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Form 990 Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Final return/ termin-ated; Amended return; Applica-tion pending

C Name of organization
HEART TO HEART INTERNATIONAL INC

Doing business as

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

F Name and address of principal officer: KIMBERLY CARROLL
SAME AS C ABOVE

D Employer identification number
48-1108359

E Telephone number
913-764-5200

G Gross receipts $ 359,046,655.

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.HEARTTOHEART.ORG

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1992 **M** State of legal domicile: KS

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HUMANITARIAN RELIEF AND DEVELOPMENT		
2	Check this box 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 2025 (Part V, line 2a)	5	73
6	Total number of volunteers (estimate if necessary)	6	11424
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.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	229,392,302.	344,274,887.
9	Program service revenue (Part VIII, line 2g)	1,423,548.	2,497,965.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	543,283.	520,698.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,450.	23,951.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,376,583.	347,317,501.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	274,299,443.	295,503,888.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,048,956.	4,356,401.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,197,016.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,011,198.	3,685,318.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	286,359,597.	303,545,607.
19	Revenue less expenses. Subtract line 18 from line 12	-54,983,014.	43,771,894.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	25,466,294.	71,435,149.
21	Total liabilities (Part X, line 26)	585,767.	2,303,411.
22	Net assets or fund balances. Subtract line 21 from line 20	24,880,527.	69,131,738.

Part II Signature Block

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

Sign Here

Signature of officer Date
KIMBERLY CARROLL, CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name: JENIFER L. CHASE
Preparer's signature: Jenifer L. Chase
Date: 05/11/26
Check if self-employed
PTIN: P01306883
Firm's name: RSM US LLP
Firm's EIN: 42-0714325
Firm's address: 4650 EAST 53RD STREET DAVENPORT, IA 52807-3479
Phone no. 563-888-4000

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 $ 284,523,399. including grants of $ 282,753,062.) (Revenue $ 275,909.)
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 $ 14,057,480. including grants of $ 12,524,123.) (Revenue $ 74,629.)
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 $ 1,298,362. including grants of $ 226,703.) (Revenue $ 2,147,427.)
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 299,879,241.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	27		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** 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.	**17**		

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

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

Section A. Governing Body and Management

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

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

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

X Own website X Another's website X 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

DAN NEAL - 913-764-5200

11550 RENNER BLVD, LENEXA, KS 66219

SEE SCHEDULE O FOR FULL LIST OF STATES

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	40.00									
CEO & PRESIDENT	1.00			X				213,929.	0.	12,521.
(2) DAN NEAL	40.00									
SENIOR VP OF OPERATIONS	0.00					X		112,936.	0.	36,748.
(3) TENAGASHAW TIRUNEH	40.00									
SVP OF PROGRAMS	0.00					X		120,924.	0.	14,071.
(4) BRIAN SINK	40.00									
VP OF HYGIENE PROGRAMMING	0.00					X		108,426.	0.	16,063.
(5) HEATHER LEE	40.00									
VP OF DEVELOPMENT	0.00					X		108,343.	0.	13,189.
(6) ANNE DYKES	40.00									
SENIOR VP (THRU 6/25)	0.00					X		108,513.	0.	11,428.
(7) WENDY BLACKBURN	1.00									
CHAIR	0.00	X		X				0.	0.	0.
(8) AUSTIN BICKFORD	1.00									
TREASURER	0.00	X		X				0.	0.	0.
(9) DAN MCCLAIN	1.00									
SECRETARY	0.00	X		X				0.	0.	0.
(10) SONJA BACHUS	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(11) REBECCA CISEK	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) JENNIFER CLARK	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) ALAN EDELMAN	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(14) ANGELA FOLTZ	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(15) CHRISTIAN FRANK	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(16) RICHARD HEISE	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(17) JORDAN KOENIG	1.00									
DIRECTOR	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 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	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(19) JAMES ZEEB	1.00									
DIRECTOR	0.00	X						0.	0.	0.
1b Subtotal								773,071.	0.	104,020.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								773,071.	0.	104,020.

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

		Yes	No
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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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
ROSE PAVING LLC PO BOX 303, BEDFORD PARK, IL 60499	CONSTRUCTION SERVICES	170,173.
CROWN CFO PO BOX 790379, ST. LOUIS, MO 63179	ACCOUNTING SERVICES	146,081.
FEDEX FREIGHT DEPT CH PO BOX 10306, PALATINE, IL 60055	SHIPPING SERVICES	131,298.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 3

