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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)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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		
	Number and street (or P O box if mail is not delivered to street address) 401 S CLAIRBORNE NO 302	Room/suite	E Telephone number (913) 764-5200
	City or town, state or country, and ZIP + 4 OLATHE, KS 66062		G Gross receipts \$ 118,934,809
	F Name and address of principal officer KRYSTAL BARR 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			

Part I Summary

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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	32
6 Total number of volunteers (estimate if necessary)	6	768	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	87,931,810	118,123,344
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	664,942	755,205
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,838	1,834
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-11,948	-39,117
		88,581,966	118,841,266
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	88,943,012	92,435,327
	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)	1,340,700	1,446,065
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	7b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 768,000		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,043,726	5,120,422
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	93,327,438	99,001,814
	19 Revenue less expenses Subtract line 18 from line 12	-4,745,472	19,839,452
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		22,797,263	42,618,319
21 Total liabilities (Part X, line 26)		1,828,212	1,807,584
22 Net assets or fund balances Subtract line 21 from line 20		20,969,051	40,810,735

Part II Signature Block

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

Sign Here	***** Signature of officer			2013-08-05 Date	
	KRYSTAL BARR INTERIM CEO Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name GREGORY D OWENS		Preparer's signature		Date
	Firm's name ▶ KELLER & OWENS LLC			Check <input type="checkbox"/> if self-employed	PTIN P00048643
	Firm's address ▶ 10955 LOWELL AVE STE 800 OVERLAND PARK, KS 66210			Firm's EIN ▶ 48-1195228 Phone no (913) 338-3500	

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 91,440,630 including grants of \$ 86,773,583) (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 \$ 6,292,392 including grants of \$ 5,661,744) (Revenue \$ 756,880)

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 97,733,022

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 instructions)? 	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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b 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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	12	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		32	
2b		Yes	
3a			No
3b			
4a		Yes	
b			
5a			No
5b			No
5c			
6a			No
6b			
7			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9			
9a			
9b			
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
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	10	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	10	
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, AZ, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, CO, MO, ND, WA
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 made these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, 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 (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 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) ARTHUR FILLMORE JD BOARD MEMBER	1 00	X						0	0	0
(3) ROBERT LAMBRECHTS JD BOARD MEMBER	1 00	X						0	0	0
(4) TIFFANY WOODLEY CPA BOARD MEMBER	1 00	X						0	0	0
(5) DARRELL LYNN GRACE DO SECRETARY	1 00	X		X				0	0	0
(6) JIM KERR R PH CHAIR	1 00	X		X				0	0	0
(7) BRUCE RE BOARD MEMBER	1 00	X						0	0	0
(8) LONNIE CANNON TREASURER	1 00	X		X				0	0	0
(9) ZANDRA L MAFFETT BOARD MEMBER	1 00	X						0	0	0
(10) KRYSTAL BARR INTERIM CEO	40 00	X		X				25,521	0	90
(11) JAMES BAKER DIRECTOR OF FINANCE & ADMI	40 00			X				32,715	0	147
(12) ANDRE BUTLER CHIEF EXECUTIVE OFFICER	40 00			X				112,501	0	7,293

