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Department of the Treasury

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

Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2009 A For the 2009 and ending 12-31-2009 D Employer identification number B Check if applicable Please Heifer International Foundation use IRS label or Address change 1-0699939 Doing Business As E Telephone number print or type. See Name change (501) 907-4900 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 93,078,505 PO Box 727 Terminated tions. Amended return City or town, state or country, and ZIP + 4 Little Rock, AR 72203 Application pending Name and address of principal officer **H(a)** Is this a group return for Ardyth Neill affiliates? PO Box 727 Little Rock, AR 72203 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► heiferfoundation org & hopeequity org K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1991 M State of legal domicile AR Part I Summary Briefly describe the organization's mission or most significant activities Heifer International Foundations purpose is to primarily support the efforts of Heifer Project International, an Arkansas non-profit corporation Secondarily to conduct any other nonprofit activity that is not inconsistent with law Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 9 Total number of employees (Part V, line 2a) . . 20 0 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 6,669,184 5,024,119 Program service revenue (Part VIII, line 2g) . 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,258,129 -7,800,258 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 5,411,055 -2,776,139 1,880,606 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 3,276,078 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 1,430,181 1,433,764 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 68,205 ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 1,477,840 1,151,536 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,187,682 4,462,323 Revenue less expenses Subtract line 18 from line 12 . -776,627 -7,238,462 19 Net Assets or end Balances **Beginning of Current End of Year** Year 62,671,649 20 Total assets (Part X, line 16) . 55,667,148 21 Total liabilities (Part X, line 26) . 16,404,242 16,871,874 Net assets or fund balances Subtract line 21 from line 20 39,262,906 45,799,775 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 Sian ***** 2010-11-08 Here Signature of officer Ardyth Neill Acting President & CEO Type or print name and title Date Check if Preparer's identifying number Preparer's Mary Ellen Vangılder (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours JPMS Cox PLLC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 11300 Cantrell Road Suite 301 Phone no (501) 227-5800 Little Rock, AR 72212

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Part III Statement of Program Service Accomplishments

The mission of Heifer International Foundation is to build an endowment to generate ongoing support for the work of Heifer Project International, to educate people on how planned charitable giving supports Heifer Project Internationals work, and to serve as a fiduciary for our donors

4e	Total program service expenses►\$	2,542,99	2	·	
	(Expenses \$	including grants of	f \$) (Revenue \$)
4d	Other program services (Describe i	n Schedule O)			
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	Heifer International Foundation educates on (91053 individuals educated)	how planned charitable o	giving supports the work of He	eifer Project International and othei	r 501(c)(3) organizations
4b	(Code) (Expenses \$	•	including grants of \$) (Revenue \$)
	International Foundation (196 grants issued)			·	
Ta	Attributed earnings paid to Heifer Project Int	• •		, ,	rporation and Bylaws of Heife
4a	(Code) (Expenses \$	1,880,606	ıncludıng grants of \$) (Revenue \$	
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) organized allocations to others, the total expensions	anızatıons and sectio	on 4947(a)(1) trusts are	required to report the amou	
	If "Yes," describe these changes on S	chedule O			
3	Did the organization cease conductin services?		t changes in now it cond		Yes 🔽 No
_	If "Yes," describe these new services				
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .				Yes 🔽 No

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuneu	Scileuule:

			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? 🕏	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? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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? <i>If</i> "Yes," complete Schedule G, Part I	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? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

	Part V	Statements	Regarding	Other IRS	Filings and	l Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 1,169 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1015 Louisiana St

(501) 907-4900

Little Rock, AR 722023815

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members of the governing body			
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		Νο
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			N a
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11		No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124	163	
	to conflicts?	12b	Yes	
٠	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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	Yes	
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , CA , CO , CT , DC , F ME , MD , MA , MI , MN , MS , MO , NH , ND , OK , OR , PA , RI , SC , TN , UT , V	NJ,N	M,NY	,NC,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request	<u>, , , , , , , , , , , , , , , , , , , </u>	. ,	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	ı)
	Ardyth Neill CEO	J -		