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,638,057.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	342,636,830.				
	g Noncash contributions included in lines 1a-1f	1g	$ 338,274,536.				
	h **Total.** Add lines 1a-1f			344274887.			
Program Service Revenue		Business Code					
	2a HYGIENE KIT BUILDING	493000		2,147,427.	2,147,427.		
	b ACCESS TO MEDICINE	424210		350,538.	350,538.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			2,497,965.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			476,784.			476,784.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	11,756,068. / 17,000.				
	b Less: cost or other basis and sales expenses	7b	11,721,610. / 7,544.				
	c Gain or (loss)	7c	34,458. / 9,456.				
	d Net gain or (loss)			43,914.			43,914.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a MISCELLANEOUS INCOME	900099		21,058.			21,058.
	b CREDIT CARD CASH BACK	900099		2,893.			2,893.
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			23,951.			
	12 **Total revenue.** See instructions			347317501.	2,497,965.	0.	544,649.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,671,303.	12,671,303.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	79,523.	79,523.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	282,753,062.	282,753,062.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	226,451.	33,968.	192,483.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,614,826.	1,844,408.	1,145,391.	625,027.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,485.	33,421.	25,064.	10,000.
9 Other employee benefits	180,464.	102,815.	41,005.	36,644.
10 Payroll taxes	266,175.	111,739.	120,854.	33,582.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,415.	1,919.	9,564.	932.
c Accounting	214,337.	33,125.	165,120.	16,092.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,659.		43,659.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	333,054.	105,486.	181,921.	45,647.
12 Advertising and promotion	120,638.	8,622.	367.	111,649.
13 Office expenses	871,709.	563,954.	131,374.	176,381.
14 Information technology	228,302.	103,139.	87,355.	37,808.
15 Royalties				
16 Occupancy	392,933.	143,033.	208,267.	41,633.
17 Travel	438,116.	410,367.	18,095.	9,654.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,846.	4,900.	4,150.	1,796.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	673,633.	638,604.	21,556.	13,473.
23 Insurance	197,251.	99,298.	67,903.	30,050.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OBSOLETE INVENTORY	127,850.	127,850.		
b STAFF DEVELOPMENT	10,568.	4,260.	5,197.	1,111.
c SPECIAL EVENTS	10,007.	4,445.	25.	5,537.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	303,545,607.	299,879,241.	2,469,350.	1,197,016.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,507.	1	3,232.
	2	Savings and temporary cash investments		7,548,058.	2	5,357,117.
	3	Pledges and grants receivable, net		61,982.	3	1,545,949.
	4	Accounts receivable, net		123,325.	4	61,003.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,883,318.	8	46,002,922.
	9	Prepaid expenses and deferred charges		111,152.	9	100,672.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,632,983.			
	b	Less: accumulated depreciation	10b 3,682,134.	9,271,393.	10c	8,950,849.
	11	Investments - publicly traded securities		5,465,559.	11	9,413,405.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		25,466,294.	16	71,435,149.
Liabilities	17	Accounts payable and accrued expenses		265,822.	17	526,726.
	18	Grants payable			18	
	19	Deferred revenue		319,945.	19	1,776,685.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		585,767.	26	2,303,411.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		23,534,237.	27	68,076,207.
	28	Net assets with donor restrictions		1,346,290.	28	1,055,531.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		24,880,527.	32	69,131,738.
	33	Total liabilities and net assets/fund balances		25,466,294.	33	71,435,149.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	347,317,501.
2	Total expenses (must equal Part IX, column (A), line 25)	2	303,545,607.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,771,894.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,880,527.
5	Net unrealized gains (losses) on investments	5	479,317.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,131,738.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

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

The organization is not a private foundation because it is: (For lines 1 through 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).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	282692413	281123666	408701589	229392302	344274887	1546184857.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	282692413	281123666	408701589	229392302	344274887	1546184857.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1312053247.
6 **Public support.** Subtract line 5 from line 4.						234131610

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	282692413	281123666	408701589	229392302	344274887	1546184857.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,904.	23,079.	128,964.	455,377.	476,784.	1093108.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		6,300.				6,300.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,629.	1,366.		650.	23,969.	29,614.
11 **Total support.** Add lines 7 through 10						1547313879.

12 Gross receipts from related activities, etc. (see instructions) 12 8,017,495.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 15.13 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 15.99 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☒

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
c	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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	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* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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
2021 AMOUNT: $ 917.
2024 AMOUNT: $ 650.

CREDIT CARD REBATES
2021 AMOUNT: $ 2,712.

OTHER INCOME
2022 AMOUNT: $ 1,366.

CREDIT CARD CASH BACK
2025 AMOUNT: $ 2,911.

MISCELLANEOUS INCOME
2025 AMOUNT: $ 21,058.

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 MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITING FUNDS FROM THE GENERAL PUBLIC, COMMUNITY, AND MEMBERSHIP GROUPS INVOLVED WITH ITS MISSION. ITS FUNDRAISING ACTIVITIES ARE COMMENSURATE WITH THE SCOPE OF ITS CHARITABLE PROGRAMS, REFLECTING THE ORGANIZATION'S PRIMARY FOCUS ON PROGRAM DELIVERY RATHER THAN FUNDRAISING VOLUME.

