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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 Open to Public

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

Inspection

<u>A</u>	For the	e 2012 calendar year, or tax year beginning JUL 1, 2012 and	ending U	<u>UN 30, 2013</u>				
В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addre	HEIFER INTERNATIONAL FOUNDATION						
	Name	VILLED HOLDING MICH		71-0699939				
	Initial return	the second of the first second of the second	Room/suite	E Telephone number				
	Termi			501-	907-4900			
. 3	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	40,374,476.			
	Application pendir	1111111 ROCK, AR 12205		H(a) Is this a group re				
	pendi	F Name and address of principal officer ARDYTH NETLL		for affiliates?	Yes X No			
_		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No			
		empt status X 501(c)(3)	or 527	If "No," attach a	list (see instructions)			
		te MEIFERFOUNDATION.ORG		H(c) Group exemptio				
		organization X Corporation	L Year	of formation 1991	A State of legal domicile AR			
P	art'!	Summary	727) 7370	UDNIA MITONIA I				
å	1	Briefly describe the organization's mission or most significant activities HEIF FOUNDATION'S PURPOSE IS TO PRIMARILY SUP	PK INI	ERNATIONAL	<u>אס טטינסס</u>			
Governance		Check this box I if the organization discontinued its operations or dispo						
Ver	3	Number of voting members of the governing body (Part VI line 1a)	FCFIV	/ED) 3	9			
		Number of independent voting members of the governing body (Part VI line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		4	9			
Activities &	5		S C VO		10			
/Ite	6	Total number of volunteers (estimate if necessary)	_	6	0			
į	7 a	Total unrelated business revenue from Part VIII, column (C) line 12	THR HRA	NCH 7a	0.			
⋖	Ь	Net unveleted by among toyable in a one transfer and 500 T to 504	OGDI	7b	0.			
		7 (V)		Prior Year	Current Year			
Revenue	8	Contributions and grants (Park VIII, Interior)	¥	2,436,384.	3,667,049.			
	9	Program service revenue (Partwill, Inte 20)		, 0.	0.			
ě	10	Investment income (Part VIII column VA) Thes 3, 4, and 7d)		1,889,347.	3,480,632.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 80, 90, 10c, and 11e)		0.	0.			
		Total revenue add lines 8 through 11 (mus) equal Part VIII, column (A), line 12)		4,325,731.	7,147,681.			
		Grants and similar amounts paid (Part IX, column (A), lines 1 3)		960,283.	1,465,703.			
	1	Benefits paid to or for members (Part IX, column (A) line 4)		402,383.	<u>0.</u>			
Expenses	15	Salaries other compensation employee benefits (Part IX column (A), lines 5 10)		402,383.	505,114.			
e.	16a	Professional fundraising fees (Part IX, column (A) line 11e) Total fundraising expenses (Part IX, column (D), line 25) 16,1	25		<u>U•</u>			
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a 11d 11f 24e)		549,464.	763,809.			
		Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)		1,912,130.	2,734,626.			
	19	Revenue less expenses Subtract line 18 from line 12	-	2,413,601.	4,413,055.			
Net Assets or Fund Ralances	3	To real to the state of the sta	Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		75,714,280.	82,183,114.			
AA	21	Total liabilities (Part X, line 26)		16,342,099.	16,347,983.			
P.Se	22	Net assets or fund balances_Subtract line 21_from line 20		59,372,181.	65,835,131.			
LP.	art II	Signature Block						
		ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true	e, correc	it, and complete. Declaration of preparer (other than officer) is based on all information of wi	nch preparer	has any knowledge				
		Lackyth new		1///4	1/2016			
Sig	ın	Signature of officer		Date	•			
He	re	ARDYTH NEILL, PRESIDENT Type or print name and title			<u> </u>			
			- 1	Date Check	П-РПМ			
Da.	а	Print/Type preparer's name Preparer's signature		- Inter				
Pa:	u parer	CARLEY UMSTEAD Firm's name RSM US LLP	(1 _ I	1-10-20/6 self employe	42-0714325			
	Only	Firm's address 201 FIRST STREET SE, SUITE 800	•	Firm's EIN	47-0114373			
550		CEDAR RAPIDS, IA 52401-1418		Phone no 3	19-298-5333			
Mo	v the II	RS discuss this return with the preparer shown above? (see instructions)		Ti none no 3	X Yes No			
1710	7 5110 11	to diopage and rotati file file parties of our rapore (foce incredible)	_					

