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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEART TO HEART INTERNATIONAL INC	D Employer identification number 48-1108359
	Doing Business As	E Telephone number (913) 764-5200
	Number and street (or P O box if mail is not delivered to street address) 401 S CLAIRBORNE NO 302	Room/suite
	G Gross receipts \$ 80,992,202	
	City or town, state or country, and ZIP + 4 OLATHE, KS 66062	
	F Name and address of principal officer ANDRE BUTLER 401 S CLAIRBORNE NO 302 OLATHE, KS 66062	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HEARTTOHEART.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1992
		M State of legal domicile KS

Part I	Summary
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Activities & Governance	1 Briefly describe the organization’s mission or most significant activities TO PROVIDE HUMANITARIAN RELIEF AND DEVELOPMENT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	33
Revenue	6 Total number of volunteers (estimate if necessary)	6	11,700
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	95,914,746	80,510,413
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305,631	464,249
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,724	-2,690
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-5,918	-44,939
		96,251,183	80,927,033
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	76,454,835	73,663,735
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,152,813	1,217,194
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶594,017		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,624,940	4,445,305
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	83,232,588	79,326,234
	19 Revenue less expenses Subtract line 18 from line 12	13,018,595	1,600,799
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	25,565,337	26,873,704
	21 Total liabilities (Part X, line 26)	1,453,780	1,158,578
	22 Net assets or fund balances Subtract line 21 from line 20	24,111,557	25,715,126

Part II	Signature Block
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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	2011-05-11 Date		
	ANDRE BUTLER EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name GREGORY D OWENS	Preparer's signature GREGORY D OWENS	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ KELLER & OWENS LLC	Firm's EIN ▶		
	Firm's address ▶ 10955 LOWELL AVE STE 800 OVERLAND PARK, KS 66210	Phone no ▶ (913) 338-3500		

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

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

HEART TO HEART INTERNATIONAL IS IMPROVING GLOBAL HEALTH THROUGH HUMANITARIAN INITIATIVES THAT CONNECT PEOPLE AND RESOURCES TO A WORLD IN NEED

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

4a	(Code)	(Expenses \$ 74,583,028 including grants of \$ 70,422,311)	(Revenue \$)
INTERNATIONAL DELIVERY AND DISTRIBUTION OF HUMANITARIAN AID FOR THE BENEFIT OF PEOPLE IN DEVELOPING COUNTRIES ACTIVITIES INCLUDE DISTRIBUTION OF MEDICAL AID, SHIPMENTS OF RELIEF SUPPLIES, AND COMPREHENSIVE MEDICAL-EDUCATION INITIATIVES			



















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

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

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

4e	Total program service expenses	\$ 78,298,502
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
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	No
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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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 Yes	
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	No
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
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	No
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 Yes	
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	7
b	Enter the number of Forms W-2G included in 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	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	33
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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	Yes
b	If "Yes," enter the name of the foreign country: HA See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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?	6a	No
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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
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	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the 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	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b8		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. HEART TO HEART INTERNATIONAL 401 S CLAIRBORNE SUITE 302 OLATHE, KS 66062 (913) 764-5200

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY MORSCH MD VICE CHAIR & FOUNDER	2 00	X		X				0	0	0
(2) LONNIE CANNON BOARD MEMBER	1 00	X						0	0	0
(3) CARLA DURYEE BOARD CHAIR-1ST PART OF YEAR	1 00	X		X				0	0	0
(4) HOWARD FLEISCHER BOARD MEMBER	1 00	X						0	0	0
(5) BRUCE RE BOARD MEMBER	1 00	X						0	0	0
(6) THOMAS SOMMERS CHE TREASURER - 1ST PART OF YEAR	1 00	X		X				0	0	0
(7) JIMMY STRICKLAND BOARD MEMBER	1 00	X						0	0	0
(8) DARRELL LYNN GRACE DO BOARD MEMBER	1 00	X						0	0	0
(9) ZANDRA L MAFFETT BOARD MEMBER	1 00	X						0	0	0
(10) JIM KERR BOARD CHAIR - LAST PART OF YEAR	1 00	X		X				0	0	0
(11) JAMES BAKER DIRECTOR OF FINANCE & ADMIN-FIRST PART OF YEAR	40 00			X				18,665	0	0
(12) ANDRE BUTLER CEO - LAST PART OF YEAR	40 00			X				103,642	0	4,430
(13) JON NORTH CEO - FIRST PART OF YEAR	40 00			X				84,637	0	0
(14) CURTIS AUBREY CHIEF FINANCIAL OFFICER - FIRST PART OF YEAR	40 00			X				4,943	0	0

