

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**  
Open to Public Inspection

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  HEART TO HEART INTERNATIONAL		<b>D</b> Employer identification number  48-1108359
	Doing business as		<b>E</b> Telephone number  913-764-5200
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11550 RENNER BLVD		
	City or town, state or province, country, and ZIP or foreign postal code LENEXA, KS 66219		
	<b>F</b> Name and address of principal officer: KIMBERLY CARROLL SAME AS C ABOVE		<b>G</b> Gross receipts \$ 231,864,121.
<b>I</b> 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		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: WWW.HEARTTOHEART.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1992	<b>M</b> State of legal domicile: KS
<b>H(c)</b> Group exemption number			

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HUMANITARIAN RELIEF AND DEVELOPMENT.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	81	
	6	Total number of volunteers (estimate if necessary)	6	11991	
	<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9		Program service revenue (Part VIII, line 2g)	408,701,589.	229,392,302.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,204,037.	1,423,548.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,825.	543,283.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,400.	17,450.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	410,050,851.	231,376,583.	
<b>Expenses</b>		14	Benefits paid to or for members (Part IX, column (A), line 4)	383,826,547.	274,299,443.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,510,586.	4,048,956.	
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,150,129.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,301,521.	8,011,198.	
	19	Revenue less expenses. Subtract line 18 from line 12	400,638,654.	286,359,597.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	9,412,197.	-54,983,014.	
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year	
	22	Net assets or fund balances. Subtract line 21 from line 20	80,452,501.	25,466,294.	
			591,541.	585,767.	
		79,860,960.	24,880,527.		

**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.

<b>Sign Here</b>	Signature of officer	Date	
	KIMBERLY CARROLL, CEO Type or print name and title		
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date
	KEVIN ENSMINGER	KEVIN ENSMINGER	05/04/25
	Firm's name RSM US LLP	Check if self-employed <input type="checkbox"/>	PTIN P01310558
	Firm's address 4622 PENNSYLVANIA AVE, STE 1100 KANSAS CITY, MO 64112	Firm's EIN 42-0714325	Phone no. 816-753-3000

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

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

HEART TO HEART INTERNATIONAL SEEKS TO IMPROVE HEALTHCARE ACCESS IN THE  
U.S. AND AROUND THE WORLD BY ENSURING QUALITY CARE IS PROVIDED  
EQUITABLY IN MEDICALLY UNDER-RESOURCED COMMUNITIES AND IN DISASTER  
SITUATIONS.

**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

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

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

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

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

**4a** (Code: ) (Expenses \$ 266,477,047. including grants of \$ 263,897,257. ) (Revenue \$ 243,886. )  
INTERNATIONAL HUMANITARIAN ASSISTANCE: HEART TO HEART STRENGTHENS  
COMMUNITES OUTSIDE THE UNITED STATES THROUGH IMPROVING HEALTH ACCESS,  
PROVIDING HUMANITARIAN DEVELOPMENT, AND CRISIS RELIEF.

**4b** (Code: ) (Expenses \$ 16,405,583. including grants of \$ 10,402,186. ) (Revenue \$ )  
DOMESTIC HUMANITARIAN ASSISTANCE: HEART TO HEART STRENGTHENS  
COMMUNITIES WITHIN THE UNITED STATES THROUGH IMPROVING HEALTH ACCESS,  
PROVIDING HUMANITARIAN DEVELOPMENT, AND CRISIS RELIEF.

**4c** (Code: ) (Expenses \$ 825,105. including grants of \$ ) (Revenue \$ 1,179,662. )  
INTERNATIONAL AND DOMESTIC EVENTS TO BUILD HYGIENE KITS FOR  
DISTRIBUTION TO PERSONS AFFECTED BY DISASTER OR OTHER HUMANITARIAN  
NEED.

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

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

**4e** Total program service expenses 283,707,735.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> 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	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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. See instructions</i>		X
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 33	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 81		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	13													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		13												
<b>2</b> 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?			2		X									X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3											X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4											
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5											X
<b>6</b> Did the organization have members or stockholders?			6											X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a											X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b											X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?			8a			X								
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b			X								
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9											X

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

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

**Section C. Disclosure**

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

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

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 THERESA BENUS - 913-764-5200  
 11550 RENNER BLVD, LENEXA, KS 66219

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIMBERLY CARROLL CEO	40.00 1.00			X				203,144.	0.	9,533.
(2) ANNE DYKES SENIOR VP	40.00 0.00				X			178,634.	0.	16,229.
(3) AGUSTINA BOEHRINGER CMO	40.00 0.00					X		136,970.	0.	12,250.
(4) DAN NEAL SENIOR VP OF OPERATIONS	40.00 0.00					X		105,469.	0.	24,141.
(5) BRIAN SINK VP OF KITS	40.00 0.00					X		103,023.	0.	12,580.
(6) TENAGASHAW TIRUNEH VP OF PROGRAMS	40.00 0.00					X		102,106.	0.	10,221.
(7) WENDY BLACKBURN CHAIR	1.00 0.00	X		X				0.	0.	0.
(8) AUSTIN BICKFORD TREASURER	1.00 0.00	X		X				0.	0.	0.
(9) DAN MCCLAIN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(10) SONJA BACHUS DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) REBECCA CISEK DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) ALAN EDELMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) CHRISTIAN FRANK DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) JORDAN KOENIG DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DAVID LANGE DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MAURICE LEE DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) JIM MITCHUM DIRECTOR	1.00 1.50	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ANITA NEWTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JAMES ZEEB DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								829,346.	0.	84,954.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								829,346.	0.	84,954.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