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							170,737	0	7,530	

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	22,491				
	b	Membership dues	1b					
	c	Fundraising events	1c	124,369				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	145,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	117,831,484				
	g	Noncash contributions included in lines 1a-1f \$		114,916,119				
	h	Total. Add lines 1a-1f						118,123,344
Program Service Revenue	2a	ADMINISTRATION FEE	Business Code	493000	755,205	755,205		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			755,205			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,735			1,735
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		(i) Securities		(ii) Other				
		30,000						
		29,901						
		99						
d		Net gain or (loss)			99			99
8a		Gross income from fundraising events (not including \$ 124,369 of contributions reported on line 1c) See Part IV, line 18			-40,792			-40,792
a		22,850						
b		Less direct expenses		63,642				
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19						
a								
b	Less direct expenses							
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . . .							
	Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS		900099	1,675	1,675			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,675				
12	Total revenue. See Instructions			118,841,266	756,880	0	-38,958	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5,661,744	5,661,744		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	86,773,583	86,773,583		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	216,718	86,687	43,344	86,687
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.	957,178	542,030	172,807	242,341
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	189,789	103,173	34,767	51,849
10	Payroll taxes.	82,380	44,213	15,158	23,009
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	60,304		60,304	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	250		250	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	566,229	378,816	27,316	160,097
12	Advertising and promotion.	63,537	41,790		21,747
13	Office expenses.	285,607	153,286	52,551	79,770
14	Information technology.				
15	Royalties.				
16	Occupancy.	218,184	178,621	17,451	22,112
17	Travel.	477,448	417,767	35,809	23,872
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	79,142	42,476	14,562	22,104
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	184,341	133,935	22,311	28,095
23	Insurance.	20,199	10,840	3,717	5,642
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MEDICAL/CLINIC SUPPLIES	1,806,192	1,806,192		
b	OBSOLETE INVENTORY	1,356,572	1,356,572		
c	STAFF DEVELOPMENT	2,417	1,297	445	675
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	99,001,814	97,733,022	500,792	768,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,146,686	1	1,128,407
	2	Savings and temporary cash investments		495,604	2	350,189
	3	Pledges and grants receivable, net		16,667	3	62,893
	4	Accounts receivable, net		48,278	4	3,434
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		19,475,998	8	39,516,454
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a2,914,395			
	b	Less accumulated depreciation	10b1,420,608	1,554,407	10c	1,493,787
	11	Investments—publicly traded securities		59,623	11	63,155
	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)		22,797,263	16	42,618,319
Liabilities	17	Accounts payable and accrued expenses		150,745	17	167,361
	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	Loans and other 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		1,677,467	23	1,640,223
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,828,212	26	1,807,584
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		19,588,889	27	39,738,958
	28	Temporarily restricted net assets		1,319,829	28	1,008,622
	29	Permanently restricted net assets		60,333	29	63,155
	Organizations that do not follow SFAS 117 (ASC 958), 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		20,969,051	33	40,810,735
	34	Total liabilities and net assets/fund balances		22,797,263	34	42,618,319

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	118,841,266
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,001,814
3	Revenue less expenses Subtract line 2 from line 1	3	19,839,452
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,969,051
5	Net unrealized gains (losses) on investments	5	2,232
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,810,735

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

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

2012

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 - Non-functionally integrated
- e

☐

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

☐

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

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- 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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	100,181,358	95,914,746	80,510,413	87,931,810	118,123,344	482,661,671
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	100,181,358	95,914,746	80,510,413	87,931,810	118,123,344	482,661,671
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)						351,008,705
6 Public support. Subtract line 5 from line 4						131,652,966

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	100,181,358	95,914,746	80,510,413	87,931,810	118,123,344	482,661,671
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,316	992	5,394	3,413	1,735	13,850
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		7,807	1,675	16,372
11 Total support (Add lines 7 through 10)						482,705,395
12 Gross receipts from related activities, etc (see instructions)					12	2,255,659
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 2012 (line 6, column (f) divided by line 11, column (f))	14	27 270 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	28 480 %
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

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

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

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

Part I

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

	(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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ▶_____

5

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

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	60,333	60,538	58,979	54,725	64,370
b Contributions			25		4,240
c Net investment earnings, gains, and losses	2,822	-205	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	63,155	60,333	60,538	58,979	54,725

- 2

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

a

Board designated or quasi-endowment

b

Permanent endowment 100.000 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b
- 4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		161,000		161,000
b Buildings		1,532,142	558,879	973,263
c Leasehold improvements				
d Equipment		392,443	214,622	177,821
e Other		828,810	647,107	181,703
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,493,787

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	120,898,440
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2e	
a	Net unrealized gains on investments	2a	2,232		
b	Donated services and use of facilities	2b	1,946,472		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	45,078		
e	Add lines 2a through 2d			2e	1,993,782
3	Subtract line 2e from line 1			3	118,904,658
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	250		
b	Other (Describe in Part XIII)	4b	-63,642		
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	118,841,266
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	101,056,756
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2e	
a	Donated services and use of facilities	2a	1,946,472		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	108,720		
e	Add lines 2a through 2d			2e	2,055,192
3	Subtract line 2e from line 1			3	99,001,564
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	250		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	99,001,814