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	1
---	---	---

Section B. Independent Contractors

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

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶1</p>	
---	--

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a			3,775			
	b Membership dues 1b						
	c Fundraising events 1c			46,122			
	d Related organizations 1d						
	e Government grants (contributions) 1e			145,000			
	f All other contributions, gifts, grants, and similar amounts not included above 1f			80,315,516			
	g Noncash contributions included in lines 1a-1f \$			76,293,483			
	h Total. Add lines 1a-1f ▶			80,510,413			
	Program Service Revenue				Business Code		
2a ADMINISTRATION FEE/PRO			493000	464,249	464,249		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f ▶			464,249				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶				5,394		5,394
	4 Income from investment of tax-exempt bond proceeds . . ▶						
	5 Royalties ▶						
				(i) Real	(ii) Personal		
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
				(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses			13	8,071		
	c Gain or (loss)			-13	-8,071		
	d Net gain or (loss) ▶				-8,084		-8,084
	8a Gross income from fundraising events (not including \$ 46,122 of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b			12,146			
	c Net income or (loss) from fundraising events . . ▶			57,085	-44,939		-44,939
	9a Gross income from gaming activities See Part IV, line 19 . a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities . . ▶						
	10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See Instructions ▶				80,927,033	464,249	0	-47,629

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,241,424	3,241,424		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	70,422,311	70,422,311		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	216,318	79,445	59,789	77,084
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	826,529	483,778	151,719	191,032
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,346	5,136	1,705	1,505
9	Other employee benefits	38,555	20,846	7,820	9,889
10	Payroll taxes	127,446	68,907	25,850	32,689
a	Fees for services (non-employees)				
	Management				
b	Legal	2,005		2,005	
c	Accounting	17,925		17,925	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	250		250	
g	Other	532,073	368,288	18,344	145,441
12	Advertising and promotion	6,747	4,576		2,171
13	Office expenses	226,825	122,638	46,008	58,179
14	Information technology				
15	Royalties				
16	Occupancy	281,517	226,062	28,002	27,453
17	Travel	528,193	462,169	39,614	26,410
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	60,132	47,767	5,460	6,905
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	203,679	173,127	22,405	8,147
23	Insurance	38,095	26,667	5,714	5,714
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OBSOLETE INVENTORY	2,542,415	2,542,415		
b	STAFF DEVELOPMENT	5,449	2,946	1,105	1,398
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	79,326,234	78,298,502	433,715	594,017
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			177,251	1	59,716
	2	Savings and temporary cash investments			231,158	2	631,943
	3	Pledges and grants receivable, net				3	610,000
	4	Accounts receivable, net			602	4	26,368
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			24,083,678	8	24,377,817
	9	Prepaid expenses and deferred charges			31,184	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,465,852	1,013,009	10c	1,136,324
	b	Less: accumulated depreciation	10b	1,329,528			
	11	Investments—publicly traded securities			28,455	11	31,536
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			25,565,337	16	26,873,704	
Liabilities	17	Accounts payable and accrued expenses			258,425	17	161,335
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,195,355	23	997,243
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,453,780	26	1,158,578
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			24,010,637	27	24,577,476
	28	Temporarily restricted net assets			41,942	28	1,077,112
	29	Permanently restricted net assets			58,978	29	60,538
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			24,111,557	33	25,715,126
	34	Total liabilities and net assets/fund balances			25,565,337	34	26,873,704

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	80,927,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,326,234
3	Revenue less expenses Subtract line 2 from line 1	3	1,600,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,111,557
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,770
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,715,126

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(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 the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	74,629,489	119,098,315	100,181,358	95,914,746	80,510,413	470,334,321
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	74,629,489	119,098,315	100,181,358	95,914,746	80,510,413	470,334,321
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						325,439,620
6 Public Support. Subtract line 5 from line 4						144,894,701

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	74,629,489	119,098,315	100,181,358	95,914,746	80,510,413	470,334,321
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,010	11,869	2,316	992	5,394	56,581
9 Net income from unrelated business activities, whether or not the business is regularly carried on			13,502			13,502
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				6,890		6,890
11 Total support (Add lines 7 through 10)						470,411,294
12 Gross receipts from related activities, etc (See instructions)					12	1,281,501
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	30 800 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	33 230 %
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 ▶		
b 33 1/3% support test—2009. If the organization did not check the 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—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 ▶		
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 ▶		
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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

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

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. 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).