6

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	20,667.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	229,371,635.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 220,640,133.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		229,392,302.			
<b>Program Service Revenue</b>	<b>2 a</b>	HYGIENE KIT BUILDING	<b>Business Code</b>	493000	1,179,662.	1,179,662.	
	<b>b</b>	ACCESS TO MEDICINE		424210	243,886.	243,886.	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		1,423,548.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		438,577.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	16,800.			
<b>b</b>		Less: rental expenses ...	(ii) Personal	0.			
<b>c</b>		Rental income or (loss) .....		16,800.			
<b>d</b>		Net rental income or (loss) .....		16,800.			16,800.
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	532,296.			
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other	59,948.			
<b>c</b>		Gain or (loss) .....		480,498.			
<b>d</b>		Net gain or (loss) .....		7,040.			
<b>e</b>				51,798.			
<b>f</b>				52,908.			
<b>g</b>		Net gain or (loss) .....		104,706.			104,706.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	GAIN ON CONVERSION	<b>Business Code</b>	900099	650.		650.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		650.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....		231,376,583.	1,423,548.	0.	560,733.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,159,694.	10,159,694.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	242,492.	242,492.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	263,897,257.	263,897,257.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	913,900.	506,360.	212,677.	194,863.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,675,044.	1,360,368.	850,992.	463,684.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	45,204.	44,734.	289.	181.
<b>9</b> Other employee benefits .....	150,275.	148,712.	962.	601.
<b>10</b> Payroll taxes .....	264,533.	261,782.	1,693.	1,058.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	4,542.	4,495.	29.	18.
<b>c</b> Accounting .....	63,735.	47,732.	525.	15,478.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	22,058.		22,058.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	825,650.	701,871.	60,204.	63,575.
<b>12</b> Advertising and promotion .....	36,708.	9,294.		27,414.
<b>13</b> Office expenses .....	697,644.	478,446.	14,995.	204,203.
<b>14</b> Information technology .....	170,618.	108,802.	15,784.	46,032.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	346,073.	240,056.	32,067.	73,950.
<b>17</b> Travel .....	611,679.	600,538.	3,465.	7,676.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	11,119.	7,091.	1,028.	3,000.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	616,850.	339,268.	277,582.	
<b>23</b> Insurance .....	170,155.	136,546.	242.	33,367.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> OBSOLETE INVENTORY .....	4,404,723.	4,404,511.	212.	
<b>b</b> SPECIAL EVENTS .....	20,543.	5,680.	103.	14,760.
<b>c</b> STAFF DEVELOPMENT .....	9,101.	2,006.	6,826.	269.
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25</b> Total functional expenses. Add lines 1 through 24e	286,359,597.	283,707,735.	1,501,733.	1,150,129.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	674.	<b>1</b>	1,507.
	<b>2</b> Savings and temporary cash investments .....	10,841,415.	<b>2</b>	7,548,058.
	<b>3</b> Pledges and grants receivable, net .....	10,000.	<b>3</b>	61,982.
	<b>4</b> Accounts receivable, net .....	135,930.	<b>4</b>	123,325.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	59,580,965.	<b>8</b>	2,883,318.
	<b>9</b> Prepaid expenses and deferred charges .....	168,657.	<b>9</b>	111,152.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,311,735.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,040,342.		
		9,667,100.	<b>10c</b>	9,271,393.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	5,465,559.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	47,760.	<b>15</b>	0.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	80,452,501.	<b>16</b>	25,466,294.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	261,848.	<b>17</b>	265,822.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	329,693.	<b>19</b>	319,945.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	591,541.	<b>26</b>	585,767.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	79,449,336.	<b>27</b>	23,534,237.
	<b>28</b> Net assets with donor restrictions .....	411,624.	<b>28</b>	1,346,290.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	79,860,960.	<b>32</b>	24,880,527.	
<b>33</b> Total liabilities and net assets/fund balances .....	80,452,501.	<b>33</b>	25,466,294.	

Form **990** (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	231,376,583.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	286,359,597.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-54,983,014.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	79,860,960.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,581.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	24,880,527.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public  
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL.

Employer identification number

48-1108359

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☒ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- ☐ 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- ☐ 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - ☐ a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - ☐ b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - ☐ c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - ☐ d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - ☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations

**g** Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	245,945,465.	282,692,413.	281,123,666.	408,701,589.	229,392,302.	1447855435.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	245,945,465.	282,692,413.	281,123,666.	408,701,589.	229,392,302.	1447855435.
<b>5</b> 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) .....						1216299713.
<b>6 Public support.</b> Subtract line 5 from line 4.						231,555,722.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	245,945,465.	282,692,413.	281,123,666.	408,701,589.	229,392,302.	1447855435.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12,884.	8,904.	23,079.	128,964.	455,377.	629,208.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			6,300.			6,300.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,482.	3,629.	1,366.		650.	17,127.
<b>11 Total support.</b> Add lines 7 through 10						1448508070.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,637,148.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	15.99	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	14.72	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**Part VI****Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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

2020 AMOUNT: \$ 1,377.

2021 AMOUNT: \$ 917.

2024 AMOUNT: \$ 650.

**CREDIT CARD REBATES**

2020 AMOUNT: \$ 10,105.

2021 AMOUNT: \$ 2,712.

**OTHER INCOME**

2022 AMOUNT: \$ 1,366.

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

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

**Schedule B  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 14,667.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 127,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 13,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 406,518.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 22,040.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 597,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 427,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,117.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 9,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 31,059.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 40,112,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 3,443,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 42,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 18,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 10,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 20,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 75,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 29,799.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 385,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 14,882.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 38,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 5,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 14,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 8,266.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 9,722.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 26,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 12,354.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 5,812.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 5,310.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 111,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 55,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 560,940.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 5,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 16,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 17,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 2,157,335.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$ 10,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 397,604.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ 1,508,728.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 5,312,837.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 488,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 10,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 7,826,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 142,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$ 42,649,073.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 8,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 31,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 842,151.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 1,045,508.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 23,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 14,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 129,949.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171		\$ 13,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173		\$ 2,304,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
174		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177		\$ 7,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183		\$ 20,619.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185		\$ 7,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186		\$ 8,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 109,141,154.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$ 3,462,087.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
194		\$ 5,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 14,667.	12/31/24
9	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 127,400.	12/31/24
15	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 406,518.	12/31/24
25	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 22,040.	12/31/24
31	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 572,125.	12/31/24
35	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 31,059.	12/31/24