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did n	•	ate any	curr	ent	or fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) (C) A verage Position (check all that apply)					I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	· 1 1 1 1		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
VICKI Bailyn TRUSTEE	1 00	х						0	0	0
CAROL Brown TRUSTEE	1 00	х						0	0	0
Stephanie Buckley TruSTEE	1 00	×						0	0	0
JAmes Howell TRUSTEE	1 00	х						0	0	0
BAYard U Livingston TRUSTEE	1 00	х						0	0	0
RON McLean Chairman of the Board	1 00	х						0	0	0
MARCIA WILLIAMS TRUSTEE	1 00	х						0	0	0
Don Hammond TRUSTEE	1 00	х						0	0	0
C Douglas Smith TRUSTEE	1 00	Х						0	0	0
JANET GINN PRESIDENT & CEO	57 00			Х				112,287	0	11,716
ARDYTH NEILL Acting Pres/CEO & VP FIN	47 00			Х				112,940	0	12,434
Greg Spradlin VP of Communications & M	47 00			х				86,160	0	21,583
Ashley Zimmer VP of Charitable Gift Pl	42 00			х				77,604	0	16,930
							_			

Forr	n 990 (2009)			Page 8
1b	Total	0		62,663
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶2	•		-
_			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			(2000)
			orm 990	, (2009

Form 99								Page 9
Part v		Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated camp	paigns 1a	7,365				
gra	ь	Membership du	es 1b					
3, €	c	Fundraising eve	ents 1c					
<u>≅</u>	d		ations 1d					
n Si	e	Government grants						
atio er∢	f	All other contribution similar amounts no	ons, gifts, grants, and 1f of included above	5,016,754				
Æ	g	0.0	butions included in					
o III	١.	IIIIes ra-ri » —	3,657	▶	5,024,119			
ပြဲက	h	lotal. Add lines	s 1a-1f		3,024,119			
шe				Business Code				
ver	2a							
<u>유</u>	b							
МČ	, c							
Š	d							
ran	e f	All other progra	Am corvice revenue					
Program Service Revenue	'		ım service revenue					
	g		3 2a – 2f					
	3		ome (including dividend	· · · · · · · · · · · · · · · · · · ·	1,146,420	1,146,420		
	4		ar amounts).... tment of tax-exempt bond p	-	1,140,420	1,140,420		
	5		· · · · · · ·	510cccu3				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	. ,	, ,				
	ь	Less rental expenses						
	c c	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	86,402,998	504,968				
	ь	Less cost or other basis and	95,277,826	576,818				
		sales expenses	0.074.020	74.050				
	c d	Gain or (loss)	-8,874,828	-71,850 	-8,946,678	-8,946,678		
	8a	Gross income fi			2,2 12,21 2	-,- :-, -: -		
ne		events (not incl	luding					
Other Revenue		\$of contributions See Part IV , lin	reported on line 1c)					
<u>.</u>	_	1	a					
뜑	р С		penses b loss) from fundraising (events				
-	9a		rom gamıng actıvıtıes					
	ь		a penses b loss) from gaming activ					
	10a	Gross sales of returns and allo	inventory, less	vicies				
	ь	=	a pods sold b					
	С		loss) from sales of inve					
	11a	Miscellaneous	s kevenue	Business Code				
	ь							
	c							
	d	All other revenu	ue					
		Total. Add lines						
	12		See Instructions	· · · · •				
	**	iotai ievenue.	oee monuchons	٠ [-2,776,139	-7,800,258	0	0