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

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

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a

Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

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

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

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	80,927,033
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,326,234
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,600,799
4	Net unrealized gains (losses) on investments	4	2,770
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,770
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,603,569

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	84,240,206
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,770
b	Donated services and use of facilities	2b	3,208,936
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	44,632
e	Add lines 2a through 2d	2e	3,256,338
3	Subtract line 2e from line 1	3	80,983,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	250
b	Other (Describe in Part XIV)	4b	-57,085
c	Add lines 4a and 4b	4c	-56,835
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	80,927,033

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	82,636,637
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,208,936
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	101,717
e	Add lines 2a through 2d	2e	3,310,653
3	Subtract line 2e from line 1	3	79,325,984
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	250
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	250
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	79,326,234

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL INCOME FROM WAREHOUSE SPACE DONATED TO CHARITABLE ORGANIZATIONS 44,632
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES -57,085
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DONATION OF WAREHOUSE SPACE TO CHARITABLE ORGANIZATIONS 44,632 SPECIAL EVENT EXPENSES 57,085

[illegible]

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Part III

[illegible]

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 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 48-1108359

Name: HEART TO HEART INTERNATIONAL INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV , appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,482	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			25,705	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,558	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			12,042	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,265	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,343	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,424	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,574	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			15,557,190	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			522	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,258	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,402	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,429	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,448	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,457	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,491	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			2,516	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			2,752	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			3,117	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			3,232	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			3,308	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			3,344	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			4,318	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			4,677	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			28,454	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			48,190	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			62,071	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			105,117	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			151,019	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			184,790	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			430,382	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			521,134	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			584,889	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			620,645	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			556	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,363	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,378	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,559	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,700	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,851	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			2,704	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			2,946	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			3,996	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			4,442	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			9,353	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			9,420	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			9,717	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			9,786	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			9,842	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			14,468	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			14,905	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			15,775	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			31,530	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			43,986	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			51,447	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			73,195	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			85,625	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			87,660	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			94,140	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			124,540	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			222,839	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			436,804	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			800,861	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,170,550	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,229,875	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,445,198	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			3,229,384	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,343	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,567	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			18,245	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			59,637	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			88,239	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			91,517	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			288,462	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			1,570	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE			4,710	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		EUROPE	MEDICAL ASSISTANCE			2,185	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		EUROPE	MEDICAL ASSISTANCE			13,656	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		MIDDLE EAST & NORTHERN AFRICA	MEDICAL ASSISTANCE			19,596	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		MIDDLE EAST & NORTHERN AFRICA	MEDICAL ASSISTANCE			95,500	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE			1,446	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE			4,175	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE			5,430	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE			16,320	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE			36,668	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE			166,207	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		NORTH AMERICA	MEDICAL ASSISTANCE			5,679,750	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE			65,573	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE			1,201,329	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE			3,455	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE			277,938	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE			120,376	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			1,424	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			1,491	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			1,701	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			3,941	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			16,390	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			328,705	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			1,888,512	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			1,921	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			2,625	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			2,752	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			2,903	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			10,008	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			37,005	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			285,970	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			9,778,538	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			1,722	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			2,100	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			5,394	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			110,685	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			7,991,336	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			1,716	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			3,140	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			254,672	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			1,474	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			16,619	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			187,863	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			537,197	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH AMERICA	MEDICAL ASSISTANCE			4,834	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSISTANCE			860,161	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			210,631	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			664,491	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			267,948	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			287,489	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			149,871	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			2,866,161	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			9,645	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			6,431	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			14,772	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			63,241	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			1,782	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			148,881	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			407,109	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			2,628	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			3,245	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			3,480	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			5,037	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			89,264	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			143,811	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			146,648	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			4,156	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SOUTH ASIA	MEDICAL ASSISTANCE			433,469	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			1,318,226	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			40,565	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			120	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			1,343	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			17,352	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			1,570	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			16,954	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			286,349	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			1,570	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			12,034	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			1,056	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			1,940	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			46,614	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			384,391	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			387,915	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			957,680	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			1,599,158	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			1,570	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			9,297	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			3,886	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			9,702	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			2,690	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			13,018	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			49,995	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			891,845	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			723	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			2,614	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			3,919	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE
		SUB-SAHARA AFRICA	MEDICAL ASSISTANCE			86,131	PHARMACEUTICALS, MEDICAL SUPPLIES	AVERAGE WHOLESAL PRICE