** PUBLIC DISCLOSURE COPY **

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 for the latest information.

OMB No. 1545-0047

Name of the organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

[X] 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

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 11,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 41,112,072.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 5,000.	Person [ ] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 10,755.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 278,879.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
8		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 14,525.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 235,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 9,667.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 522,510.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 228,302.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 190,813.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
24		$ 10,278.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 5,311.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 95,909.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
30		$ 20,668.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 16,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 138,426.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 8,346.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 55,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 15,980.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 82,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 8,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 5,819.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 111,339.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
57		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		$ 5,011.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 806,782.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization

HEART TO HEART INTERNATIONAL INC

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		$ 5,900.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
68		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 40,265.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
70		$ 22,132.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 8,093.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
72		$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 11,608.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 258,299.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
78		$ 8,311.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		$ 170,663.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
80		$ 11,285.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
81		$ 24,093.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
82		$ 11,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
83		$ 175,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
84		$ 12,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		$ 35,415.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
86		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88		$ 2,202,065.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
89		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94		$ 11,655.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100		$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102		$ 38,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104		$ 75,980.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
105		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
106		$ 2,533,425.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
107		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
108		$ 74,548.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
110		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
111		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
112		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
114		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116		$ 8,052.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
117		$ 7,937.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118		$ 10,867.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120		$ 7,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123		$ 47,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		$ 5,022.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
128		$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
129		$ 13,732,787.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
130		$ 119,857,290.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
131		$ 39,730,865.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
132		$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
134		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
135		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
136		$ 750,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
137		$ 6,063.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
138		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		$ 7,072.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
140		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
141		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
142		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
143		$ 6,384.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
144		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
146		$ 5,505,658.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
147		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
148		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
149		$ 5,341.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
150		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
152		$ 192,636.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
153		$ 5,054.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
154		$ 8,374.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
155		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
156		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
158		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
159		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
160		$ 25,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
161		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
162		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
164		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
165		$ 108,243,179.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
166		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
167		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
168		$ 29,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
170		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
171		$ 403,540.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
172		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
173		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
174		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
176		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
177		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
178		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
179		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
180		$ 5,000.	Person [ ] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
182		$ 1,819,609.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
183		$ 20,278.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
184		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
185		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
186		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		$ 6,860.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
188		$ 1,138,057.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
189		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 41,112,072.	12/31/25
7	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 278,879.	12/31/25
18	STOCK DONATION	$ 9,667.	05/16/25
23	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 190,813.	12/31/25
24	STOCK DONATION	$ 10,278.	12/31/25
29	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 95,909.	12/31/25

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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
30	STOCK DONATION	$ 20,668.	11/20/25
56	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 111,339.	12/31/25
66	STOCK DONATION	$ 806,782.	12/24/25
67	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 5,900.	12/31/25
69	STOCK DONATION	$ 40,265.	12/10/25
71	STOCK DONATION	$ 8,093.	06/23/25

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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
77	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 258,299.	12/31/25
79	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 170,663.	12/31/25
81	STOCK DONATION	$ 24,093.	11/21/25
85	STOCK DONATION	$ 35,415.	02/14/25
88	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 2,202,065.	12/31/25
104	STOCK DONATION	$ 50,980.	11/30/25

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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
106	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 2,533,425.	12/31/25
108	STOCK DONATION	$ 74,548.	11/30/25
116	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 8,052.	12/31/25
127	STOCK DONATION	$ 5,022.	12/05/25
129	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 13,732,787.	12/31/25
130	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 119,857,290.	12/31/25

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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
131	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 39,730,865.	12/31/25
136	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 750,000.	12/31/25
146	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 5,505,658.	12/31/25
152	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 132,636.	12/31/25
165	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 108,243,179.	12/31/25
171	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 403,540.	12/31/25

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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
182	PHARMACEUTICALS, MEDICAL SUPPLIES, HYGIENE ITEMS	$ 1,819,609.	12/31/25
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
183	STOCK DONATION	$ 20,278.	10/03/25
(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

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	22,500.	22,058.	19,264.	22,665.	20,517.
b Contributions					
c Net investment earnings, gains, and losses	1,173.	3,899.	2,794.	-3,401.	2,148.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,100.	3,207.			
f Administrative expenses	73.	250.			
g End of year balance	22,500.	22,500.	22,058.	19,264.	22,665.

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:

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,292,233.		1,292,233.
b Buildings		8,048,023.	1,695,874.	6,352,149.
c Leasehold improvements		1,229,343.	654,065.	575,278.
d Equipment		1,059,805.	969,267.	90,538.
e Other		1,003,579.	362,928.	640,651.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				8,950,849.

