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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning	January 1	, 2010, and ending	December 31	, 2010
B Check if applicable:	C Name of organization			D Employer identification number
<input type="checkbox"/> Address change	HEART TRUST, INC			20-5536661
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return	23 Chapel Lane			203-698-3150
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4			F Group Exemption Number
<input type="checkbox"/> Amended return	Riverside, CT 06878-1615			
<input type="checkbox"/> Application pending				
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ► www.hearttrust.org				
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.				
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)				
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	79,852	
	2 Program service revenue including government fees and contracts	2	-0-	
	3 Membership dues and assessments	3	-0-	
	4 Investment income	4	222	
	5a Gross amount from sale of assets other than inventory	5a	-0-	
	b Less: cost or other basis and sales expenses	5b	-0-	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-0-	
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	-0-	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	-0-	
	c Less: direct expenses from gaming and fundraising events	6c	-0-	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-0-	
	7a Gross sales of inventory, less returns and allowances	7a	-0-	
	b Less: cost of goods sold	7b	-0-	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-0-	
	8 Other revenue (describe in Schedule O)	8	-0-	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	80,074	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	68,082	
	11 Benefits paid to or for members	11	-0-	
	12 Salaries, other compensation, and employee benefits	12	-0-	
	13 Professional fees and other payments to independent contractors	13	-0-	
	14 Occupancy, rent, utilities, and maintenance	14	-0-	
	15 Printing, publications, postage, and shipping	15	256	
	16 Other expenses (describe in Schedule O)	16	5,097	
	17 Total expenses. Add lines 10 through 16 ►	17	73,435	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,639	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	174,636	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-0-	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	181,275	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	174,636	22 181,275
23 Land and buildings	-0-	23 -0-
24 Other assets (describe in Schedule O)	-0-	24 -0-
25 Total assets	174,636	25 181,275
26 Total liabilities (describe in Schedule O)	-0-	26 -0-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	174,636	27 181,275

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

What is the organization's primary exempt purpose? Pediatric cardiac care & training in developing countries
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Open heart mission to Kampala, Uganda. Ran mission in partnership with Gift of Life International. All expenses covered by Gift of Life International. Procured donated supplies for mission on Gift of Life's behalf, so we are not including the value of the donations here. Operated on 6 Ugandan children.	
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	Electrophysiology mission to Guatemala at UNICAR; 13 patients, 14 procedures; airfare: \$ 1,617 Donated medical services: \$ 73,416. Donated supplies: \$ 5,725 (listed as grant below). Paid UNICAR \$ 2,661 to cover hospital costs for Salvadoran patients during 2009 EP mission to Guatemala.	
	(Grants \$ <input type="text"/> Donated supplies \$ <input type="text"/> 5,725) If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	29a 4,278
30	Procured surgical instrument donations from Scanian International : Donation to Guatemalan hospital (UNICAR) value \$ 12,300. Donation of instruments to National Heart Institute in Cairo, Egypt value \$ 36,727.	
	(Grants \$ <input type="text"/> Donated supplies \$ <input type="text"/> 49,027) If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$ <input type="text"/> Scholarships \$ <input type="text"/> 7,340) If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	31a 7,340
32	Total program service expenses (add lines 28a through 31a)	32 11,618

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	36	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	37a	-0-
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	-0-
39 Section 501(c)(7) organizations. Enter:	39a	-0-
a Initiation fees and capital contributions included on line 9	39b	-0-
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► <u>-0-</u> ; section 4912 ► <u>-0-</u> ; section 4955 ► <u>-0-</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed. ► CT		
42a The organization's books are in care of ► Shereen Abdel-Meguid Telephone no. ► 203-698-3150 Located at ► 23 Chapel Lane, Riverside, CT ZIP + 4 ► 06878-1615		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <input type="checkbox"/> 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

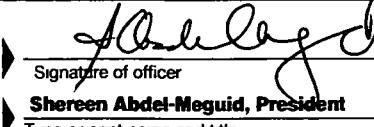
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► **-0-**
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► **-0-**
 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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 Shereen Abdel-Meguid, President Type or print name and title		Date <i>April 27/2011</i>
	Print/Type preparer's name Paid Preparer Use Only	Preparer's signature	
			Check <input type="checkbox"/> if self-employed
		Firm's name ►	Firm's EIN ►
		Firm's address ►	Phone no.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

Heart Trust, Inc.

Employer identification number

20-5536661

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	178,025	54,066	181,985	183,616	79,852	677,544
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
4 Total. Add lines 1 through 3	178,025	54,066	181,985	183,616	79,852	677,544
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	178,025	54,066	181,985	183,616	79,852	677,544
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29	1,431	535	294	222	2,511
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
11 Total support. Add lines 7 through 10						680,055
12 Gross receipts from related activities, etc. (see instructions)					12	-0-
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . .	18	%
19a 33½% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
b 33½% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

Form 990-EZ (Attachments)

Part I

Line 10. Grants or Similar Amounts:

Scholarships:

Following scholarships were awarded in 2010:

Guatemalan Students:

Marla Castillo, age 21, Nursing Student, \$1,600

Juan Carlos Franco, age 21, Medical School Student, \$1,600

Edwin Garcia, age 21, College Student (Business), \$1,600

Rony Gomez Villatoro, age 19, Law School, \$800

Reyna Sofia Marin, age 20, High School Student, \$800

Ugandan Student:

Henry Kalanzi, age 21, College Student (Civil Engineering), \$940

Total Scholarships: \$7,340

Six recipients include 5 indigent cardiac patients living in or around Guatemala City, Guatemala and the son of an indigent cardiac patient in Kampala, Uganda. As of Dec 31, 2010. Heart Trust had six scholarship recipients to date. Each student completed an application for the scholarship; scholarships are approved on the basis of need.

Scholarship recipients are unrelated to any persons having an interest or affiliated with Heart Trust, Inc. These grants are program expenses (Listed in Part III, Line 31, but not included in Part I, Line 16 (Other Expenses)).

Non-cash Grants:

The following are values of medical supplies which were donated by these companies for use during Heart Trust's cardiac missions. (These amounts are also listed in Part I, Line 1)

\$5,725 (1ea ICD+leads, 10ea diagnostic catheters)

\$12,300 (Value of surgical instruments donated to UNICAR, hospital in Guatemala City, Guatemala.

\$36,727 (Value of surgical instruments donated to Nat'l Heart Inst in Cairo, Egypt)

Additionally, Heart Trust purchased a sternal saw from Terumo for donation to UNICAR in Guatemala City, Guatemala. Cost was \$5,990.

Total Non-Cash Grants: \$60,742

Total Grants and Similar Amounts: \$68,082

Form 990EZ Attachments

Part I

Line 16. Breakdown of Other Expenses

	<u>Total</u>	<u>Program Services</u>	<u>Mgt & General</u>	<u>Fundraising</u>
Travel	\$ 1,617	\$ 1,617		
Payment to UNICAR in Guat (for Salvadoran EP Patients in 2009)	\$ 2,661	\$ 2,661		
Misc Registration Fees	\$ 721		\$ 721	
Bank Fees	\$ 98		\$ 98	
Total	\$ 5,097	\$ 4,278	\$ 819	\$ 0

Part III

Line 31.

Scholarships to indigent cardiac patients or their siblings. Continued to grant 5 scholarships to Guatemalan students; new scholarship issued to a Ugandan college student. Each scholarship will fund one year of education, including tuition and books. One nursing school, one medical school, two university, one law school and one high school student. Total of the six scholarships: \$7,340.