Part IX Statement of Functional Expenses

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

Decided amounts reported on lines 60, 19,88, 90,84 and 100 of Part VIII.	Α	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to	-		(D).	
In the U.S. Sae Part IV, line 21	Do no	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	Fundraising
See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees. 451,654 6 Compensation included above, to disqualified persons (as defined under section 4958(v)(1)) and persons (as defined under section 4958(v)(1) and persons (as defined under section 4958(v) and 19,000	1		1,880,606	1,880,606		
organizations, and individuals outside the U.S. See Part IV, Irvine 3.15 and 16 4 Benefits paid to or for members 5 Compensation or Current Officers, directors, trustees, and key employees	2					
5 Compansation of current officers, directors, trustees, and key employees 451,654 127,410 315,600 8,644	3	organizations, and individuals outside the U S See				
Responsible	4	Benefits paid to or for members				
(as defined under section 4958 (f)(13) and persons described in section 4958 (c)(3) (8) 14,321 17,377 530,88 14,321 17,377 50,088 1,456 109,079 17,377 50,088 1,456 109,079 17,377 50,088 1,456 109,079 1,570 1	5	key employees	451,654	127,410	315,600	8,644
Pension plan contributions (include section 401(k) and section 403(k) employer contributions) 74,921 17,377 56,088 1,456 403(k) employer contributions) 74,921 17,377 56,088 1,456 403(k) employer contributions) 74,921 17,377 56,088 1,456 76,732 80,741 7,003	6	(as defined under section 4958(f)(1)) and persons				
March 1,456 1,45	7	Other salaries and wages	713,636	169,137	530,178	14,321
10 Payroll taxes 80.444 19,987 58,907 1,530 11 Fees for services (non-employees)	8		74,921	17,377	56,088	1,456
11 Fees for services (non-employees) A management b Legal 50,674 3,418 47,202 54 c Accounting 42,500 42,500	9		109,526	26,732	80,791	2,003
a Management	10	Payroll taxes	80,444	19,987	58,907	1,550
b Legal	11	Fees for services (non-employees)				
to Accounting	а	Management				
d Lobbying	b	Legal	50,674	3,418	47,202	54
Professional fundraising See Part IV, line 17 .	C	Accounting	42,500		42,500	
The street management fees	d	Lobbying				
Mathematical Properties 169,025 3,589 165,066 370 12	е	Professional fundraising See Part IV, line 17				
12 Advertising and promotion 63,445 43,660 18,386 1,399 13 Office expenses 100,975 41,964 57,248 1,763 14 Information technology 157,632 84,435 47,982 25,215 15 Royalties 55,504 12,954 41,216 1,334 17 Travel 55,504 12,954 41,216 1,334 17 Travel 114,758 46,081 68,121 556 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 501 236 265 19 Conferences, conventions, and meetings 501 236 265 20 Interest 501 236 265 21 Payments to affiliates 501 236 265 22 Depreciation, depletion, and amortization 106,465 29,134 74,331 3,000 23 Insurance 50,010 50,010 50,010 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 56,691 34,861 16,249 5,881 b State Registration fees 13,968 137 <t< td=""><td>f</td><td>Investment management fees</td><td>161,125</td><td></td><td>161,125</td><td></td></t<>	f	Investment management fees	161,125		161,125	
10 10 10 10 10 10 10 10	g	Other	169,025	3,589	165,066	370
14 Information technology	12	Advertising and promotion	63,445	43,660	18,386	1,399
15 Royalties So,504 12,954 41,216 1,334 17 Travel 55,504 12,954 41,216 1,334 17 Travel 114,758 46,081 68,121 556 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 501 236 265 19 Conferences, conventions, and meetings 501 236 265 20 Interest 501 236 265 21 Payments to affiliates 501 236 265 22 Depreciation, depletion, and amortization 106,465 29,134 74,331 3,000 23 Insurance 50,010 <th< td=""><td>13</td><td>Office expenses</td><td>100,975</td><td>41,964</td><td>57,248</td><td>1,763</td></th<>	13	Office expenses	100,975	41,964	57,248	1,763
16 Occupancy 55,504 12,954 41,216 1,334 17 Travel 114,758 46,081 68,121 556 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 501 236 265 19 Conferences, conventions, and meetings 501 236 265 20 Interest 501 236 265 21 Payments to affiliates 50 4 4 22 Depreciation, depletion, and amortization 106,465 29,134 74,331 3,000 23 Insurance 50,010 50,010 50,010 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 34,861 16,249 5,581 b State Registration fees 13,968 137 12,997 834 c Other Employee Expenses 7,758 882 6,751 125 d business MEmberships & 505 392 113 0 e All other expenses 7,758 882 6,751 125 d All other expenses 7,558 392 113 0 e </td <td>14</td> <td>Information technology</td> <td>157,632</td> <td>84,435</td> <td>47,982</td> <td>25,215</td>	14	Information technology	157,632	84,435	47,982	25,215
17 Travel	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	55,504	12,954	41,216	1,334
State, or local public officials Solidaria Soli	17		114,758	46,081	68,121	556
The rest state of filiates states affiliates affiliates states affiliates affiliat	18	state, or local public officials				
21 Payments to affiliates	19	Conferences, conventions, and meetings	501	236	265	
Depreciation, depletion, and amortization	20					
Insurance	21					
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Publicity 56,691 34,861 16,249 5,581 b State Registration fees 13,968 137 12,997 834 c Other Employee Expenses 7,758 882 6,751 125 d business MEmberships & 505 392 113 0 e f All other expenses 7 All other expenses 4,462,323 2,542,992 1,851,126 68,205 Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational			,	29,134	· · ·	3,000
grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Publicity 56,691 34,861 16,249 5,581 b State Registration fees 13,968 137 12,997 834 c Other Employee Expenses 7,758 882 6,751 125 d business MEmberships & 505 392 113 0 e f All other expenses All other expenses. Add lines 1 through 24f 4,462,323 2,542,992 1,851,126 68,205 Joint costs. Check here F r if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational			50,010		50,010	
b State Registration fees 13,968 137 12,997 834 c Other Employee Expenses 7,758 882 6,751 125 d business MEmberships & 505 392 113 0 e f All other expenses Total functional expenses. Add lines 1 through 24f 4,462,323 2,542,992 1,851,126 68,205 26 Joint costs. Check here ▶ ✓ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	24	grouped together and labeled miscellaneous may not exceed 5% of				
c Other Employee Expenses 7,758 882 6,751 125 d business MEmberships & 505 392 113 0 e f All other expenses Total functional expenses. Add lines 1 through 24f 4,462,323 2,542,992 1,851,126 68,205 Joint costs. Check here ▶ ✓ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	а		56,691	34,861	16,249	5,581
business MEmberships & 505 392 113 0 e f All other expenses Total functional expenses. Add lines 1 through 24f 4,462,323 2,542,992 1,851,126 68,205 Joint costs. Check here F riffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	b	State Registration fees	13,968	137	12,997	834
e f All other expenses Total functional expenses. Add lines 1 through 24f 4,462,323 2,542,992 1,851,126 68,205 Joint costs. Check here ▶ ✓ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	С	Other Employee Expenses	7,758	882	6,751	125
All other expenses Total functional expenses. Add lines 1 through 24f 4,462,323 2,542,992 1,851,126 68,205 Joint costs. Check here ▶ ✓ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	d	business MEmberships &	505	392	113	0
Total functional expenses. Add lines 1 through 24f 4,462,323 2,542,992 1,851,126 68,205 26 Joint costs. Check here ► ✓ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	е					
Joint costs. Check here ► ✓ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	f	All other expenses				
Complete this line only if the organization reported in column (B) joint costs from a combined educational	25	Total functional expenses. Add lines 1 through 24f	4,462,323	2,542,992	1,851,126	68,205
column (B) joint costs from a combined educational	26	Joint costs. Check here ► 				
· · · ·						
		column (B) joint costs from a combined educational campaign and fundraising solicitation	187,063	105,508	49,558	31,997