Part VII Investments - Other Securities

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

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

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 (COLLECTIVELY THE ORGANIZATION) 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, 2025 OR 2024, AS MANAGEMENT DOES NOT BELIEVE ANY MATERIAL UNCERTAINTIES EXIST.

Part XIII Supplemental Information *(continued)*

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" 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? ..... [X] **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	113,228,855.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	2,210,296.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	651,649.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	1,458.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	147,535,451.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	39,260.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	9,181,294.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	DISTRIBUTION OF MEDICAL AID	9,904,799.
3 a Subtotal	0	0			282,753,062.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			282,753,062.

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.		843,427.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		27,764.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		48072968	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		32552130	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		53,162.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		18289156	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		5,087.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		1711287.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 46

3 Enter total number of other organizations or entities 0

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		5,781.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		30,744.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		13,272.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MEDICAL ASSISTANCE	0.		11606815	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		10,635.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		1208400.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		53,732.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	18,663.		0.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		630,293.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		5,686.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		193,539.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MEDICAL ASSISTANCE	0.		89,348.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	MEDICAL ASSISTANCE	0.		40,995.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	MEDICAL ASSISTANCE	0.		610,654.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	MEDICAL ASSISTANCE	0.		16440376	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	MEDICAL ASSISTANCE	0.		15426195	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	MEDICAL ASSISTANCE	0.		########	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	MEDICAL ASSISTANCE	0.		38,252.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	MEDICAL ASSISTANCE	0.		9181194.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		16,111.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		3405794.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		32,480.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	114,962.		0.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	72,313.		0.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		43,779.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	25,000.		37,872.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		270,177.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		18,991.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		175,994.	PHARMACEUTICALS, MEDICAL SUPPLIES AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL ASSISTANCE	0.		5675811.	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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 II, LINE 1 (ACCOUNTING METHOD):
EXPENDITURES ARE ACCOUNTED FOR ON THE ACCRUAL BASIS OF ACCOUNTING AND ARE RECORDED IN THE PERIOD IN WHICH THE OBLIGATION IS INCURRED.

PART III, (ACCOUNTING METHOD):
EXPENDITURES ARE ACCOUNTED FOR ON THE ACCRUAL BASIS OF ACCOUNTING AND ARE RECORDED IN THE PERIOD IN WHICH THE OBLIGATION IS INCURRED.

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	13,441.	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.	37,130.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
BIGUNS HOPE DISASTER RESPONSE SERVICES INC - 1096 SCENIC GULF DRIVE UNIT G14 - MIRAMAR BEACH, MO 32550	85-0926786	501(C)(3)	0.	10,074.	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)	9,853.	340,365.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CENTER FOR FAMILY HEALTH AND EDUCATION - 8727 VAN NUYS BLVD. SUITE 201 - PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	0.	13,050.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CHARIS HEALTH CENTER 2620 N. MT. JULIET RD. MT. JULIET, TN 37122	35-2298919	501(C)(3)	0.	19,312.	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 ..... 68.

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

LHA 532101 04-01-25

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
CITY ON A HILL MINISTRIES 100 PINE STREET ZEELAND, MI 49464	20-3901260	501(C)(3)	0.	13,742.	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.	10,437.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CLINICA MARIA LUISA PROYECTO DESARROLLO HUMANO - 17517 SABAL PALM DRIVE - PENITAS, TX 78576	20-5709276	501(C)(3)	0.	7,025.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
COLLIER HEALTH SERVICES 1454 MADISON AVENUE WEST IMMOKALEE, FL 34142	59-1741277	501(C)(3)	0.	35,126.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
COMMUNITY HEALTH AT ONWARD HOUSE 5413 W DIVERSEY AVE CHICAGO, IL 60639	36-3831793	501(C)(3)	0.	14,283.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
COMMUNITY INITIATIVES, INC - LA CLINICA - 212 OVERLAND DR - GREENWOOD, SC 29649	31-1741660	501(C)(3)	44,139.	0.			MEDICAL ASSISTANCE
COMMUNITYCARE CLINICS 5755 MONCLOVA RD MAUMEE, OH 43537	27-4077912	501(C)(3)	0.	14,640.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CONFLUENCE HRKC 2711 TROOST AVENUE KANSAS CITY, MO 64109	80-0285340	501(C)(3)	0.	56,760.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
CONVOY OF HOPE 330 SOUTH PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	0.	689,891.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