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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
36	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 40,012,609.	12/31/24
43	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 3,443,829.	12/31/24
55	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 25,592.	12/31/24
62	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 29,799.	12/31/24
66	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 14,882.	12/31/24
107	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 560,940.	12/31/24

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
136	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 2,157,335.	12/31/24
140	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 397,604.	12/31/24
142	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 410,612.	12/31/24
146	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 5,312,837.	12/31/24
149	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 7,423,216.	12/31/24
150	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 87,132.	12/31/24

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
151	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 42,649,073.	12/31/24
155	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 842,151.	12/31/24
159	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 1,045,508.	12/31/24
168	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 129,949.	12/31/24
173	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 2,304,960.	12/31/24
192	PHARMACEUTICAL AND MEDICAL SUPPLIES	\$ 109,141,154.	12/31/24

Employer identification number

48-1108359

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
193	PHARMACEUTICAL AND MEDICAL SUPPLIES		
		\$ 3,462,087.	12/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	22,058.	19,264.	22,665.	20,517.	18,243.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	3,899.	2,794.	-3,401.	2,148.	2,274.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	3,207.				
<b>f</b> Administrative expenses	250.				
<b>g</b> End of year balance	22,500.	22,058.	19,264.	22,665.	20,517.

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

**a** Board designated or quasi-endowment .0000 %

**b** Permanent endowment 100 %

**c** Term endowment .0000 %

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

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

**(i)** Unrelated organizations? ☐ Yes ☒ No

**(ii)** Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		86,000.		86,000.
<b>b</b> Buildings		9,254,256.	1,397,989.	7,856,267.
<b>c</b> Leasehold improvements		946,853.	465,339.	481,514.
<b>d</b> Equipment		1,054,356.	889,551.	164,805.
<b>e</b> Other		970,270.	287,463.	682,807.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,271,393.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	232,777,857.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	2,581.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	1,420,751.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	1,423,332.
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	231,354,525.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	22,058.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	22,058.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	231,376,583.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	287,758,290.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	1,420,751.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	1,420,751.
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	286,337,539.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	22,058.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	22,058.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	286,359,597.

**Part XIII Supplemental Information**

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

PART V, LINE 4:

ENDOWMENT FUND INVESTMENT INCOME IS USED 100% FOR PROGRAMMATIC ACTIVITIES.

PART X, LINE 2:

AS NONPROFIT ORGANIZATIONS DESCRIBED IN IRC SECTION 501(C)(3), HEART TO HEART INTERNATIONAL, INC., HEART TO HEART INTERNATIONAL FOUNDATION AND REGALORX ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES, EXCEPT ON UNRELATED BUSINESS INCOME, UNDER SECTION 501(A). THE ORGANIZATIONS HAVE BEEN DETERMINED TO NOT BE PRIVATE FOUNDATIONS AND ARE CLASSIFIED AS PUBLIC CHARITIES.

UNRELATED BUSINESS INCOME TAX, IF ANY, IS IMMATERIAL TO THE ACCOMPANYING FINANCIAL STATEMENTS. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX. THE ORGANIZATION'S PRESENT ACCOUNTING POLICY FOR THE EVALUATION OF UNCERTAIN TAX POSITIONS IS TO REVIEW THOSE POSITIONS ON AN ANNUAL BASIS. A LIABILITY WOULD BE RECORDED IN THE FINANCIAL STATEMENTS DURING THE PERIOD WHICH, BASED ON ALL AVAILABLE EVIDENCE, BELIEVES IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES AND THE LIABILITY WOULD BE INCURRED BY THE ORGANIZATION. NO ACCRUAL HAS BEEN RECORDED AT DECEMBER 31, 2024 OR 2023, AS MANAGEMENT DOES NOT BELIEVE ANY MATERIAL UNCERTAINTIES EXIST.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
------------------	--

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE F  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	#####
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	2427062.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	27311089
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	6,175.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	23228004
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	5,050.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	7849463.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	4938555.
<b>3 a</b> Subtotal .....	0	0			#####
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			#####

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

Schedule F (Form 990) (Rev. 12-2024)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		2209642.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		78004643	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		38880960	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		29,331.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		25718239	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		144,696.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		25,056.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		21,640.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 48

3 Enter total number of other organizations or entities ..... 8

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		31,100.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		7,777.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		30,209,176.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		7,277.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		10,329.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		10,278.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		11,848,873.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		10,895,762.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		14,000.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		47,683.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		12,312.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		446,593.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		1,978,827.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	MEDICAL ASSISTANCE	0.		41,101.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	MEDICAL ASSISTANCE	0.		296,008.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	MEDICAL ASSISTANCE	0.		26,748,516.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	MEDICAL ASSISTANCE	0.		221,449.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	MEDICAL ASSISTANCE	0.		6,175.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	MEDICAL ASSISTANCE	0.		5,050.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	MEDICAL ASSISTANCE	5,000.		7,946,371.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	MEDICAL ASSISTANCE	0.		15,271,574.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	MEDICAL ASSISTANCE	0.		7,849,463.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		17,516.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		2,817,148.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		289,451.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		18,853.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		10,371.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		6,545.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		43,000.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		6,719.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		125,718.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		110,826.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	6,680.		0.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	213,077.		0.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		1271038.	PHARAMACEUTICAL, MEDICAL SUPPLIES, HYGIENE ITEMS	FMV



Part III

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

Part III can be duplicated if additional space is needed.