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2012)

71-0699939

Form 990 (2012)

or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II

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

20a Did the organization operate one or more hospital facilities? If Yes," complete Schedule H b If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012)

Х

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X

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20a

20b

Form 990 (2012) HEIFER INTERNATION
Part IV Checklist of Required Schedules (continued)

			,	
			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		1	٦,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			•
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
	Schedule J	23	 	X
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,
_	Schedule K If "No", go to line 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b	 -	<u> </u>
Ç	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١	İ	
	any tax exempt bonds?	24c	<u> </u>	!
	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		ļ ,	х
	disqualified person during the year? If Yes, complete Schedule L, Part I	25a	ļ	Α.
a	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			Х
ne.	Schedule L, Part I	25b	<u> </u>	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee key employee, highest compensated employee, or disqualified	26	1	х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes, complete Schedule L, Part III	27		Х
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes, complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25 000 in non cash contributions? If "Yes," complete Schedule M	29	Х	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate terminate or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, "complete			
	Schedule N, Part II	32		<u>x</u>
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		<u> </u>
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
05-	Part V, line 1	34	_X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a i		<u> X</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations Did the organization make any transfers to an exempt non charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	20		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_36		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and 19?	- 57	-	
_	Note All Form 990 filers are required to complete Schedule O	38	х	
		_		2012)
			,	•

Form 990 (2012) HEIFER INTERNATIONAL FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			\Box
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable 1a 8			
b	Enter the number of Forms W 2G included in line 1a. Enter 0 if not applicable 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	X	
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10		٢	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<i>†</i> 4	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
b	If "Yes," enter the name of the foreign country	~ . 4		
	See instructions for filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts	* **		/
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as chantable contributions?	6a	L	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c)			-
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell-exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes, indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds			
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		
10	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter		ļ	
	Gross income from members or shareholders	i		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers			_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note See the instructions for additional information the organization must report on Schedule O			
a	Enter the amount of reserves the organization is required to maintain by the states in which the		- 1	
_	organization is licensed to issue qualified health plans Enter the amount of receives an hand		- 1	
	Enter the amount of reserves on hand Did the organization receive any payments for index; tanging convices during the tay year?	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No ' provide an explanation in Schedule O	14a		- 47
n	in rest, rias it filed a rothi 720 to report these payments in rivo provide an explanation in schedule of	14b	990	(2012)

Form 990 (2012) HEIFER INTERNATIONAL FOUNDATION /1-0699939 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2									
	If there are material differences in voting rights among members of the governing body, or if the governing] -	17.	F						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0	٠,	14.0							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9		14 -	3 1-7						
2										
_	officer, director, trustee, or key employee?	2	Arthu i	х						
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
ıa		7.		Х						
h	more members of the governing body?	7a								
U	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		[Х						
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7b		Λ						
8		ا م	х							
	The governing body?	8a	X							
þ	Each committee with authority to act on behalf of the governing body?	8b_								
9	Is there any officer director trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х						
500	organization's mailing address? If Yes, " provide the names and addresses in Schedule O	9								
360	tion B Policies (This Section B requests information about policies not required by the Internal Revenue Code)		 							
40-	Old the angeneration have level short-on his order of the task		Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
D	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	v							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X_							
b	Describe 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	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b_	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		. ,,							
40	In Schedule O how this was done	12c	_X_							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent		.]							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	_X_							
b	Other officers or key employees of the organization	15b	_X_							
	If "Yes" to line 15a or 15b describe the process 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	X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		- 1							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1							
	exempt status with respect to such arrangements?	16b	Х							
	tion C Disclosure			_						
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a	ivailab	le							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website X Another's website X Upon request 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 an	d finan	cial							
	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 organiza	ion 🕨	·							
	ARDYTH NEILL, PRESIDENT - 501-907-4900									
करणस	1 WORLD AVE, LITTLE ROCK, AR 72203									