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION HAS ADOPTED THE PROVISIONS FASB ASC 740-10 - ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS AS IT MIGHT APPLY TO THE ORGANIZATION'S FINANCIAL TRANSACTIONS. THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO THE TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF DECEMBER 31, 2012 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL INCOME FROM WAREHOUSE SPACE DONATED TO CHARITABLE ORGANIZATIONS 45,078
PART XI, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES -63,642
PART XII, LINE 2D - OTHER ADJUSTMENTS		DONATION OF WAREHOUSE SPACE TO CHARITABLE ORGANIZATIONS 45,078. SPECIAL EVENT EXPENSES 63,642

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	48,420,265
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	12,267,336
SOUTH ASIA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	223,142
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	16,316,361
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	7,113,715
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	239,896
NORTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	265,362
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	4,778,710
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	DISTRIBUTION OF MEDICAL AID	3,115
3a Sub-total	1	1			89,624,787
b Total from continuation sheets to Part I	0	0			3,115
c Totals (add lines 3a and 3b)	1	1			89,627,902

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

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 107

3 Enter total number of other organizations or entities 0

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

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

☐ Yes ☒ No
- 4

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

☐ Yes ☒ No
- 5

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

☐ Yes ☒ No
- 6

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

☒ Yes ☐ No

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

Schedule F (Form 990) 2012

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)
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0		11,865,012	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		11,380,901	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		7,675,837	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0		6,753,995	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		6,181,376	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0		4,686,988	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		4,285,088	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		3,510,478	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		3,406,516	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		2,659,523	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		2,454,359	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		2,393,387	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		1,658,975	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		1,647,077	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		1,516,280	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		1,113,521	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		1,066,615	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		937,845	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		689,929	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		618,330	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		571,854	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		501,755	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		445,485	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		439,857	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		432,516	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		418,585	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		392,157	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		339,299	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		322,594	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		319,716	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

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	0		290,148	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		290,132	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		289,217	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		280,972	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		NORTH AMERICA	MEDICAL ASSISTANCE	0		260,663	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		231,710	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		223,672	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		194,770	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0		188,812	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		185,966	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		177,100	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0		176,693	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		MIDDLE EAST AND NORTH AFRICA	MEDICAL ASSISTANCE	0		172,522	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		158,876	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0		155,749	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		140,662	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		134,416	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		124,041	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		121,747	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		119,542	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		111,290	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		110,826	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		88,135	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0		83,517	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		80,782	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		80,141	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		76,666	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		75,091	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0		73,346	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		64,373	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

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)
		MIDDLE EAST AND NORTH AFRICA	MEDICAL ASSISTANCE	0		63,352	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		58,289	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		55,253	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		54,960	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		51,895	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0		40,820	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		38,456	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		37,723	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		36,280	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		33,422	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		32,029	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		30,682	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0		28,259	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		25,612	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0		24,427	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		23,706	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0		22,241	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		21,518	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		21,256	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		18,047	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0		17,095	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		17,023	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0		13,228	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0		12,873	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		12,015	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0		11,208	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0		10,889	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		10,818	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0		10,574	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		10,191	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

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)
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		10,058	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		9,945	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		9,924	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		9,100	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SOUTH ASIA	MEDICAL ASSISTANCE	0		8,949	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		8,116	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		7,892	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		7,789	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		7,496	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		7,002	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		6,952	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0		6,642	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		6,573	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0		6,544	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0		5,450	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF	30,000	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE, CONSTRUCTION OF EDUCATIONAL FACILITIES			186,500	PHARMACEUTICALS, MEDICAL SUPPLIES, AND HYGIENE ITEMS	FMV

48-1108359

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	ANNIVERSARY EVENT (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	64,995	82,224	147,219
	2	Less Contributions . .	54,995	69,374	124,369
	3	Gross income (line 1 minus line 2)	10,000	12,850	22,850
Direct Expenses	4	Cash prizes	0	0	
	5	Noncash prizes . .	10,046	0	10,046
	6	Rent/facility costs . .	8,833	13,422	22,255
	7	Food and beverages .	619	5,200	5,819
	8	Entertainment		500	500
	9	Other direct expenses .	5,942	19,080	25,022
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(63,642)
	11	Net income summary Combine line 3, column (d), and line 10 ▶			-40,792