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

- 3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	ILLUMINATE EVENT (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	40,535	17,733	58,268
	2	Less Charitable contributions	30,287	15,835	46,122
	3	Gross income (line 1 minus line 2)	10,248	1,898	12,146
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	11,498		11,498
	6	Rent/facility costs	7,920	25,000	32,920
	7	Food and beverages	3,004	2,305	5,309
	8	Entertainment			
	9	Other direct expenses	7,358		7,358
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			57,085
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-44,939

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HEART TO HEART INTERNATIONAL INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

48-1108359

Part I General Information on Grants and Assistance

1

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

☒ Yes

☐ No

2

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

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

☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

69

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 RECIPIENT ORGANIZATIONS ARE REQUIRED TO PROVIDE HEART TO HEART WITH DISTRIBUTION REPORTS AND OTHER DOCUMENTATION SUCH AS PHOTOGRAPHS DETAILING THE HUMANITARIAN IMPACT OF THE DONATION HEART TO HEART AND/OR DISTRIBUTION PARTNER ORGANIZATION STAFF PERSONALLY CONDUCT SITE VISITS AND FIELD INVESTIGATIONS FOR SPECIFIED RECIPIENTS EACH YEAR

Software ID:

Software Version:

EIN: 48-1108359

Name: HEART TO HEART INTERNATIONAL INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEED THE CHILDREN333 N MERIDIAN OKLAHOMA CITY,OK 73107	73-6108657	501(C)(3)		431,160	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OPERATION USA3617 HAYDEN ST UNIT A CULVER CITY,CA 90232	95-3504080	501(C)(3)		535,492	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
RIVERVIEW COMMUNITY SERVICES INC722 REYNOLDS AVENUE KANSAS CITY,KS 66101	48-1072716	501(C)(3)		254,660	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KANSAS CITY FREE CLINIC3515 BROADWAY KANSAS CITY,MO 64111	43-0967292	501(C)(3)		45,566	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
THE LEARNING TREE INC 4979 LOTT RD EIGHT MILE,AL 36613	63-0859115	501(C)(3)		22,066	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CITIZENS OF LAKE COUNTY FOR HEALTH CARE215 SOUTH COURT STREET TIPTONVILLE,TN 38079	62-1026947	501(C)(3)		86,132	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MAUI MEMORIAL MEDICAL CENTER221 MAHALANI STREET WAILUKA,HI 96793	99-0263310	501(C)(3)		47,173	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST CINCINNATI,OH 45214	30-0272954	501(C)(3)		102,591	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SILVER CITY HEALTH CENTER1428 S 32ND STREET SUITE 100 KANSAS CITY,KS 66106	48-1149398	501(C)(3)		51,183	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MACEDONIA NEW LIFE CHURCH2004 ROCK QUARRY RD RALEIGH,NC 27610	56-1650283	501(C)(3)		5,265	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GREATER KANSAS CITY COMMUNITY FOUNDATION1055 BROADWAY SUITE 130 KANSAS CITY,MO 64105	43-1152398	501(C)(3)		39,110	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DUCHESNE CLINIC636 TAUROMEE KANSAS CITY,KS 66101	48-1009910	501(C)(3)		20,563	AVERAGE WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILLIS CENTER - CORNERSTONES OF CARE 8150 WORNALL ROAD KANSAS CITY,MO 64114	43-1765826	501(C)(3)		13,477	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WEST VIRGINIA HEALTH RIGHT 1520 E WASHINGTON ST CHARLESTON,WV 25311	31-1066881	501(C)(3)		14,578	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OUR LADY OF THE ANGELS 4232 MERCIER KANSAS CITY,MO 64111	43-1580587	501(C)(3)		39,946	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING,WV 26003	31-1149085	501(C)(3)		5,916	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY 7171 W 95TH STREET SUITE 100 OVERLAND PARK,KS 66212	48-1115529	501(C)(3)		38,437	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CABOT WESTSIDE HEALTH CENTER 2121 SUMMIT ST KANSAS CITY,MO 64108	44-0546280	501(C)(3)		38,056	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
TURNER HOUSE CLINIC 21 NORTH 12TH STREET SUITE 300 KANSAS CITY,KS 66102	48-1151382	501(C)(3)		10,286	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