(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 noncash assistance	(g) Description of noncash 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 the Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the 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 the Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☒ Yes ☐ No

Part V

Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3:

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

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL

**Employer identification number**

48-1108359

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	13,373.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
BAAL PERAZIM WELLNESS, INC. 3353 SOUTH MORGAN STREET UNIT 1 CHICAGO, IL 60608	46-5746945	501(C)(3)	0.	152,200.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
BEHEARTFELT INC 501 MARINER AVE BARRIGADA, GU 96913	84-3577351	501(C)(3)	0.	20,323.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
BIGUNS HOPE DISASTER RESPONSE SERVICES INC - 1096 SCENIC GULF DRIVE UNIT G14 - MIRAMAR BEACH, FL 32550	85-0926786	501(C)(3)	0.	10,573.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
BORDER SERVANT CORPS 1701 MISSOURI AVENUE LAS CRUCES, NM 88001	88-3022391	501(C)(3)	0.	5,670.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CARE BEYOND THE BOULEVARD INC. 3150 FIBERGLASS ROAD KANSAS CITY, KS 66115	83-1122028	501(C)(3)	1,766.	160,982.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

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

**3** Enter total number of other organizations listed in the line 1 table ..... 0.

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

**Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C-ASSIST FAMILY HEALTH CLINIC 30260 CHERRY HILL RD GARDEN CITY, MI 48135	81-3386484	501(C)(3)	0.	16,514.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CATHOLIC CHARITIES DIOCESE OF VENICE - 1000 PINEBROOK RD - VENICE, FL 34285-6426	59-2473176	501(C)(3)	0.	12,320.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 E LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	40,010.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CHILDREN LIKE LONI 17310 SPAROW WAY CT HOUSTON, TX 77095	47-4182790	501(C)(3)	0.	15,551.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CHILDREN-INTERNATIONAL 2000 E. RED BRIDGE RD. KANSAS CITY, MO 64131	44-6005794	501(C)(3)	0.	36,982.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CLARK COUNTY SCHOOL DISTRICT 8100 W. ROBINDALE DR LAS VEGAS, NV 89113	88-6000030	501(C)(3)	0.	7,680.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
COACHELLA VALLEY VOLUNTEERS IN MEDICINE - 82915 AVE 48 - INDIO, CA 92201	26-3312826	501(C)(3)	0.	12,929.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
COMMUNITY CARE CLINIC OF BOONE 141 HEALTH CENTER DRIVE, SUITE B BOONE, NC 28607	20-8607858	501(C)(3)	0.	12,937.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740-6114	52-1772594	501(C)(3)	0.	37,679.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY INITIATIVES 212 OVERLAND DR GREENWOOD, SC 29649	31-1741660	501(C)(3)	7,351.	0.			MEDICAL ASSISTANCE
CONFLUENCE HRKC 2711 TROOST AVENUE KANSAS CITY, MO 64109	80-0285340	501(C)(3)	0.	53,612.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	0.	3,391,811.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
DREAM CENTER WOMEN'S CLINIC 4360 MONTEBELLO DR #900 COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	11,689.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
EAST HARRIS COUNTY EMPOWERMENT COUNCIL - 12305 CROSBY LYNCHBURG - CROSBY, TX 77532	27-0377576	501(C)(3)	0.	5,478.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
EASTERN BAND OF THE CHEROKEE INDIAN TRIBAL GOVT - 2206 OLD MISSION WAREHOUSE - CHEROKEE, NC 28789	56-0572090	GOV	0.	2,010,193.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
FAITH COMMUNITY HEALTH 1232 BRANSON HILLS PARKWAY, SUITE 1 BRANDSON, MO 65616	94-3467834	501(C)(3)	0.	6,180.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
FAITH FAMILY MEDICAL CENTER 326 21ST AVENUE NORTH NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	14,766.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
FAITHFUL PATH INTERNATIONAL MINISTRIES - 5708 PELICAN AVE. - MISSION, TX 78573	27-2389624	501(C)(3)	0.	209,975.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE COUNTY FREE MEDICAL CLINIC 2437 WELCH BLVD FLINT, MI 48504	38-2995700	501(C)(3)	0.	16,771.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
GLOBAL EMPOWERMENT MISSION 1850 NW 84TH AVE SUITE 100 DORAL, FL 33126	45-3782061	501(C)(3)	0.	13,456.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
GOOD NEIGHBOR HOUSE 627 E FIRST ST DAYTON, OH 45402	31-1374154	501(C)(3)	0.	14,776.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
GOOD360 675 N WASHINGTON ST SUITE 330 ALEXANDRIA, VA 22314	54-1282616	501(C)(3)	0.	74,296.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
HEALTH AND HOPE CLINIC 1718 EAST OLIVE ROAD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	50,983.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
HELPING MAMAS INC 4487 PARK DRIVE SUITE A1 NORCROSS, GA 30093	47-1381339	501(C)(3)	0.	7,487.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
HIS HEALING TOUCH 3730 SOUTH OTTER CREEK ROAD LA SALLE, MI 48145	20-2568910	501(C)(3)	0.	34,092.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
IBN SINA FOUNDATION 11226 S WILCREST DRIVE HOUSTON, TX 77099	76-0698464	501(C)(3)	0.	22,878.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