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	Yes No	Yes No	
	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

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Identifier	Return Reference	Explanation
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OMB No 1545-0047

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

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. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	61
3	Enter total number of other organizations listed in the line 1 table	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.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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) 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
WORLD ASSIST7695 CONCERTO LANE SAN DIEGO,CA 92127	26-1434692	501(C)(3)	0	3,042,454	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
RIVERVIEW HEALTH SERVICES INC722 REYNOLDS AVENUE KANSAS CITY,KS 66101	48-1072716	501 (C)(3)	0	254,924	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
ST VINCENT DE PAUL CHARITABLE PHARMACY OF CINCINN1125 BANK STREET CINCINNATI,OH 45214	30-0272954	501 (C)(3)	0	209,948	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
KANSAS CITY MISSOURI SCHOOL DISTRICT1211 MCGEE STREET KANSAS CITY,MO 64103	44-6003108	501(C)(3)	0	185,500	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
JEFFERSON PARISH910 3RD STREET GRETNA,LA 70053	99-9999999	501(C)(3)	0	118,449	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
THE SALVATION ARMY OF GREATER NEW YORK120 W 14TH STREET NEW YORK,NY 10011	13-5562351	501(C)(3)	0	117,210	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
AMERICARES88 HAMILTON AVENUE STAMFORD,CT 06902	06-1008595	501 (C)(3)	0	104,825	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
OUR LADY OF THE ANGELS 4232 MERCIER KANSAS CITY,MO 64111	44-0546494	501 (C)(3)	0	101,924	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
PRESCRIPTION ASSISTANCE408-9TH STREET SOUTHWEST SUITE 1450 1450 CANTON,OH 44707	20-0797475	501(C)(3)	0	80,877	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CHARITABLE PHARMACY OF CENTRAL OHIO INC200 EAST LIVINGSTON AVENUE COLUMBUS,OH 43215	27-0147099	501(C)(3)	0	79,006	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	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
METRO MINISTRIES17 MENAHAN STREET BROOKLYN,NY 11221	11-3302193	501(C)(3)	0	76,937	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
DIOCESAN COUNCIL SOCIETY OF ST VINCENT DE PAUL420 WEST WATKINS PHOENIX,AZ 85003	86-0096789	501 (C)(3)	0	73,730	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GREENVILLE FREE MEDICAL CLINIC600 ARLINGTON ROAD GREENVILLE,SC 29601	57-0855205	501 (C)(3)	0	72,701	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
MAP INTERNATIONAL4700 GLYNCO PARKWAY BRUNSWICK,GA 31525	36-2586390	501(C)(3)	0	67,068	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GRACE UNITED METHODIST CHURCH AGAPE CLINIC4105 JUNIUS STREET DALLAS,TX 75246	14-1847977	501 (C)(3)	0	66,787	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
KANSAS CITY CARE CLINIC3515 BROADWAY KANSAS CITY,MO 64111	43-0967292	501 (C)(3)	0	66,421	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
AMERICAN RED CROSS SE LOUISIANA CHAPTER2640 CANAL STREET NEW ORLEANS,LA 70128	53-0196605	501(C)(3)	0	44,712	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
FREE CLINICS OF IOWAPO BOX 12099 DES MOINES,IA 50312	42-1428706	501 (C)(3)	0	42,100	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE AVENUE FORT WORTH,TX 76111	75-2417646	501 (C)(3)	0	40,564	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SHARED CARE FREE CLINIC OF JACKSON COUNTY17611 EAST US 24 HIGHWAY SUITE 103 INDEPENDENCE,MO 64056	45-0539496	501 (C)(3)	0	29,634	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	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
PEOPLES CITY MISSION FREE MEDICAL CLINIC401 NORTH 2ND STREET LINCOLN,NE 68508	47-0376896	501 (C)(3)	0	28,899	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
NEW HOPE BAPTIST CHURCH106 SUSSEX AVENUE NEWARK,NJ 07103	99-9999999	501(C)(3)	0	27,652	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTHQUEST OF UNION COUNTY415 EAST FRANKLIN STREET MONROE,NC 28112	56-2117596	501 (C)(3)	0	26,062	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CATHOLIC CHARITIES OF SANTA CLARA COUNTY195 EAST SAN FERNANDO STREET FIRST FLOOR SAN JOSE,CA 95112	53-0196617	501(C)(3)	0	23,554	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CAMBODIAN HEALTH PROFESSIONALS ASSOCIATION AMERICA 1025 ATLANTIC AVENUE LONG BEACH,CA 90813	90-0546021	501(C)(3)	0	22,059	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CATHEDRAL INTERNATIONAL277 MADISON AVENUE PERTH AMBOY,NJ 08862	99-9999999	501(C)(3)	0	21,434	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
JOPLIN COMMUNITY CLINIC701 SOUTH JOPLIN AVENUE JOPLIN,MO 64801	43-1643962	501 (C)(3)	0	19,838	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
INLAND BEHAVIORAL AND HEALTH SERVICES INC 1963 NORTH E STREET SAN BERNARDINO,CA 92405	95-3246624	501 (C)(3)	0	19,424	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY CARE CLINIC OF HIGHLAND - CASHIERS INC52 AUNT DORA DRIVE HIGHLANDS,NC 28741	65-1251915	501 (C)(3)	0	18,584	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