VOLUNTEERS IN MEDICINE - DIXON FOUNDATION 711 S 8TH ST LEBANON,PA 17042	26-3915958	501(C)(3)		9,102	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OASIS OF HOPE CENTER 522 LEONARD ST NW GRAND RAPIDS,MI 49504	20-2781312	501(C)(3)		16,829	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SO JOURNER HEALTH CLINIC 205 E 9TH ST KANSAS CITY,MO 64106	43-6003859	501(C)(3)		12,920	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DOWN SYNDROME GUILD 10200 W 75TH STE 281 SHAWNEE MISSION,KS 66204	43-1427760	501(C)(3)		54,211	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HEALTH CARE NETWORK 904 STATE STREET RACINE,WI 53404	42-1299913	501(C)(3)		160,935	AVERAGE WHOLESAL E PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDINA HEALTH MINISTRY425 W LIBERTY STREET STE 1 MEDINA, OH 44256	30-0092944	501(C)(3)		130,836	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST MARY MEDICAL CENTER FOUNDATION 1050 LINEN AVE LONG BEACH,CA 90813	23-7153876	501(C)(3)		80,525	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WYANDOTTE COUNTY JUVENILE INTAKE AND ASSESSMENT710 N 7TH ST KANSAS CITY,KS 66101	48-1194075	501(C)(3)		63,113	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GREATER MILWAUKEE FREE CLINIC9330 W LINCOLN AVE MILWAUKEE,WI 53227	39-1816794	501(C)(3)		54,351	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KINGS KLINIC1001 NW 92 OKLAHOMA CITY,OK 73113	76-0715165	501(C)(3)		51,503	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GREENVILLE FREE MEDICAL CLINICPO BOX 8993 GREENVILLE,SC 29604	57-0855205	501(C)(3)		50,526	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CITY UNION MISSION 1100 EST 11TH STREET KANSAS CITY,MO 64106	44-6005481	501(C)(3)		48,351	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 EAST LIVINGSTON AVE COLUMBUS,OH 43215	27-0147099	501(C)(3)		43,995	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COMMUNITY CARE CLINIC OF HIGHLAND - CASHIERS INC52 AUNT DORA DR HIGHLANDS,NC 28741	65-1251915	501(C)(3)		40,603	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SPRING BRANCH COMMUNITY HEALTH CENTER9325 KEMPWOOD DRIVE HOUSTON,TX 77080	30-0198705	501(C)(3)		37,895	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GOOD NEIGHBOR HEALTHCARE CLINIC190 HEIGHTS BLVD HOUSTON,TX 77007	74-1746576	501(C)(3)		37,895	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
GRACE MEDICAL CLINIC 211 S 8TH ST MAYFIELD,KY 42066	61-1351519	501(C)(3)		31,325	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCHANAN TRANSITIONAL LIVING 1213 BUCHANAN ST DES MOINES,IA 50316	23-7442304	501(C)(3)		29,557	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
ST LUKES FAMILY PRACTICE1700 MCHENRY VILLAGE WAY 2 MODESTO,CA 95350	38-3681072	501(C)(3)		26,825	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
PATH OF LIFE MINISTRIES 4495 MAGNOLIA AVE RIVERSIDE,CA 92502	33-0724945	501(C)(3)		25,743	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
HARMON DIABETES CENTER2188 E MEYER BLVD KANSAS CITY,MO 64132	43-1349021	501(C)(3)		18,419	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CARE OF POOR PEOPLE 3606 EAST 12TH STREET KANSAS CITY,MO 64127	43-1726439	501(C)(3)		17,880	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
OPERATION TOUCH2809 NEW JERSEY 14 KANSAS CITY,KS 66102	83-0383759	501(C)(3)		17,715	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
NEIGHBORHOOD RESOURCE CENTER1312 3RD AVE N NASHVILLE,TN 37208	62-1817514	501(C)(3)		17,540	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MOTHER AND CHILD HEALTH COALITION6400 PROSPECT AVE 216 KANSAS CITY,MO 64132	43-1897000	501(C)(3)		17,075	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAVED BY GRACE MINISTRIES226 CENTER ROAD EAST AURORA,NY 14052	16-1560404	501(C)(3)		16,408	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
CATHEDRAL OF PRAISE INTERNATIONAL MINISTRIES1519 S RIVERSIDE AVE RIALTO,CA 92376	33-0652964	501(C)(3)		16,208	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
KANSAS CITY RESCUE MISSION1520 CHERRY STREET KANSAS CITY,MO 64108	43-1287029	501(C)(3)		15,518	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSITANCE
SAN FRANCISCO RESCUE MISSION230 JONES SAN FRANCISCO,CA 94102	94-3163872	501(C)(3)		15,321	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