JACKSON FREE CLINIC 925 MARTIN LUTHER KING JR. DRIVE JACKSON, MS 39203	64-0945749	501(C)(3)	0.	7,980.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 SOUTH 8TH STREET - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	79,369.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
LIFECYCLES HEALTH SERVICES, INC 433 NORTH 7TH STREET, FIRST FLOOR CAMDEN, NJ 08102	47-5438771	501(C)(3)	0.	5,730.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
LONG ISLAND CARES 10 DAVIDS DRIVE HAUPPAUGE, NY 11788 HAUPPAUGE, NY 11788	11-2524512	501(C)(3)	0.	9,775.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501(C)(3)	0.	13,458.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MEDSHARE 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	0.	14,176.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MEDWISH 1625 E. 31ST STREET CLEVELAND, OH 44114	34-1903712	501(C)(3)	0.	523,459.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MERCY AND TRUTH MEDICAL MISSIONS 636 MINESOTA AVE. KANSAS CITY, KS 66101	74-2847917	501(C)(3)	0.	22,759.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MERCY SHIPS 15862 HIGHWAY 110 NORTH LINDALE, TX 75771	26-2414132	501(C)(3)	0.	6,639.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MIAMI-RESCUE-MISSION 3553 NW 50TH STREET MIAMI, FL 33142	59-1743865	501(C)(3)	0.	6,655.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOAB FREE HEALTH CLINIC 121 W 200 S. SUITE A MOAB, UT 84532	26-2082745	501(C)(3)	0.	6,169.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
NC-MEDASSIST 4428 TAGGART CREEK ROAD SUITE 101 W CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	396,134.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
OCEANA COMMUNITY HEALTH 2828 S SEACREST BLVD BOYNTON BEACH, FL 33435	88-1889523	501(C)(3)	11,216.	42,365.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
OKLAHOMA LIONS SERVICE FOUNDATION 4123 NW 10TH OKLAHOMA CITY, OK 73107	23-7396135	501(C)(3)	0.	14,800.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
OPEN DOOR HEALTH CENTER 151 NW 11TH STREET SUITE E202A HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	10,747.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
PROJECT HOPE 1220 19TH STREET, NW, SUITE 800 WASHINGTON, DC 20036	53-0242962	501(C)(3)	0.	20,005.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
RISE-AGAINST-HUNGER 4801 GLENWOOD AVENUE, SUITE 200 RALEIGH, NC 27612	16-1541024	501(C)(3)	0.	33,677.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
ROGERS PUBLIC SCHOOLS 2300 SOUTH DIXIELAND ROGERS, AR 72758	71-6021134	501(C)(3)	0.	39,931.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SALVATION ARMY - TEXAS DIVISION 6500 HARRY HINES BLVD DALLAS, TX 75235	22-2406433	501(C)(3)	0.	12,013.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY NATIONAL HQ 615 SLATERS LANE ALEXANDRIA, VA 22313	13-3485289	501(C)(3)	0.	7,932.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SAN JOSE CLINIC 2615 FANNIN ST HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	39,985.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	0.	1,651,934.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SOCIETY-OF-CHAMPIONS 11235 CROWN PARK DRIVE HOUSTON, TX 77067	82-2775474	501(C)(3)	0.	7,145.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SOUTHEAST MISSOURI HEALTH NETWORK 6738 HIGHWAY 77 BENTON, MO 63736	43-1253101	501(C)(3)	0.	10,129.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
ST JOSEPH PRIMARY CARE 4400 FALLS OF NEUSE RD, STE 101 RALEIGH, NC 27609	46-5192720	501(C)(3)	0.	32,669.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
ST. PETERSBURG FREE CLINIC 5501 4TH STREET N ST. PETERSBURG, FL 33703	23-7208280	501(C)(3)	0.	25,790.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SUNSHINE HEALTH 4901 PALM BEACH BOULEVARD , SUITE 8 FORT MYERS, FL 33905	59-1741284	501(C)(3)	0.	11,049.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
TAMPA BAY STREET MEDICINE 3918 W EVERETT ST, UNIT 1 TAMPA, FL 33616	59-0879015	501(C)(3)	0.	46,089.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDINA CLININC 13013 FULLER AVE SUITE A GRANDVIEW, MO 64030	27-1737350	501(C)(3)	784.	106,328.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
THE MOORE WRIGHT GROUP 1401 SIMPSON AVENUE ABERDEEN, WA 98520	81-5157499	501(C)(3)	0.	37,020.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET, SUITE 30 TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	78,591.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
TRINITY HEALTH CENTER 6935 WINDCHASE DR HORN LAKE, MS 38637	82-4132814	501(C)(3)	0.	12,144.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
VECINOS INC 3971 LITTLE SAVANNAH ROAD, 173 HHS BUILDING, WCU - CULLOWHEE, NC 28723	57-1192063	501(C)(3)	0.	10,597.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
WILDFLOWER HEALTHCARE 268 HERBERT ST ST. AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	16,150.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
WILL-GRUNDY MEDICAL CLINIC 213 EAST CASS ST. JOLIET, IL 60432	36-3492306	501(C)(3)	0.	17,380.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
WINE TO WATER ER PO BOX 2567 BOONE, NC 28607	20-8877288	501(C)(3)	0.	16,982.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
WORLD EMERGENCY RELIEF 425 W ALLEN AVENUE #111 SAN DIMAS, CA 91773	95-4014743	501(C)(3)	0.	57,036.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICINE AND MEDICAL SUPPLIES USED TO TREAT SURVIVORS OF DISASTERS, HYGIENE KITS FOR DISPLACED PERSONS DUE TO DISASTERS OR OTHER SITUATIONS	18239	0.	242,492.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE KITS