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
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341	32-0015321	501(C)(3)	0.	7,488.	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.	6,491.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
EPISCOPAL CHURCH OF THE REDEEMER 7110 N STATE ROUTE 9 KANSAS CITY, KS 64152	43-1318002	501(C)(3)	0.	5,083.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
EQUAL ACCESS BIRMINGHAM 930 20TH ST S BIRMINGHAM, AL 35205	63-1182994	501(C)(3)	0.	19,151.	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.	17,541.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
FOX 4 LOVE FUND FOR CHILDREN 3030 SUMMIT KANSAS CITY, MO 64108	43-1298128	501(C)(3)	0.	5,179.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
FRIENDS IN NEED HEALTH CENTER, INC 1916 BROOKSIDE DRIVE KINGSPORT, TN 37660	62-1541637	501(C)(3)	4,923.	16,658.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
GENESEE COUNTY FREE MEDICAL CLINIC 2437 WELCH BLVD FLINT, MI 48504	38-2995700	501(C)(3)	0.	8,842.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
GENESIS COMMUNITY HEALTH 4521 THOMAS JEFFERSON ST. CALDWELL, ID 83605	82-0505073	501(C)(3)	0.	11,634.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

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
GLOBAL EMPOWERMENT MISSION 1850 NW 84TH AVE SUITE 100 DORAL, FL 33126	45-3782061	501(C)(3)	0.	7,319.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
GOOD NEIGHBOR HEALTH CLINIC 70 NORTH MAIN STREET WHITE RIVER JUNCTION, VT 05001	03-0346949	501(C)(3)	0.	18,394.	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.	7,020.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
GRASSROOTS CITY FREE CLINIC 743 E. TABOR AVE FAIRFIELD, CA 94533	95-3306736	501(C)(3)	0.	10,485.	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.	240,342.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
HEALTH FOR ALL 3030 E 29TH ST SUITE 111 BRYON, TX 77802	74-2624477	501(C)(3)	0.	20,018.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
HOPE FAMILY CARE CENTER 3027 PROSPECT AVENUE KANSAS CITY, MO 64128	26-4021005	501(C)(3)	0.	5,184.	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.	9,684.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
INSULIN FOR LIFE, USA INC. 2555 SW 76TH STREET, SUITE 130 GAINSVILLE, FL 32608	46-0771608	501(C)(3)	0.	146,249.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

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
JAYDOC FREE CLINIC (KU ENDOWMENT ASSOCIATION) - 4400 FRANCIS ST - KANSAS CITY, KS 66103	48-0547734	501(C)(3)	0.	122,825.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
JOHNSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT - 11875 SUNSET, SUITE 300 - OLATHE, KS 66061		GOV	0.	6,574.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
KANSAS CITY FREE EYE CLINIC 705 VIRGINIA AVE KANSAS CITY, MO 64106	27-0704299	501(C)(3)	0.	128,240.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
KCMO HEALTH DEPARTMENT 2400 TROOST KANSAS CITY, MO 64108	44-6000201	GOV	0.	6,764.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 SOUTH 8TH STREET - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	542,020.	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.	8,550.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	0.	10,692.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501(C)(3)	0.	13,334.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MEDICAL MISSION ADVENTURES 11540 BONHAM AVE SYLMAR, CA 91342	04-3661520	501(C)(3)	0.	17,656.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

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
MEDSHARE 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	0.	13,449.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MERCY SHIPS 15862 HIGHWAY 110 NORTH LINDALE, TX 75771	26-2414132	501(C)(3)	0.	6,694.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MISSOURI PRIMARY CARE ASSOCIATION 3325 EMERALD LANE JEFFERSON CITY, MO 65109	43-1419937	501(C)(3)	0.	37,291.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
MOBILE CARE FOUNDATION 239 W ROOT ST CHICAGO, IL 60609	36-4203198	501(C)(3)	0.	12,448.	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.	1,528,218.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
NORTH FLORIDA MEDICAL CENTERS 2804 REMINGTON GREEN CIRCLE #2 TALLAHASSE, FL 32308	59-1915144	501(C)(3)	0.	13,483.	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)	0.	56,623.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
ODU COMMUNITY CARE CLINIC 1881 UNIVERSITY DRIVE VIRGINIA BEACH, VA 23453	54-6000084	501(C)(3)	0.	14,691.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
PEDIPLACE 502 S OLD ORCHARD LANE, #126 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	0.	7,125.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

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
PROJECT HOPE 1220 19TH STREET, NW, SUITE 800 WASHINGTON, DC 20036	53-0242962	501(C)(3)	0.	5,725.	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.	7,737,050.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY - 2525 CHERRY ST - KANSAS CITY, MO 64108	43-1190760	501(C)(3)	0.	12,847.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SALEM FREE CLINICS 1300 BROADWAY ST NE SALEM, OR 97301	20-3549992	501(C)(3)	0.	13,049.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SAN JOSE CLINIC 2615 FANNIN ST HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	31,582.	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.	13,591.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	6,574.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
STUBER HEALTH CENTER 904 S 10TH STREET, STE A SAINT JOSEPH, MO 64503	44-6000455	501(C)(3)	0.	19,953.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
SWLA CENTER FOR HEALTH SERVICES 112 N 6TH ST OBERLIN, LA 70655	72-1015384	501(C)(3)	0.	7,829.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