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TUTWILER CLINIC INC205 ALMA ST TUTWILER,MS 38963	64-0678336	501(C)(3)		15,294	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WATER STREET HEALTH SERVICES210 SOUTH PRINCE STREET LANCASTER,PA 17603	23-2798318	501(C)(3)		14,961	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MARTIN LUTHER KING YOUTH CENTER1298 PRINCE RODGERS AVE BRIDGEWATER,NJ 88807	22-2043677	501(C)(3)		14,146	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
BODY OF CHRIST COMMUNITY CHURCH INC 2608 NORTH MAIN B-269 BELTON,TX 76513	27-0645782	501(C)(3)		12,941	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
BELMONT-HILLSBORO NEIGHBORS INCPO BOX 12712 NASHVILLE,TN 37212	23-7160968	501(C)(3)		10,560	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COMMUNITY RESOURCE CENTER218 OMOHUNDRO PLACE NASHVILLE,TN 37210	62-1308387	501(C)(3)		10,320	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAMUEL U RODGERS HEALTH CENTER825 EUCLID AVENUE KANSAS CITY,MO 64124	43-0899356	501(C)(3)		9,491	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
WESTSIDE COMMUNITY ACTION NETWORK CENTER 2136 JEFFERSON COURT KANSAS CITY,MO 64108	43-1718317	501(C)(3)		8,994	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MECICAL ASSISTANCE
GRACE BAPTIST CHURCH 1414 W PAWNEE WICHITA,KS 67213	13-4268548	501(C)(3)		8,692	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
BLUE CROSS OF KANSAS CITYONE PERSHING SQUARE KANSAS CITY,MO 64108	43-1257251	501(C)(3)		8,355	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
REDISCOVER901 INDEPENDENCE AVE LEES SUMMIT,MO 64116	23-7169417	501(C)(3)		8,050	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
MOUNTAIN HOPE CLINIC 312 PRINCE STREET SEVIERVILLE,TN 37862	62-1747037	501(C)(3)		6,915	AVERAGE WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

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EUNICE COMMUNITY HEALTH CLINIC450 MOOSA BLVD SUITE E EUNICE,LA 70535	27-0213992	501(C)(3)		6,915	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
VINEYARD CHURCH NORTH12300 NW ARROWHEAD TRFWY KANSAS CITY,MO 64165	43-1592707	501(C)(3)		6,680	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
COMMUNITY RESOURCE CENTER650 SECOND STREET ENCINTAS,CA 92024	95-3497926	501(C)(3)		6,045	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
LITTLE SISTERS OF THE POOR8745 JAMES A REED ROAD KANSAS CITY,MO 64138	44-1573390	501(C)(3)		6,000	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES,IA 50312	42-1428706	501(C)(3)		5,770	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SAN JOSE CLINIC2615 FANNIN ST HOUSTON,TX 77002	76-0373703	501(C)(3)		5,707	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
DREAM STREET FOUNDATION433 NORTH CAMDEN DR 600 BEVERLY HILLS,CA 90210	95-4210774	501(C)(3)		5,706	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
SETON CENTER2816 E 23RD STREET KANSAS CITY,MO 64127	43-0926003	501(C)(3)		5,502	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
NEIGHBORHOOD CHRISTIAN CENTER785 JACKSON AVE MEMPHIS,TN 38107	58-1394456	501(C)(3)		5,400	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE
STILLWELL BAPTIST CHURCH19950 BROADMOOR LANE STILLWELL,KS 66085	48-0995297	501(C)(3)		5,372	AVERAGE WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	MEDICAL ASSISTANCE

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,721,438	FAIR MARKET VALUE
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	19	74,572,045	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

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

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS WAS CALCULATED BY ADDING THE DIFFERENT ENTITIES WHO GAVE NONCASH CONTRIBUTIONS TO THE ORGANIZATIONS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization HEART TO HEART INTERNATIONAL INC	Employer identification number 48-1108359
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		THE INDIVIDUAL COMMITTEES THAT MEET DO NOT KEEP MINUTES, BUT ALL BOARD MEETINGS ARE DOCUMENTED WITH MINUTES

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION FOR THE CEO AND USES THE SALARY AND BENEFITS SURVEY OF GREATER KANSAS CITY AREA NONPROFIT ORGANIZATIONS COMPILED BY THE MIDWEST CENTER FOR NONPROFIT LEADERSHIP AS WELL AS COMPENSATION INFORMATION FROM OTHER NATIONAL NONPROFIT ORGANIZATIONS WHICH PROVIDE THE SAME TYPES OF SERVICES THAT WE PROVIDE

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,770