Pa	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year	_	End of year
	1	Cash—non-interest-bearing			40.044.004	1	
	2	Savings and temporary cash investments	•		13,344,691	2	4,825,151
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			1,809,732	4	1,333,487
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			284,085	7	237,517
8	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			14,800	9	74,847
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	2,357,593			
	ь	Less accumulated depreciation	10b	368,489	2,583,776	10c	1,989,104
	11	Investments—publicly traded securities			37,146,479	11	53,627,682
	12	Investments—other securities See Part IV, line 11			424,776	12	374,365
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			58,809	15	209,496
	16	Total assets. Add lines 1 through 15 (must equal line 34)			55,667,148	16	62,671,649
	17	Accounts payable and accrued expenses .			192,114	17	266,625
	18	Grants payable				18	
	19	Deferred revenue		19	_		
	20	Tax-exempt bond liabilities		20			
68	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	ī		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L		×		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			16,212,128	25	16,605,249
	26	Total liabilities. Add lines 17 through 25			16,404,242	26	16,871,874
~		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27			_
ě		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			-15,985,965	27	-9,388,878
8	28	Temporarily restricted net assets			394,278	28	1,529,512
Fund Balance	29	Permanently restricted net assets			54,854,593	29	53,659,141
∄		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d com	plete			
ö		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Ř	33	Total net assets or fund balances			39,262,906	33	45,799,775
	34	Total liabilities and net assets/fund balances			55,667,148	34	62,671,649