UNION HOSPITAL OF CECIL COUNTY106 BOW STREET ELKTON,MD 21921	52-0607945	501 (C)(3)	0	18,332	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	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
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS3011 NORTH MICHIGAN PITTSBURG,KS 66762	75-3002264	501 (C)(3)	0	18,036	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
MAUI MEMORIAL MEDICAL CENTER221 MAHALANI STREET WAILUKU,HI 96793	99-0330698	501 (C)(3)	0	16,440	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SOUTH CENTRAL IOWA COMMUNITY ACTION PROGRAMPO BOX 715 CHARITON,IA 50049	42-0921920	501 (C)(3)	0	16,065	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GOOD NEIGHBOR HEALTHCARE CLINIC190 HEIGHTS BLVD HOUSTON,TX 77007	74-1746576	501 (C)(3)	0	15,909	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CITIZENS OF LAKE COUNTY FOR HEALTH CARE215 SOUTH COURT STREET TIPTONVILLE,TN 38079	62-1026947	501 (C)(3)	0	14,992	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
WOMEN OF WORTH INC 1513 DEAN STREET ROME,GA 30161	80-0306378	501(C)(3)	0	14,948	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
JAYDOC FREE CLINIC (KU ENDOWMENT ASSOCIATION)300 SOUTHWEST BLVD KANSAS CITY,KS 66103	48-0547734	501 (C)(3)	0	14,354	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTH PARTNERSHIP OF JOHNSON COUNTY7171 WEST 95TH STREET SUITE 100 OVERLAND PARK,KS 66212	48-1115529	501 (C)(3)	0	14,039	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY CHURCH OF THE NAZARENE1414 CENTRAL AVENUE FAR ROCKAWAY,NY 11691	99-9999999	501(C)(3)	0	13,165	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SYNERGY SERVICES400 E 6TH STREET PARKVILLE,MO 64152	43-0970674	501 (C)(3)	0	13,040	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	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
SERVE THE PEOPLE1206 EAST 17TH STREET SUITE 101 SANTA ANA,CA 92701	27-0421556	501 (C)(3)	0	12,865	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HEART OF AMERICA STAND DOWN FOUNDATIONPO BOX 413162 KANSAS CITY,MO 64141	43-1634614	501(C)(3)	0	12,600	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
LORD STERLING COMMUNITY SCHOOL101 REDMOND STREET NEW BRUNSWICK,NJ 08901	99-9999999	501(C)(3)	0	12,420	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HEALTHREACH COMMUNITY CLINIC400 EAST STATESVILLE AVENUE SUITE 300 MOORESVILLE,NC 28115	20-1020941	501 (C)(3)	0	10,238	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
WHEELING HEALTH RIGHT INC61 - 29TH ST WHEELING,WV 26003	31-1149085	501(C)(3)	0	9,779	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
CONVOY OF HOPE330 SOUTH PATTERSON SPRINGFIELD,MO 65802	68-0051386	501 (C)(3)	0	9,571	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
LISBON COMMUNITY HEALTH CENTER7880 LINCOL E PLACE LISBON,OH 44432	34-6565185	501 (C)(3)	0	7,783	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
PLAQUEMINES PARISH 8056 HWY 23 SUITE 308 BELLE CHASSE,LA 70037	99-9999999	501(C)(3)	0	7,452	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
WATER STREET HEALTH SERVICES210 SOUTH PRINCE STREET LANCASTER,PA 17603	23-2798318	501(C)(3)	0	7,217	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HAPPY BOTTOMS1941 CENTRAL STREET KANSAS CITY,MO 64108	27-2423540	501(C)(3)	0	6,864	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	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
COALITION OF HISPANIC WOMEN AGAINST CANCER INC1333 S 27TH STREET SUITE 10 KANSAS CITY,KS 66106	48-1230884	501 (C)(3)	0	6,706	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
HANDS OF HOPE A FREE CLINIC2577 SCHENLEY AVENUE NORTHEAST WARREN,OH 44483	37-1637081	501(C)(3)	0	6,705	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
WYANDOTTE COUNTY JUVENILE INTAKE AND ASSESSMENT710 N 7TH ST KANSAS CITY,KS 66101	99-9999999	501(C)(3)	0	5,802	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
SILVER CITY HEALTH CENTER1428 SOUTH 32ND STREET SUITE 100 KANSAS CITY,KS 66106	48-1149398	501 (C)(3)	0	5,729	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
KANSAS CITY MISSOURI SCHOOL DISTRICT1211 MCGEE STREET KANSAS CITY,MO 64103	44-6003108	501(C)(3)	0	78,300	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
JOPLIN COMMUNITY CLINIC701 SOUTH JOPLIN AVENUE JOPLIN,MO 64801	43-1643962	501 (C)(3)	0	5,204	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
COMMUNITY CHURCH OF THE NAZARENE1414 CENTRAL AVENUE FAR ROCKAWAY,NY 11691	99-9999999	501(C)(3)	0	5,174	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
INTERNATIONAL MEDICAL CORPS1919 SANTA MONICA BLVD SUITE 300 SANTA MONICA,CA 90404	95-3949646	501(C)(3)	0	13,253	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GLOBAL BRIGADES220 2ND AVE S SEATTLE,WA 98104	37-1551109	501(C)(3)	0	24,289	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	MEDICAL ASSISTANCE
GLOBAL MEDICAL BRIGADES1099 EAST CHAMPLAIN DR SUITE A176 FRESNO,CA 93720	99-9999999	501(C)(3)	0	8,806	WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES &/OR HYGIENE ITEMS	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
MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVE RME40-273 CAMBRIDGE, MA 021394301	04-2103594	501 (C)(3)	25,000	0			HUMANITARIAN RESPONSE LAB