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
TAMPA CRISIS CENTER ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501(C)(3)	0.	35,152.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
TEXAS ASSOCIATION OF CHARITABLE CLINICS - 9119 HWY 6, SUITE 230-441 - MISSOURI CITY, TX 77459	33-1115138	501(C)(3)	30,000.	0.			MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.
TRINITY HEALTH CENTER 6935 WINDCHASE DR HORN LAKE, MS 38637	82-4132814	501(C)(3)	0.	12,188.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
WATERMARK HEALTH 7616 LBJ FWY DALLAS, TX 75051	26-3381206	501(C)(3)	0.	6,524.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARESTON, WV 25311	31-1066881	501(C)(3)	0.	11,935.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
WILDFLOWER HEALTHCARE 110 N BREVARD ST ST. AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	12,997.	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.	25,633.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE
WORLD PEDIATRICS 1325 N WARSON RD ST. LOUIS, MO 63132	54-1953305	501(C)(3)	0.	6,274.	FMV	MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE	MEDICAL ASSISTANCE

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	3996	0.	79,523.	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: AFFINIA HEALTHCARE
(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

Part IV Supplemental Information

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEN COUNTY SCHOOLS
(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: AMIGOS FOR KIDS
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ARKANSAS FOOD BANK
(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: BARNABAS HEALTH SERVICES
(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: BERKELEY FREE CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: BETTER FAMILY LIFE
(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: BRIDGES OUTREACH
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGES TO HEALTH
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CAPE VOLUNTEERS IN MEDICINE

Part IV Supplemental Information

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

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

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF JACKSON COUNTY
(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:
CENTER FOR FAMILY HEALTH AND EDUCATION
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR HAITIAN STUDIES
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRE VOLUNTEERS IN MEDICINE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CER GLENDALE SHERIFFS
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CHARIS HEALTH CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

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

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

NAME OF ORGANIZATION OR GOVERNMENT:
CHRISTIAN ASSISTANCE MINISTRY KERR COUNTY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

Part IV **Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE RESURRECTION
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

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

NAME OF ORGANIZATION OR GOVERNMENT: CITY ON A HILL MINISTRIES
(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:
CLINICA MARIA LUISA PROYECTO DESARROLLO HUMANO
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: CLINICA TEPATI
(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: COLLIER HEALTH SERVICES
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY CARE CENTER FOR FORSYTH COUNTY, INC.
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOODBANK OF NEW JERSEY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH AT ONWARD HOUSE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY HEALTH CENTER OF WEST PALM BEACH
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

Part IV Supplemental Information

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY HEALTH SERVICES OF UNION COUNTY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITYCARE CLINICS
(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: CROSS TRAILS MEDICAL CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

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

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

NAME OF ORGANIZATION OR GOVERNMENT:
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: DREAM CENTER CLINIC
(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 HARLEM HEALTH OUTREACH PARTNERSHIP
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: EAST KNOXVILLE FREE MEDICAL CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: EMMANUEL PROJECT OF NORTHEAST FLORIDA
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

Part IV **Supplemental Information**

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

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

NAME OF ORGANIZATION OR GOVERNMENT: EVA'S VILLAGE
(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: FELLOWSHIP HEALTH CLINIC
(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.

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

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS IN NEED HEALTH CENTER, INC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GABBARD MEMORIAL CLINIC
(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: GENESIS COMMUNITY HEALTH
(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.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GLENDALE COMMUNITY FREE HEALTH CLINIC
(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 HEALTH CLINIC
(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 SAMARITAN CLINIC MORGANTON NC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY INC
(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: GRACE CLINIC OF YADKIN VALLEY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE COMMUNITY CLINIC
(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: GREENVILLE FREE MEDICAL 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: GUADALUPE FREE CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HABILITAT, INC.
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

Part IV Supplemental Information

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HARRISBURG FAMILY HEALTH CARE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HARVEST FREE MEDICAL CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HAVEN BAPTIST CHURCH
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH & HOPE MEDICAL OUTREACH
(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: HEALTH FOR ALL
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

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

NAME OF ORGANIZATION OR GOVERNMENT: HILARITY FOR CHARITY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HOMELESS EMPOWERMENT PROGRAM
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE CLINIC BAYBORO
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE FAMILY CARE CENTER
(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:
HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: IBN SINA FOUNDATION

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: INSULIN FOR LIFE, USA INC.
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
JAYDOC FREE CLINIC (KU ENDOWMENT ASSOCIATION)
(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: JOHN P. MURRAY COMMUNITY CARE CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
JOHNSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS ALLIANCE TRIBAL HEALTH
(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 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 CITY VA MEDICAL CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS CITY, MISSOURI SCHOOL DISTRICT
(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: KHEIR CLINIC

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:
LA CLINICA DE NUESTRA SENORA DE GUADALUPE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
LA CLINICA GRATIS OF COMMUNITY INITIATIVES, INC
(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: LESTONNAC FREE CLINIC
(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: LIGHT AND SALT HEALTH CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

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

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY KC
(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: LOS ANGELES REGIONAL FOOD BANK
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: LUKE'S HOUSE
(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

Part IV Supplemental Information

AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MARIE BLANCHARD FRIENDSHIP CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MCLEOD CENTERS FOR WELLBEING
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MEDICAL MISSION ADVENTURES
(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.

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

NAME OF ORGANIZATION OR GOVERNMENT: MESCO STUDENT RUN FREE CLINIC
(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: MIGRANT FARMWORKERS PROJECT
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MILAN PUSKAR HEALTH RIGHT
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: MISSION MEDICAL CENTER
(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: MISSOURI PRIMARY CARE ASSOCIATION
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES

Part IV Supplemental Information

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: MOBILE CARE FOUNDATION
(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: NEIGHBORHOOD HEALTH CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORWORKS BLACKHAWK REGION
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH CAROLINA FARMWORKERS PROJECT
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTY LGBTQ RESOURCE CENTER
(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 KANSAS CITY SCHOOL DISTRICT
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
NORTHERN NECK MIDDLESEX FREE HEALTH CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES
AND/OR HYGIENE ITEMS.

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:

Part IV Supplemental Information

NURSES GLOBAL OUTREACH, INC./ ICT STREET TEAM
(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: O'CONNELL CHILDREN'S SHELTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ODU COMMUNITY CARE CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: OMICRON XI FOUNDATION
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: OPEN M FREE CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

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

NAME OF ORGANIZATION OR GOVERNMENT: OZANAM CHARITABLE PHARMACY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PARACLETE MANOR APARTMENTS
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PARKER FAMILY HEALTH CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PAYSON CHRISTIAN CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: PIONEER MEDICAL FOUNDATION CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: POCATELLO FREE CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: POINT LOMA NAZARENE UNIVERSITY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: POINT WASHINGTON MEDICAL CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PRAIRIE BAND POTAWATOMI NATION
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
PREMIER COMMUNITY HEALTH CARE GROUP, INC.
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PREMIER MOBILE HEALTH SERVICES
(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: PS TEST INC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PURPOSE POINT COMMUNITY HEALTH
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: REFUGE CLINIC
(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:
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 INTERMOUNTAIN AREA

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: SALEM FREE CLINICS
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
SAMARITAN HEALTH CLINIC OF PICKENS COUNTY
(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: SHAWNEE MIDDLE SCHOOL
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SHEPHERD'S CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SHIFA HEATHCARE & COMMUNITY SERVICES
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SILOAM FAMILY HEALTH CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SMITHVILLE COMMUNITY CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SNAKE RIVER COMMUNITY CLINIC
(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: ST MARYS HEALTH WAGON
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANDREWS EPISCOPAL CHURCH
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARTIN'S HEALTHCARE, INC.
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ST. PATRICK CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: STUBER HEALTH CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
SUMTER UNITED MINISTRIES FREE MEDICAL CLINIC
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SWLA CENTER FOR HEALTH SERVICES
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA CRISIS CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

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 GREATER KANSAS CITY BLACK NURSES ASSOCIATION
(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:
THE SUN BUS COLORADO MELANOMA FOUNDATION

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: THE URBAN CLINIC OF ATLANTA
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: TINY PANTRY TIMES
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: TJCMF COMMUNITY MEDICAL CARE
(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:
UNIFIED GOV. OF WYANDOTTE CO. VOLUNTEER CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED COMMUNITY FOUNDATION
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
UNIVERSITY OF SOUTHERN FLORIDA COLLEGE OF NURSING
(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: 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: WATERMARK HEALTH
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WE CARE MANATEE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: WEST VIRGINIA HEALTH RIGHT
(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:
WILLA CARSON HEALTH AND WELLNESS CENTER
(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: WORLD PEDIATRICS
(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:
WYANDOTTE COUNTY PUBLIC HEALTH DEPARTMENT
(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 GREATER KANSAS CITY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG OPTIMISTIC LEADERS OF AMERICA
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT:
ZAMAN INTERNATIONAL COMMUNITY HEALTH CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICINES, MEDICAL SUPPLIES AND/OR HYGIENE ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ZUFALL HEALTH CENTER
(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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**	X	
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIMBERLY CARROLL	(i)	179,377.	34,552.	0.	0.	12,521.	226,450.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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.

PART I, LINE 7:

THE CHIEF EXECUTIVE OFFICER MAY BE ELIGIBLE FOR A DISCRETIONARY BONUS AS DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS. THE BONUS, IF ANY, IS NOT BASED ON A PREDETERMINED FORMULA. INSTEAD, IT IS EVALUATED AND APPROVED AT YEAR-END BASED ON FACTORS SUCH AS ORGANIZATIONAL PERFORMANCE, ACHIEVEMENT OF STRATEGIC OBJECTIVES, FINANCIAL RESULTS, AND OVERALL LEADERSHIP EFFECTIVENESS. THE DETERMINATION IS MADE BY INDEPENDENT MEMBERS OF THE BOARD, AND THE CEO DOES NOT PARTICIPATE IN THE DELIBERATION OR APPROVAL PROCESS.

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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

HEART TO HEART INTERNATIONAL INC

Employer identification number

48-1108359

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	17	1,116,027.	FMV
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				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (DONATED INVENTO)	X	316	337,158,509.	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment 29 20

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, COLUMN (B):
REPORTING 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

FORM 990, PART VI, SECTION A, LINE 1A:
EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION; THE EXECUTIVE COMMITTEE SHALL ACT UPON ANY MATTER IN THE ORDINARY COURSE OF BUSINESS, OR IN PRESSING OR EMERGENCY BUSINESS, BETWEEN BOARD MEETINGS AND SHALL REPORT ANY ACTION TAKEN FOR RATIFICATION AT THE NEXT BOARD MEETING. SUCH AUTHORITY HAS BEEN GIVEN TO MAINTAIN A CONSISTENT, TIMELY AND OPERABLE MANAGEMENT OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 4:
THE BYLAWS WERE AMENDED DURING THE YEAR; SIGNIFICANT CHANGES INCLUDE REQUIRING THAT THE CEO'S ANNUAL PERFORMANCE EVALUATION BE CONDUCTED IN WRITTEN FORM AND EXPLICITLY REQUIRING BOARD REVIEW AND FORMAL APPROVAL OF THE ORGANIZATION'S ANNUAL OPERATING BUDGET.

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:
HEART TO HEART INTERNATIONAL INC. HAS A WRITTEN CONFLICT OF INTEREST POLICY APPLICABLE TO DIRECTORS, OFFICERS, AND EMPLOYEES. THE POLICY REQUIRES ANNUAL WRITTEN DISCLOSURES AND THE PROMPT DISCLOSURE OF POTENTIAL CONFLICTS TO THE BOARD OF DIRECTORS, AN APPROPRIATE COMMITTEE, OR THE BOARD CHAIR OR DESIGNEE, DEPENDING ON THE LEVEL OF REVIEW. INDIVIDUALS WITH A CONFLICT RECUSE THEMSELVES FROM DELIBERATIONS, VOTING, AND QUORUM AS APPLICABLE, AND DETERMINATIONS AND ACTIONS ARE DOCUMENTED IN THE MEETING MINUTES. THE BOARD REVIEWS THE POLICY ANNUALLY AND MONITORS COMPLIANCE.

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:
HEART TO HEART INTERNATIONAL INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C
HEART TO HEART INTERNATIONAL INC.'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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HEART TO HEART INTERNATIONAL INC

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	(g) No
REGALORX, INC - 83-3558266 11550 RENNER BLVD LENEXA, KS 66219	SUPPORT HEART TO HEART INTERNATIONAL	KANSAS	501(C)(3)	LINE 10	HEART TO HEART INTERNATIONAL	X	
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	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) REGALO RX	C	500,000.	FMV
(2) HEART TO HEART INTERNATIONAL FOUNDATION	C	1,138,057.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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

Form **990-T**

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

For calendar year 2025 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)
HEART TO HEART INTERNATIONAL INC

D Employer identification number
48-1108359

Number and street. If a P.O. box, see instructions.
11550 RENNER BLVD

Room or suite no.

E Group exemption number (see instructions)

City or town: LENEXA | State or province: KS | Country: | ZIP or foreign postal code: 66219

C Book value of all assets at end of year ..... 71,435,149.

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) .....

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of DAN NEAL 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 for future use	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	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** 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	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** 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	**Total credits.** 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	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15		5b	
6 a	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 ☐	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		
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k		
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed		9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** _____ **Refunded**		11	
	For Refunded amount, also complete and attach Form 8050. See instructions.			

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

		Yes	No
1	At any time during the 2025 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 _____		X
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
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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)? ☒ Yes ☐ No

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENIFER L. CHASE	JENIFER L. CHASE	05/11/26		P01306883

Firm's name RSM US LLP — Firm's EIN 42-0714325

Firm's address 4650 EAST 53RD STREET DAVENPORT, IA 52807-3479 — Phone no. 563-888-4000