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Heifer International Foundation

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

Public Charity Status and Public Support

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

Employer identification number

71-0699939

-		D		li - Ch - it - Ch - t	/ A II								
	rt I			olic Charity Stat						structio	ons		
	organız —			foundation because) ×)				
1	<u> </u>		•	on of churches, or as:			• •)(1)(A)(i).					
2	<u> </u>			ın section 170(b)(1)			•						
3	<u> </u>			erative hospital serv									
4	ı		al research ''s name, cıt	organization operate y, and state	ed in conjunc	tion with a	hospital desc	ribed in sec	tion 170(b)(1	L)(A)(iii	i). Ente	r the	
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universi	ty owned or oբ	perated by a	ı governmenta	al unit de	escribe	- d ın	
		section	170(b)(1)(A	\)(iv). (Complete Pa	rt II)								
6	Γ	A federa	al, state, or l	ocal government or	governmenta	l unit desc	rıbed ın secti o	on 170(b)(1)(A)(v).				
7	⊽	describe	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	Г			described in section)(vi) (Cor	mplete Part II)					
9	Г			t normally receives					outions, memb	oership i	fees, ar	nd gro	ss
		receipts	from activit	ties related to its ex	empt functioi	ns—subjec	t to certain ex	ceptions, a	nd (2) no mor	e than 3	3 3 1/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted busine	ess taxable ind	come (less s	section 511 to	ax) from	n busıne	sses	
				anızatıon after June 3						-			
LO	Г	Anorga	nization orga	anized and operated	exclusively t	to test for	public safety	See section	509(a)(4).				
11	Γ	one or n	nore publicly	anized and operated supported organizates the type of suppo b Type II	tions describ orting organiz	oed in sect ation and	ion 509(a)(1)	or section ! s 11e throug	509(a)(2) Se gh 11h	e sectio		a)(3).	Check
e f g	,	other th section If the or check th Since A	an foundation 509(a)(2) Ganization r his box ugust 17, 20	x, I certify that the or on managers and othe eceived a written de 006, has the organiz	er than one o termination f	r more pul	olicly supporte	ed organizat Гуре I, Туре	ions describe	d ın sec	tion 50	9(a)(1) or
			g persons? rson who dir	ectly or indirectly co	ntrols, eithei	r alone or t	oaether with r	persons des	cribed in (ii)			Yes	No
				, overning body of the	•				()	Γ:	11g(i)		
		, ,		r of a person describ		_				_	L1g(ii)		
		` '	•	ed entity of a person	` ,		above?			_	1g(iii)		
h				g information about t							3(7		<u> </u>
	(i) Name suppor rganiza	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	Did you no organiza col (i) o suppo	otify the tion in if your	(vi Is the organiza col (i) ord in the l	he ition in ganized		A m	vii) ount of oport?
				instructions))	· · · · · · · · · · · · · · · · · · ·				Yes	No	No		
				,,									
'ata	1					1	1		1				