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
HEART TO HEART INTERNATIONAL INC

Employer identification number
48-1108359

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		4,343,660	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	27	110,572,459	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 Acknowledgement29

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?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

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

Yes

No

No

Yes

No

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

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

Identifier	Return Reference	Explanation
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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

2012**Open to Public
Inspection**Name of the organization
HEART TO HEART INTERNATIONAL INC**Employer identification number**

48-1108359

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
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WILL BE REVIEWED AND APPROVED BY CEO AND CFO THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE TAX RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES THAT DIRECTORS AND OFFICERS ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS IF A DIRECTOR HAS AN INTEREST THAT COULD GIVE RISE TO CONFLICT, THAT DIRECTOR RECUSES HIMSELF FROM ANY DISCUSSION AND VOTING THAT AFFECTS HIS INTEREST
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION FOR THE CEO AND USES THE SALARY AND BENEFITS SURVEY OF GREATER KANSAS CITY AREA NONPROFIT ORGANIZATIONS COMPILED BY THE MIDWEST CENTER FOR NONPROFIT LEADERSHIP AS WELL AS COMPENSATION INFORMATION FROM OTHER NATIONAL NONPROFIT ORGANIZATIONS WHICH PROVIDE THE SAME TYPES OF SERVICES THAT WE PROVIDE
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS ANNUAL REPORT AVAILABLE ON ITS WEBSITE THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST