249.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		464,249.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,394.			5,394.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses	13.	8,071.				
		Gain or (loss)	-13.	-8,071.				
		Net gain or (loss)			-8,084.			-8,084.
	8 a	Gross income from fundraising events (not including \$ 46,122. of contributions reported on line 1c). See Part IV, line 18	a	12,146.				
		Less: direct expenses	b	57,085.				
		Net income or (loss) from fundraising events			-44,939.			-44,939.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,241,424.	3,241,424.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	70,422,311.	70,422,311.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	216,318.	79,445.	59,789.	77,084.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	826,529.	483,778.	151,719.	191,032.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,346.	5,136.	1,705.	1,505.
9 Other employee benefits	38,555.	20,846.	7,820.	9,889.
10 Payroll taxes	127,446.	68,907.	25,850.	32,689.
11 Fees for services (non-employees):				
a Management				
b Legal	2,005.		2,005.	
c Accounting	17,925.		17,925.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	250.		250.	
g Other	532,073.	368,288.	18,344.	145,441.
12 Advertising and promotion	6,747.	4,576.		2,171.
13 Office expenses	226,825.	122,638.	46,008.	58,179.
14 Information technology				
15 Royalties				
16 Occupancy	281,517.	226,062.	28,002.	27,453.
17 Travel	528,193.	462,169.	39,614.	26,410.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	60,132.	47,767.	5,460.	6,905.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,679.	173,127.	22,405.	8,147.
23 Insurance	38,095.	26,667.	5,714.	5,714.
24 Other expenses. Itemize expenses not covered 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 O.)				
a OBSELETE INVENTORY	2,542,415.	2,542,415.		
b STAFF DEVELOPMENT	5,449.	2,946.	1,105.	1,398.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	79,326,234.	78,298,502.	433,715.	594,017.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 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 solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	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, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	24,083,678.	8	24,377,817.	
	9 Prepaid expenses and deferred charges	31,184.	9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,465,852.			
	b Less: accumulated depreciation	10b 1,329,528.	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 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,565,337.	16	26,873,704.		
Liabilities	17 Accounts payable and accrued expenses	258,425.	17	161,335.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,195,355.	23	997,243.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,453,780.	26	1,158,578.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	24,010,637.	27	24,577,476.	
	28 Temporarily restricted net assets	41,942.	28	1,077,112.	
	29 Permanently restricted net assets	58,978.	29	60,538.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	24,111,557.	33	25,715,126.	
34 Total liabilities and net assets/fund balances	25,565,337.	34	26,873,704.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	80,927,033.
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,326,234.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,600,799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,111,557.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,770.
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	25,715,126.

Part XII Financial Statements and Reporting

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

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	74,629,489.	119,098,315.	100,181,358.	95,914,746.	80,510,413.	470,334,321.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						325,439,620.
6 Public support. Subtract line 5 from line 4.						144,894,701.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 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 and income from similar sources	36,010.	11,869.	2,316.	992.	5,394.	56,581.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			13,502.			13,502.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				6,890.		6,890.
11 Total support. Add lines 7 through 10						470,411,294.
12 Gross receipts from related activities, etc. (see instructions)					12	1,281,501.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	30.80	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	33.23	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

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

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

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not 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 religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>2,538,501.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>18,789,428.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>2,955,167.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>18,139,015.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>22,220,897.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>1,894,178.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (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	\$ 2,538,501.	12/31/10
2	PHARMACEUTICAL SUPPLIES	\$ 18,789,428.	12/31/10
3	PHARMACEUTICAL SUPPLIES	\$ 2,955,167.	12/31/10
4	PHARMACEUTICAL SUPPLIES VALUED AT \$18,129,015 AND CASH OF \$10,000	\$ 18,139,015.	12/31/10
5	PHARMACEUTICAL SUPPLIES	\$ 22,220,897.	12/31/10
6	PHARMACEUTICAL SUPPLIES	\$ 1,894,178.	12/31/10

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL, INC

Employer identification number

48-1108359

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (lines 2a-2d), and questions about monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

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

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

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

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

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

2 Provide the estimated percentage of the year end balance held as:

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		75,000.		75,000.
b Buildings		1,186,787.	436,302.	750,485.
c Leasehold improvements		11,659.	11,659.	0.
d Equipment		416,986.	283,440.	133,546.
e Other		775,420.	598,127.	177,293.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,136,324.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	80,927,033.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,326,234.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,600,799.
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	2,770.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,603,569.

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

1	Total revenue, gains, and other support per audited financial statements	1	84,240,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,770.
b	Donated services and use of facilities	2b	3,208,936.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	44,632.
e	Add lines 2a through 2d	2e	3,256,338.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	250.
b	Other (Describe in Part XIV.)	4b	-57,085.
c	Add lines 4a and 4b	4c	-56,835.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	80,927,033.

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

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:		
a	Donated services and use of facilities	2a	3,208,936.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	101,717.
e	Add lines 2a through 2d	2e	3,310,653.
3	Subtract line 2e from line 1	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	250.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	250.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	79,326,234.

Part XIV Supplemental Information

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL INCOME FROM WAREHOUSE SPACE DONATED TO CHARITABLE

ORGANIZATIONS

44,632.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

-57,085.

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DONATION OF WAREHOUSE SPACE TO CHARITABLE ORGANIZATIONS	44,632.
SPECIAL EVENT EXPENSES	57,085.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	101,717.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2010

Open to Public
Inspection

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

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID; MEDICAL SERVICES/EDUCATION; COMMUNITY HEALTH	29093241.
EUROPE	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	15,841.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	115,096.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID; DISASTER RESPONSE	5,909,995.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID; MEDICAL EDUCATION	1,783,735.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID; MEDICAL SERVICES/EDUCATION; DISASTER RESPONSE	22453369.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID; COMMUNITY HEALTH INITIATIVES; MEDICAL EDUCATION; DISASTER	5,939,477.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	6,150,228.
3 a Sub-total	1	1			71,460,982.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			71,460,982.

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

Schedule F (Form 990) 2010

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,482.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		25,705.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,558.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		12,042.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,265.	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.		1,424.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,574.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 172

3 Enter total number of other organizations or entities 172

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		15,557,190.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		522.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,258.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,402.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,429.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,448.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,457.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,491.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,516.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		2,752.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,117.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,232.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,308.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		3,344.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,318.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,677.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		28,454.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		48,190.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		62,071.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		105117.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		151019.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		184790.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		430382.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		521134.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		584889.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		620645.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		556.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,363.	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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,353.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,420.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,717.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,786.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		9,842.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		14,468.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		14,905.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		15,775.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		31,530.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		88,239.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		91,517.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		288,462.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		1,570.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.		4,710.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		EUROPE	MEDICAL ASSISTANCE	0.		2,185.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		EUROPE	MEDICAL ASSISTANCE	0.		13,656.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		MIDDLE EAST & NORTHERN AFRICA	MEDICAL ASSISTANCE	0.		19,596.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		MIDDLE EAST & NORTHERN AFRICA	MEDICAL ASSISTANCE	0.		95,500.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		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.		166,207.	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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		3,455.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		277938.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.		120376.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,424.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,491.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,701.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		3,941.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		16,390.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		328705.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,888,512.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,921.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		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
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		2,903.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		10,008.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		37,005.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		285970.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		9,778,538.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,722.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		2,100.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		5,394.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		110685.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		7,991,336.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,716.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		3,140.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		254672.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		1,474.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.		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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,318,226.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		40,565.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		120.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,343.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		17,352.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,570.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		16,954.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		286,349.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,570.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		12,034.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,056.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,940.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		46,614.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		384,391.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		387,915.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		957,680.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,599,158.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		1,570.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		9,297.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		3,886.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		9,702.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		2,690.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		13,018.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		49,995.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		891845.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		723.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		2,614.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		3,919.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESALE PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE	0.		86,131.	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 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)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

Open To Public
Inspection

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

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENT	ILLUMINATE EVENT	1		
		(event type)	(event type)	(total number)		
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.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	11,498.			11,498.
	6	Rent/facility costs	7,920.		25,000.	32,920.
	7	Food and beverages	3,004.	2,305.		5,309.
	8	Entertainment				
	9	Other direct expenses	7,358.			7,358.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(57,085)
	11	Net income summary. Combine line 3, column (d), and line 10				-44,939.

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEED THE CHILDREN 333 N. MERIDIAN OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	0.	431,160.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OPERATION USA 3617 HAYDEN ST. UNIT A CULVER CITY, CA 90232	95-3504080	501(C)(3)	0.	535,492.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
RIVERVIEW COMMUNITY SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501(C)(3)	0.	254,660.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KANSAS CITY FREE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	45,566.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
THE LEARNING TREE, INC 4979 LOTT RD EIGHT MILE, AL 36613	63-0859115	501(C)(3)	0.	22,066.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CITIZENS OF LAKE COUNTY FOR HEALTH CARE - 215 SOUTH COURT STREET - TIPTONVILLE, TN 38079	62-1026947	501(C)(3)	0.	86,132.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations **69.**

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAUI MEMORIAL MEDICAL CENTER 221 MAHALANI STREET WAILUKA, HI 96793	99-0263310	501(C)(3)	0.	47,173.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST. VINCENT DE PAUL CHARITABLE PHARMACY - 1125 BANK ST - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	102,591.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SILVER CITY HEALTH CENTER 1428 S 32ND STREET, SUITE 100 KANSAS CITY, KS 66106	48-1149398	501(C)(3)	0.	51,183.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MACEDONIA NEW LIFE CHURCH 2004 ROCK QUARRY RD RALEIGH, NC 27610	56-1650283	501(C)(3)	0.	5,265.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GREATER KANSAS CITY COMMUNITY FOUNDATION - 1055 BROADWAY, SUITE 130 - KANSAS CITY, MO 64105	43-1152398	501(C)(3)	0.	39,110.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DUCHESNE CLINIC 636 TAUROMEE KANSAS CITY, KS 66101	48-1009910	501(C)(3)	0.	20,563.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GILLIS CENTER - CORNERSTONES OF CARE - 8150 WORNALL ROAD - KANSAS CITY, MO 64114	43-1765826	501(C)(3)	0.	13,477.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WEST VIRGINIA HEALTH RIGHT 1520 E. WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	14,578.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OUR LADY OF THE ANGELS 4232 MERCIER KANSAS CITY, MO 64111	43-1580587	501(C)(3)	0.	39,946.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELING HEALTH RIGHT, INC. 61-29TH ST WHEELING, WV 26003	31-1149085	501(C)(3)	0.	5,916.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY - 7171 W 95TH STREET, SUITE 100 - OVERLAND PARK, KS 66212	48-1115529	501(C)(3)	0.	38,437.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CABOT WESTSIDE HEALTH CENTER 2121 SUMMIT ST KANSAS CITY, MO 64108	44-0546280	501(C)(3)	0.	38,056.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
TURNER HOUSE CLINIC 21 NORTH 12TH STREET, SUITE 300 KANSAS CITY, KS 66102	48-1151382	501(C)(3)	0.	10,286.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
VOLUNTEERS IN MEDICINE - DIXON FOUNDATION - 711 S 8TH ST - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	9,102.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OASIS OF HOPE CENTER 522 LEONARD ST. NW GRAND RAPIDS, MI 49504	20-2781312	501(C)(3)	0.	16,829.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SOJOURNER HEALTH CLINIC 205 E 9TH ST KANSAS CITY, MO 64106	43-6003859	501(C)(3)	0.	12,920.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DOWN SYNDROME GUILD 10200 W 75TH, STE 281 SHAWNEE MISSION, KS 66204	43-1427760	501(C)(3)	0.	54,211.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEALTH CARE NETWORK 904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)	0.	160,935.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDINA HEALTH MINISTRY 425 W LIBERTY STREET, STE 1 MEDINA, OH 44256	30-0092944	501(C)(3)	0.	130,836.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST. MARY MEDICAL CENTER FOUNDATION 1050 LINEN AVE LONG BEACH, CA 90813	23-7153876	501(C)(3)	0.	80,525.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WYANDOTTE COUNTY JUVENILE INTAKE AND ASSESSMENT - 710 N 7TH ST - KANSAS CITY, KS 66101	48-1194075	501(C)(3)	0.	63,113.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GREATER MILWAUKEE FREE CLINIC 9330 W LINCOLN AVE MILWAUKEE, WI 53227	39-1816794	501(C)(3)	0.	54,351.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KINGS CLINIC 1001 NW 92 OKLAHOMA CITY, OK 73113	76-0715165	501(C)(3)	0.	51,503.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)	0.	50,526.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CITY UNION MISSION 1100 EST 11TH STREET KANSAS CITY, MO 64106	44-6005481	501(C)(3)	0.	48,351.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CHARITABLE PHARMACY OF CENTRAL OHIO, INC. - 200 EAST LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	43,995.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COMMUNITY CARE CLINIC OF HIGHLAND - CASHIERS, INC. - 52 AUNT DORA DR - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	40,603.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING BRANCH COMMUNITY HEALTH CENTER - 9325 KEMPWOOD DRIVE - HOUSTON, TX 77080	30-0198705	501(C)(3)	0.	37,895.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GOOD NEIGHBOR HEALTHCARE CLINIC 190 HEIGHTS BLVD HOUSTON, TX 77007	74-1746576	501(C)(3)	0.	37,895.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GRACE MEDICAL CLINIC 211 S 8TH ST. MAYFIELD, KY 42066	61-1351519	501(C)(3)	0.	31,325.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
BUCHANAN TRANSITIONAL LIVING 1213 BUCHANAN ST DES MOINES, IA 50316	23-7442304	501(C)(3)	0.	29,557.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST. LUKES FAMILY PRACTICE 1700 MCHENRY VILLAGE WAY #2 MODESTO, CA 95350	38-3681072	501(C)(3)	0.	26,825.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
PATH OF LIFE MINISTRIES 4495 MAGNOLIA AVE RIVERSIDE, CA 92502	33-0724945	501(C)(3)	0.	25,743.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HARMON DIABETES CENTER 2188 E MEYER BLVD KANSAS CITY, MO 64132	43-1349021	501(C)(3)	0.	18,419.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CARE OF POOR PEOPLE 3606 EAST 12TH STREET KANSAS CITY, MO 64127	43-1726439	501(C)(3)	0.	17,880.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OPERATION TOUCH 2809 NEW JERSEY #14 KANSAS CITY, KS 66102	83-0383759	501(C)(3)	0.	17,715.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD RESOURCE CENTER 1312 3RD AVE N NASHVILLE, TN 37208	62-1817514	501(C)(3)	0.	17,540.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MOTHER AND CHILD HEALTH COALITION 6400 PROSPECT AVE #216 KANSAS CITY, MO 64132	43-1897000	501(C)(3)	0.	17,075.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAVED BY GRACE MINISTRIES 226 CENTER ROAD EAST AURORA, NY 14052	16-1560404	501(C)(3)	0.	16,408.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CATHEDRAL OF PRAISE INTERNATIONAL MINISTRIES - 1519 S RIVERSIDE AVE - RIALTO, CA 92376	33-0652964	501(C)(3)	0.	16,208.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KANSAS CITY RESCUE MISSION 1520 CHERRY STREET KANSAS CITY, MO 64108	43-1287029	501(C)(3)	0.	15,518.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAN FRANCISCO RESCUE MISSION 230 JONES SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	15,321.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
TUTWILER CLINIC, INC. 205 ALMA ST TUTWILER, MS 38963	64-0678336	501(C)(3)	0.	15,294.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WATER STREET HEALTH SERVICES 210 SOUTH PRINCE STREET LANCASTER, PA 17603	23-2798318	501(C)(3)	0.	14,961.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MARTIN LUTHER KING YOUTH CENTER 1298 PRINCE RODGERS AVE BRIDGEWATER, NJ 88807	22-2043677	501(C)(3)	0.	14,146.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BODY OF CHRIST COMMUNITY CHURCH, INC. - 2608 NORTH MAIN B-269 - BELTON, TX 76513	27-0645782	501(C)(3)	0.	12,941.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
BELMONT-HILLSBORO NEIGHBORS, INC. PO BOX 12712 NASHVILLE, TN 37212	23-7160968	501(C)(3)	0.	10,560.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)(3)	0.	10,320.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	0.	9,491.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WESTSIDE COMMUNITY ACTION NETWORK CENTER - 2136 JEFFERSON COURT - KANSAS CITY, MO 64108	43-1718317	501(C)(3)	0.	8,994.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GRACE BAPTIST CHURCH 1414 W PAWNEE WICHITA, KS 67213	13-4268548	501(C)(3)	0.	8,692.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
BLUE CROSS OF KANSAS CITY ONE PERSHING SQUARE KANSAS CITY, MO 64108	43-1257251	501(C)(3)	0.	8,355.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
REDISCOVER 901 INDEPENDENCE AVE LEES SUMMIT, MO 64116	23-7169417	501(C)(3)	0.	8,050.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MOUNTAIN HOPE CLINIC 312 PRINCE STREET SEVIERVILLE, TN 37862	62-1747037	501(C)(3)	0.	6,915.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EUNICE COMMUNITY HEALTH CLINIC 450 MOOSA BLVD. SUITE E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	6,915.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
VINEYARD CHURCH NORTH 12300 NW ARROWHEAD TRFWY KANSAS CITY, MO 64165	43-1592707	501(C)(3)	0.	6,680.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINTAS, CA 92024	95-3497926	501(C)(3)	0.	6,045.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
LITTLE SISTERS OF THE POOR 8745 JAMES A REED ROAD KANSAS CITY, MO 64138	44-1573390	501(C)(3)	0.	6,000.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	5,770.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAN JOSE CLINIC 2615 FANNIN ST HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	5,707.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DREAM STREET FOUNDATION 433 NORTH CAMDEN DR #600 BEVERLY HILLS, CA 90210	95-4210774	501(C)(3)	0.	5,706.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SETON CENTER 2816 E 23RD STREET KANSAS CITY, MO 64127	43-0926003	501(C)(3)	0.	5,502.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
NEIGHBORHOOD CHRISTIAN CENTER 785 JACKSON AVE MEMPHIS, TN 38107	58-1394456	501(C)(3)	0.	5,400.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STILLWELL BAPTIST CHURCH 19950 BROADMOOR LANE STILLWELL, KS 66085	48-0995297	501(C)(3)	0.	5,372.	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,721,438.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	19	74,572,045.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTORS WAS
CALCULATED BY ADDING THE DIFFERENT ENTITIES WHO GAVE NONCASH
CONTRIBUTIONS TO THE ORGANIZATIONS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

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