Part II Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support	ou checked the	box on line 5, A	, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,026,584	4 3,690,282	3,967,493	3,723,691	5	,012,669	19,420,719
2	grants ") 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							
4	the organization without charge Total. Add lines 1 through 3	3,026,584	4 3,690,282	3,967,493	3,723,691		,012,669	19,420,719
5	The portion of total contributions by each person (other than a	3,020,30	3,030,202	3,307,133	3,723,031		,012,003	15,126,715
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							47,830
6	(f) Public Support. Subtract line 5							19,372,889
- C	from line 4 ection B. Total Support							
	endar year (or fiscal year		42222		(1) 2000			
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
7	A mounts from line 4	3,026,584	895,462	3,967,493	3,723,691	5	,012,669	19,420,719
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	696,057	895,462	1,171,608	1,455,157	1,146,420		5,364,704
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
l1	Total support (Add lines 7 through 10)							24,785,423
L2	Gross receipts from related activiti	es, etc (See inst	tructions)			12		
L3	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or f	ifth tax year as a !	501(c)(3	3) organız	eation, ▶ ———————————————————————————————————
	ection C. Computation of Pub			11 001 (5)		1 1		
L4 	Public Support Percentage for 2009	•		II column (t))		14		78 160 %
L5	Public Support Percentage for 2008					15		78 470 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a publıc	ly supported orga	nızatıon				► ▼
	box and stop here. The organization 10%-facts-and-circumstances test -is 10% or more, and if the organization mee	n qualifies as a p — 2009. If the org tion meets the "f	ublicly supported anization did not c acts and circumst	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b ck this box and st	and line	14 Explain	▶
Ь	organization 10%-facts-and-circumstances test-	—2008. If the ora	anization did not o	heck a box on lin	e 13.16a.16h o	r 17a an	d line	►
_	15 is 10% or more, and if the organization Explain in Part IV how the organization	nization meets th	e "facts and cırcu	mstances" test, o	heck this box and	stop he	ere.	▶ ┌
18	Private Foundation If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a oı	17b, check this l	oox and	see	., ▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data

DLN: 93493314034000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization Heifer International Foundation 71-0699939 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 7 Total number at end of year 200 Aggregate contributions to (during year) 6,400 3 Aggregate grants from (during year) Aggregate value at end of year 305,322 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ __

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.

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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

ar	Titl Organizations Maintaining Co	llections of Art	, Hist	toric	al Trea	asures, or	Oth	er Similar	ASS	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	wing tha	t are a sıgnıf	icant	use of its co	llectio	n	
а	Public exhibition		d	Γ	Loan or e	exchange pro	ogram	าร			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
1	Provide a description of the organization's co Part XIV	ollections and expla	ın how	v they	further t	he organızatı	ion's	exempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				ımılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						red '	'Yes" to For	m 990	Ͻ,	
	Part IV, line 9, or reported an ar										
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ns or other a	ssets	s not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ıng ta	ble						
_							-		A mo	unt	
C _	Beginning balance						1c				
d	Additions during the year						1d	-			
e	Distributions during the year						1e				
f	Ending balance						1f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete									- \ F \	DI-
_	Beginning of year balance	(a)Current Year 30,659,016	(D	Prior)	,649,474	(c) I wo Years E	заск ((d)Three Years	васк (е	e)Four Ye	ears Back
a L	Contributions	6,692,547			637,362						
b c	Investment earnings or losses	5,029,173			,899,177						
d	Grants or scholarships	1,880,606			.276,078						
e	Other expenditures for facilities	662,386			972,677						
	and programs	·									
f	Administrative expenses	2,027,454		1,	479,888						
g	End of year balance	37,810,290		30,	,659,016						
2	Provide the estimated percentage of the year	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	3 200 % %									
ь	Permanent endowment ► 96 800 % %	•									
c	Term endowment ► %										
a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat aı	re held aı	nd admınıste	red fo	or the			
	organization by							Γ	2-7:	Yes	No
	(i) unrelated organizations			•			•		3a(i) 3a(ii)		N o N o
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization						•		3b	<u> </u>	NO
	Describe in Part XIV the intended uses of th										
aı	t VI Investments—Land, Building					. Part X. lır	ne 10),			
	Description of investment			(a)	Cost or oth	ner (b) Cost o	or othe			(d) Bo	ok value
.a	Land				668,	500	280,00	00			948,500
_	Buildings				,		056,18		20,042		936,139
	Leasehold improvements						•				<u> </u>
	Equipment					;	352,91	.2 2	48,447		104,465
e	Other										