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

## PART I, LINE 2:

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

## PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: ACADEMY FOR INTEGRATED ARTS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: AGAPE MEDICAL CLINIC, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEN COUNTY SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

**Part IV Supplemental Information**

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN CANCER SOCIETY HOPE LODGE OMAHA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICARES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ARLINGTON FREE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: AVENUE OF LIFE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: BAAL PERAZIM WELLNESS, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: BEHEARTFELT INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: BERGEN VOLUNTEER MEDICAL INITIATIVE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

BIGUNS HOPE DISASTER RESPONSE SERVICES INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: BORDER SERVANT CORPS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CAPE CHRISTIAN CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CARE BEYOND THE BOULEVARD INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: C-ASSIST FAMILY HEALTH CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES CYPRESS, TX

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES DIOCESE OF VENICE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF DESOTO COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF NORTHEAST KANSAS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES USA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CHARITABLE PHARMACY OF CENTRAL OHIO

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CHEROKEE HEALTH SYSTEMS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN LIKE LONI

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN-INTERNATIONAL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH WORLD SERVICE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CLARK COUNTY SCHOOL DISTRICT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

COACHELLA VALLEY VOLUNTEERS IN MEDICINE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: COMING HOME OF MIDDLESEX COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CARE CLINIC OF BOONE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FREE CLINIC, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

**Part IV Supplemental Information**

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY RECOVERY TEAM

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CONFLUENCE HRKC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CONVOY OF HOPE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CRITTENTON CHILDREN'S CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: DAMASCUS YOUTH MINISTRY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: DREAM CENTER WOMEN'S CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

EAST HARRIS COUNTY EMPOWERMENT COUNCIL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERN BAND OF THE CHEROKEE INDIAN TRIBAL GOVT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: EPISCOPAL CHURCH OF THE REDEEMER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: FAITH COMMUNITY HEALTH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: FAITH FAMILY MEDICAL CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

FAITHFUL PATH INTERNATIONAL MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH OF MORTON

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.



**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: FOX 4 LOVE FUND FOR CHILDREN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GENESEE COUNTY FREE MEDICAL CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

GEORGIA DENTAL ASSOCIATION FOUNDATION FOR ORAL HEA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GLEANING FOR THE WORLD

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL EMPOWERMENT MISSION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD NEIGHBOR HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD SHEPHERD CHURCH KC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

GOOD SHEPHERD FREE MEDICAL CLINIC OF LAURENS COUNT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD360

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE HEALTHCARE SERVICES CORP

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GRASSROOTS CITY FREE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GUADALUPE CENTERS, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH AND HOPE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING MAMAS INC

**Part IV Supplemental Information**

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HIS GLORY SEARCH AND RESCUE TEAM

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HIS HEALING TOUCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE WORLDWIDE INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSING AUTHORITY OF KANSAS CITY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSING AUTHORITY OF KANSAS CITY KANSAS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HUNGER AND HEALTH COALITION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: IBN SINA FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: IMMUNIZE KANSAS COALITION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: IRVING CARES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: JACKSON FREE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

JERRY LEE JARRETT CENTER/CHRIST FIRST MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH VOCATIONAL SERVICES OF KANSAS CITY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS CITY CARE HEALTH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

**Part IV Supplemental Information**

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS CITY FREE EYE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS MISSION OF MERCY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: KCMO HEALTH DEPARTMENT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: KIDS TLC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

LEAVENWORTH INTERFAITH COMMUNITY OF HOPE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: LEBANON VALLEY VOLUNTEERS IN MEDICINE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: LENEXA BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: LIFECYCLES HEALTH SERVICES, INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: LONG ISLAND CARES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MAP INTERNATIONAL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

MARTIN LUTHER KING, JR. CHILD DEV. CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MATTIE RHODES CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MEDSHARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

AND/OR HYGIENE ITEMS.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: MEDWISH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY AND TRUTH MEDICAL MISSIONS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY SHIPS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: METRO WORLD CHILD

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MIAMI-RESCUE-MISSION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MID AMERICAN REGIONAL COUNCIL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MIGRANT FARMWORKERS PROJECT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MISSION ADELANTE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MISSOURI HIGHLANDS HEALTH CARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MOAB FREE HEALTH CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MY NEIGHBOR'S CHARITABLE PHARMACY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: NC-MEDASSIST

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH FLORIDA MEDICAL CENTERS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH-OMAHA-AREA-HEALTH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: NOURISH NEW JERSEY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: NOURISHKC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: OCEANA COMMUNITY HEALTH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA LIONS SERVICE FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: OLATHE BIBLE CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: OPEN DOOR HEALTH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PACE CENTER FOR GIRLS MIAMI

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PONCE MEDICAL SCHOOL FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT HOPE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: REBUILDING TOGETHER TAMPA BAY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RESTART INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RISE-AGAINST-HUNGER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ROGERS PUBLIC SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RONALD MCDONALD HOUSE CENTRAL FLORIDA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

RONALD MCDONALD HOUSE CHARITIES OF THE COASTAL EM

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RONALD MCDONALD HOUSE DALLAS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

RONALD MCDONALD HOUSE OF CHICAGOLAND NW INDIANA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RONALD MCDONALD HOUSE OF NY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RONALD MCDONALD HOUSE OF SAN ANTONIO

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RONALD MCDONALD HOUSE ORLANDO

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ROTACARE, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RUPANI FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: RXCARE PHARMACY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SAGE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SAINT FRANCIS XAVIER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - TEXAS DIVISION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY NATIONAL HQ

**Part IV Supplemental Information**

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SAN JOSE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN FEDERATION, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SHAWNEE COMMUNITY SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SHIFA HEATLCARE & COMMUNITY SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIETY-OF-CHAMPIONS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHEAST MISSOURI HEALTH NETWORK

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SPACE COAST VOLUNTEERS IN MEDICINE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ST JOSEPH PRIMARY CARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ST MARYS HEALTH WAGON

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ST. PETERSBURG FREE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DE PAUL CHARITABLE PHARMACY OF CINCINN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SUNSHINE HEALTH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA BAY STREET MEDICINE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: THE FREE CLINICS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: THE MEDINA CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: THE MOORE WRIGHT GROUP

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: THE SAN DIEGO LGBT COMMUNITY CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: TOMAGWA HEALTHCARE MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: TRINITY HEALTH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: UMC FREE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: UPLIFT ORGANIZATION, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: UZAZI VILLAGE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: VECINOS INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS-COMMUNITY-PROJECT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: VFW AUXILIARY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: VICTORIOUS LIFE CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.



<b>Part IV</b>	<b>Supplemental Information</b>
----------------	---------------------------------

NAME OF ORGANIZATION OR GOVERNMENT: WATER MISSION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA FAMILY CRISIS CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: WILDFLOWER HEALTHCARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: WILL-GRUNDY MEDICAL CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: WINE TO WATER ER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD EMERGENCY RELIEF

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: WYANDOTTE COUNTY JUVENILE DETENTION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: WYCO CARE CONNECTION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF WALLA WALLA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES  
AND/OR HYGIENE ITEMS.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** The organization? .....

**b** Any related organization? .....

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

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

**a** The organization? .....

**b** Any related organization? .....

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

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

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

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

Yes No

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no vertical margin lines or other markings present. The paper appears to be a standard sheet of notebook paper.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....	X	35	220,640,133. FMV	
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 V, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2024

## Part II

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE O  
(Form 990)

(Rev. December 2024)

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

FORM 990, PART VI, SECTION A, LINE 4:  
THE ORGANIZATION UPDATED ITS BY-LAWS ON THE NUMBER OF PEOPLE ALLOWED ON THE  
BOARD OF DIRECTORS AT ONE TIME. THE MINIMUM REMAINS 7 MEMBERS WHILE THE  
MAXIMUM AMOUNT OF MEMBERS HAS INCREASED FROM 12 TO 15 MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE RETURN IS REVIEWED BY THE CEO AND THE FINANCE/AUDIT COMMITTEE OF THE  
BOARD. THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE TAX RETURN PRIOR  
TO FILING.

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

FORM 990, PART VI, SECTION B, LINE 15A:  
THE EXECUTIVE COMMITTEE SHALL CONDUCT AN ANNUAL EVALUATION OF THE PRESIDENT  
AND CEO AND SUBMIT SALARY AND EMPLOYMENT AGREEMENT RECOMMENDATIONS TO THE  
BOARD OF DIRECTORS FOR APPROVAL. THE ORGANIZATION UTILIZES THIRD PARTY DATA  
TO COMPARE ITS COMPENSATION ARRANGEMENTS TO THOSE OF SIMILARLY QUALIFIED  
INDIVIDUALS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS  
AND ENSURE THEY ARE REASONABLE.

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

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION MAKES ITS ANNUAL REPORT AND FINANCIAL STATEMENTS AVAILABLE  
ON ITS WEBSITE. THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT  
OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST. THE ORGANIZATION ALSO  
PROVIDES A COPY OF ITS FORM 990 TO CHARITY NAVIGATOR TO BE MADE AVAILABLE  
AT [WWW.CHARITYNAVIGATOR.ORG](http://WWW.CHARITYNAVIGATOR.ORG).

FORM 990, PART XII, LINE 2C  
THE ORGANIZATION'S BOARD OF DIRECTORS HAS A FINANCE COMMITTEE THAT  
ASSUMES RESPONSIBILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AND  
OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT PROCESS.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

HEART TO HEART INTERNATIONAL

Employer identification number

48-1108359

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HEART TO HEART INTERNATIONAL FOUNDATION - 82-3603257, 11550 RENNER BLVD, LENEXA, KS 66219	SUPPORT HEART TO HEART INTERNATIONAL	KANSAS	501(C)(3)	LINE 12A, I	HEART TO HEART INTERNATIONAL	X	
REGALORX, INC - 83-3558266 PO BOX 15566 LENEXA, KS 66285	SUPPORT HEART TO HEART INTERNATIONAL	KANSAS	501(C)(3)	LINE 10	HEART TO HEART INTERNATIONAL	X	

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

Schedule R (Form 990) (Rev. 1-2025)





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

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

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

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

[illegible]

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

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2024**Department of the Treasury  
Internal Revenue Service

For calendar year 2024 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		HEART TO HEART INTERNATIONAL	48-1108359
		Number, street, and room or suite no. If a P.O. box, see instructions. 11550 RENNER BLVD	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code LENEXA, KS 66219	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... 25,466,294.	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) .....			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation .....			
<b>L</b> The books are in care of THERESA BENUS Telephone number 913-764-5200			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4a Amount from Form 4255, Part I, line 3, column (q) .....	4a	
b Other tax amounts. See instructions .....	4b	
5 Alternative minimum tax .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a		
b Other credits (see instructions) .....	1b		
c General business credit. Attach Form 3800 (see instructions) .....	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827) .....	1d		
e <b>Total credits.</b> Add lines 1a through 1d .....	1e		
2 Subtract line 1e from Part II, line 7 .....	2		0.
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions) .....	3a		
b Amount due from Form 8611 .....	3b		
c Amount due from Form 8697 .....	3c		
d Amount due from Form 8866 .....	3d		
e Other amounts due (see instructions) .....	3e		
f <b>Total amounts due.</b> Add lines 3a through 3e .....	3f		0.
4 <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4		0.

**Part III Tax and Payments** (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	<b>Total payments.</b> Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>	11	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
	\$		
	\$		
6a	Reserved for future use		
b	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KEVIN ENSMINGER	KEVIN ENSMINGER	05/04/25		P01310558
	Firm's name	RSM US LLP			Firm's EIN
	4622 PENNSYLVANIA AVE, STE 1100				42-0714325
	Firm's address	KANSAS CITY, MO 64112			Phone no. 816-753-3000

Form 990-T (2024)

Electronic Filing PDF Attachment

Form **5713**

(Rev. December 2010)

Department of the Treasury  
Internal Revenue Service**International Boycott Report**

OMB No. 1545-0216

**Attachment  
Sequence No. 123****Paper filers must file in  
duplicate (see When and Where  
to File in the instructions)**For tax year beginning JANUARY 1, 20 24,  
and ending DECEMBER 31, 20 24.  
▶ **Controlled groups, see instructions.**Name HEART TO HEART INTERNATIONAL Identifying number 48-1108359

Number, street, and room or suite no. If a P.O. box, see instructions.

11550 RENNER BLVD

City or town, state, and ZIP code

LENEXA, KS 66219

Address of service center where your tax return is filed

OGDEN, UT 84201

Type of filer (check one):

☐ Individual ☐ Partnership ☒ Corporation ☐ Trust ☐ Estate ☐ Other**1 Individuals**—Enter adjusted gross income from your tax return (see instructions)**2 Partnerships and corporations:****a** Partnerships—Enter each partner's name and identifying number.**b** Corporations—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name

Identifying number


If more space is needed, attach additional sheets and check this box ☐**c** Enter principal business activity code and description (see instructions)

Code	Description
813000	EXEMPT ORGANIZATION 501(C)(3)

**d** IC-DISCs—Enter principal product or service code and description (see instructions)**3 Partnerships**—Each partnership filing Form 5713 must give the following information:**a** Partnership's total assets (see instructions)**b** Partnership's ordinary income (see instructions)**4 Corporations**—Each corporation filing Form 5713 must give the following information:**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)FORM 990-T**b** Common tax year election (see instructions)**(1)** Name of corporation ▶ HEART TO HEART INTERNATIONAL**(2)** Employer identification number 48-1108359**(3)** Common tax year beginning JANUARY 1, 20 24, and ending DECEMBER 31, 20 24**c** Corporations filing this form enter:**(1)** Total assets (see instructions) 25,466,294**(2)** Taxable income before net operating loss and special deductions (see instructions) 0**5 Estates or trusts**—Enter total income (Form 1041, page 1)**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):**a** Foreign tax credit**b** Deferral of earnings of controlled foreign corporations**c** Deferral of IC-DISC income**d** FSC exempt foreign trade income**e** Foreign trade income qualifying for the extraterritorial income exclusion**Please  
Sign  
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature

Date

Title

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12030E

Form **5713** (Rev. 12-2010)



	Yes	No
<b>7a</b> Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?		<input checked="" type="checkbox"/>
<b>b</b> If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		
<b>c</b> Do you own any stock of an IC-DISC?		<input checked="" type="checkbox"/>
<b>d</b> Do you claim any foreign tax credit?		<input checked="" type="checkbox"/>
<b>e</b> Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		<input checked="" type="checkbox"/>
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		
<b>f</b> Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		<input checked="" type="checkbox"/>
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		
<b>g</b> Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		<input checked="" type="checkbox"/>
<b>h</b> Are you a partner in a partnership that has reportable operations under section 999(a)?		<input checked="" type="checkbox"/>
<b>i</b> Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		<input checked="" type="checkbox"/>
<b>j</b> Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		<input checked="" type="checkbox"/>

**Part I Operations in or Related to a Boycotting Country** (see instructions)

	Yes	No
<b>8 Boycott of Israel</b> —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See <b>Boycotting Countries</b> in the instructions.)	<input checked="" type="checkbox"/>	
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>		

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
<b>a</b> IRAQ	48-1108359	813000	EXEMPT ORGANIZATION 501(C)(3)	N/A
<b>b</b> LEBANON	48-1108359	813000	EXEMPT ORGANIZATION 501(C)(3)	N/A
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>h</b>				
<b>i</b>				
<b>j</b>				
<b>k</b>				
<b>l</b>				
<b>m</b>				
<b>n</b>				
<b>o</b>				

- 9 Nonlisted countries boycotting Israel**— Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
	<input checked="" type="checkbox"/>

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

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

- 10 Boycotts other than the boycott of Israel**—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

Yes	No
	<input checked="" type="checkbox"/>

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

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

- 11** Were you requested to participate in or cooperate with an international boycott? . . . . .  
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
	<input checked="" type="checkbox"/>

- 12** Did you participate in or cooperate with an international boycott? . . . . .  
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Yes	No
	<input checked="" type="checkbox"/>

**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

<b>Part II Requests for and Acts of Participation in or Cooperation With an International Boycott</b>		Requests		Agreements	
		Yes	No	Yes	No
<b>13a</b>	Did you receive requests to enter into, or did you enter into, any agreement (see instructions):				
(1)	As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—				
(a)	Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		✓		✓
(b)	Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		✓		✓
(c)	Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?		✓		✓
(d)	Refrain from employing individuals of a particular nationality, race, or religion?		✓		✓
(2)	As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?		✓		✓

**b Requests and agreements**—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country  (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only— Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								