1,989,104

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		·
Closely-held equity interests		
Other		
	<u> </u>	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
, , , , , , , , , , , , , , , , , , , ,	po 15	
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, In (a) Described to the second seco	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, In (a) Description	ne 15. ption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes Split Interest ObligatIons	15.) X, line 25. (b) A mount 14,377,289 2,227,960	

Schedule D (Form 990) 2009

	Reconcination of change in Net Assets from Form 990 to Financial Statemen	11.5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-2,776,139
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,462,323
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-7,238,462
4	Net unrealized gains (losses) on investments	4	15,142,378
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,367,047
9	Total adjustments (net) Add lines 4 - 8	9	13,775,331
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,536,869
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	urn
1	Total revenue, gains, and other support per audited financial statements	1	10,838,067
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	13,775,331
3	Subtract line 2e from line 1	3	-2,937,264
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 161,125		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	161,125
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-2,776,139
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	4,301,198
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
с	Other losses	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	4,301,198
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 161,125]	
b	Other (Describe in Part XIV) 4b]	
c	Add lines 4a and 4b	4c	161,125
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,462,323

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Endowment Funds	Endowment funds are used to support the efforts of Heifer Project International and other donor designated exempt organizations as stipulated by donor restrictions, Articles of Incorporation and Bylaws of Heifer International Foundation
Part XI, Line 8 - Other Adjustments		Realized loss on unitrust transfered to Liability accounts Actuarial Loss on Split Interest Obligations Actuarial Loss on Split Interest Obligations
Part XII, Line 2d - Other Adjustments		Actuarial loss on split interest obligations Realized Loss on Unitrusts transferred to liability accounts

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493314034000

Department of the Treasury Internal Revenue Service

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

ame of the organization						Employer identific	ation number
eifer International Founda	ation					71-0699939	
Part I General In	formation on Grants	and Assistance				<u>'</u>	
the selection criteria	n maintain records to subs used to award the grants o the organization's procedur	rassistance?					ר Yes
Form 990, P	l Other Assistance to art IV, line 21 for any r Schedule I-1 (Form 990	ecipient that received	more than \$5,000.	Check this box if no	one recipient recei	ved more than \$5,0	00. Use
(a) Name and address organization or government	of (b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEIFER PROJECT INTERNATIONALONE WORLD AVENUE LITTLE ROCK, AR 7220	351019477	501(c)(3)	1,880,606				Ongoing support based on donor restrictions, Articles of Incorporation and Bylaws of Heifer International Foundation

	Enter tota	l number of	section 5	01((c)(3)	and	government organizations .
--	------------	-------------	-----------	-----	--------	-----	----------------------------

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

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.				
Ident if ier	Return Reference	Explanation		
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Heifer International Foundation, based on Board Governance, receives the following reports annually from all organizations receiving grants from endowment funds IRS Form 990 Annual Report Executive Summary Questionnaire Audited Financial Statements These documents are reviewed by CEO & CFO to ensure that funds were used for the purpose as stated in the grant application, as well as donor restrictions. This review also ensures the organization is a current tax-exempt organization as recognized by the IRS. The Executive Summary Questionnaire is signed by the CEO of the receiving organization attesting to the fact that the grants received were used for the organizations charitable purpose, as stipulated by the donor and that the organization upholds the Donor Bill of Rights. This information is distributed annually to the Board of Trustees of Heifer International Foundation for their review and is a part of the independent auditors review and the audit of the monitoring reports of the Board Governance.		

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DLN: 93493314034000

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Name of the organization Heifer International Foundation

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Department of the Treasury Internal Revenue Service

71-0699939 **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1

(a) Name of disqualified person

(c) Corrected? (b) Description of transaction Yes No

Employer identification number

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under		
	section 4958	· -	
2	Enter the amount of tay if any on line 2, above reimburged by the organization		

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(f) (b) Loan to Approved (g)Written (e) In (a) Name of interested person and or from the (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee?

Yes Yes No Τо From Yes No

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(b) Relationship between interested person (a) Name of interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship between interested (c) A mount of

(a) Name of interested person (d) Description of transaction person and the transaction

organization Yes Nο OWNER IS THE wife of THE FRIDAY GROUP Robyn Friday -2,375 video editing Νo OWNER VP of Communications

& Marketing

(e) Sharing of

organization's

revenues?

DLN: 93493314034000

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

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

Open to Public Inspection

Employer identification number Name of the organization Heifer International Foundation 71-0699939 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 214 98,657 median value-recpt date 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . O ualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (__ Other ►(__ 26 Other ►(__ 27 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 14 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 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? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes 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 non-cash contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Part II

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

Ident if ier	Ret urn Reference	Explanation		
Third Party Use	,	Heifer International Foundation uses a broker to sell gifts of securities		

Schedule M (Form 990) 2009

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As Filed Data -

DLN: 93493314034000

OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization Heifer International Foundation **Employer identification number**

71-0699939

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 11		11 - No, due to the governance model that Heifer International Foundation uses the Board of Trustees determined that it had governance and monitoring in place that kept them informed of the necessary information to ensure that a properly completed 990 was being filed by management. This governance includes that the Board of Trustees hires the independent auditors, which audit not only the financial statements of the organization, but also the annual monitoring reports to ensure reporting of governance items is reported fairly to the Board of Trustees. The independent auditors are also involved in the review, filing and signing of the 990, which provides the Board of Trustees with an overall understanding as it relates to the accuracy of the 990. After the 990 is filed, it is distributed to the Board of Trustees along with a copy of the annual audited financial reports.
Form 990, Part VI, Section B, Inne 12c		Yes Heifer International Foundations Board of Trustees operates within a policy governance model with effective written governance and monitoring systems in place regarding the Board of Trustees Code of Conduct, which includes specific conflict of interest statements. Each member of the Board of Trustees is required to complete, sign and submit a Code of Conduct Form annually in which they indicate compliance with specific conflict of interest statements. These forms are submitted to the board liaison, at the annual meeting of the Board of Trustees and issues of non-compliance are reported to the Board Chair. In addition, a report to the full board is included in the monitoring reports regarding compliance by individual trustees and the Board as a whole. Matters of concern regarding an individuals non-compliance and/or conflict of interest are addressed by the Board Chair and brought before the full Board when appropriate.
Form 990, Part VI, Section B, line 15		Yes, we use Quatt Associates, independent consulting service, for the annual review of the Foundations salary process. Quatt evaluates each position, including the President & CEO, based on the specific job functions and a market analysis of the position is conducted using surveys of relevant comparator organizations. Depending on the position and its requirements, positions are compared either internationally, nationally or regionally to ensure compensation is competitive for the job market for each position. Ranges are then established by position with a minimum, a target and a maximum. The target of the range is based on the median salary for equivalent job descriptions in the market place and factors in the employees skill level and history with the organization. The Board conducts an annual review of the President & CEO performance over the prior year. Based on the performance and the salary recommendations obtained from Quatt, the Board then determines what the salary of the President & CEO should be for the next year. The Board is also given a copy of the Quatt recommended salary ranges for each staff member of Heifer International Foundation and their budgeted salary.
Form 990, Part VI, Section C, line 19		Heifer International Foundations annual IRS Form 990 is available through Guidestar org going back to 1998. The annual report is available at www. heiferfoundation org starting with year 2001. IRS Form 990, Annual Report, Audited Financial Statements and other governance information is available upon request either in person, per phone call to 888-422-1161, email request at info@heiferfoundation org, or written request.