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HEIFER INTERNATIONAL FOUNDATION

71-0699939

Page 7

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box unless person is both an officer and a director/trustee)				is bol	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Olicer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) MARCIA WILLIAMS TRUSTEE	1.00	x						0.	0.	0.
(2) NORMAN DOLL	1.00	 		1		\vdash		 		
TRUSTEE		Х		_				0.	0.	0.
(3) STEPHANIE BUCKLEY	1.00	<u> </u>				<u> </u>	`	* 1		
TRUSTEE	1 - ,	Ϋ́						0.	0.	0.
(4) TOM NICKELL	1.00	1						- '-		
TRUSTEE		х			L_	<u> </u>		0.	0.	0.
(5) BAYARD U LIVINGSTON	1.00	ļ.,]				
TRUSTEE (6) DOUGLAS NUNN	1.00	Х		-		<u> </u>	<u> </u>	0.	0.	0.
TRUSTEE	1.00	х				1		ا م	0	0
(7) GEORGE PETTY	1.00	Λ		_	<u> </u>			0.	0.	0.
TRUSTEE	1.00	х					}	0.	0.	0.
(8) DON HAMMOND	1.00		\vdash		_		_			
TRUSTEE		х						0.	0.	0.
(9) C DOUGLAS SMITH	1.00					-				
TRUSTEE		X						0.	0.	0.
(10) GWEN MORGAN	1.00									
TRUSTEE		Х						0.	0.	0.
(11) KERRY KRUCKEL-GIBBS	1.00									<u> </u>
TRUSTEE		Х						0.	0.	0.
(12) ARLENE WITHERS	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(13) ARDYTH NEILL	42.00	İ		x				100 677	0	12 005
PRESIDENT (14) JESSE SCHALK	42.00			^	_			122,673.	0.	13,087.
VP OF ASSET MANAGEMENT	42.00			$_{\rm X}$		1		80,539.	0.	22,162.
THE STATE OF THE S				-				00,555.		22,102.
				\dashv						
					_		_	<u> </u>		

Form 990 (2012) HEIFER II									71-069	993	59 <u>r</u>	Page 8
Part VII Section A Officers, Directors, Trus		ploy	ees			ghe	st C					
(A)	(B)			ر) Pos	C) utuan			(D)	(E)		(F)	
Name and title	Average hours per		по1 с	heck	more	than		Reportable	Reportable		Estimated amount of	
	week	box unless person is bot officer and a director/trus			compensation	compensation from related		othe				
	(list any	ector						the	organizations	cc	ompens	
	hours for related	or dir	g			ated		organization	(W 2/1099-MISC)		from t	
	organizations	ruslee	I Irust		85	mpen		(W 2/1099 MISC)			organiza and rela	
	below	Individual trustee or director	inslitutional trustee	55	Key employee	Highest compensated employee	<u>ة</u>				rganiza	
	line)	Indiv	is.	Officer	ğ	돌를	Уо глег					
					 	<u> </u>				_		
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					H			 		+		
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										ŀ		
			_		_	L	_			 		
										l		
						 -		 	_	+		
								_			_	
										$oldsymbol{oldsymbol{\perp}}$		
dh Dub tatal	· · · · ·				-	Ų		203,212.	0		35,2	2/10
1b Sub-total c Total from continuation sheets to Part VI	Section A	' Y	, ,	¢			',	0.	0		33,2	0.
d Total (add lines 1b and 1c)	1,000,1011 2	-	•	-	•			203, 212.	- 0		35,2	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o r	·	000 of reportable			
compensation from the organization												1
										_	Yes	No
3 Did the organization list any former officer,		stee	, ke	у ел	nplo	yee,	or.	highest compensated e	mployee on		1	,,
line 1a? If "Yes," complete Schedule J for se 4 For any individual listed on line 1a, is the su								h		3	+	<u> X</u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	tne organization	4		x
5 Did any person listed on line 1a receive or a									dual for services	+-	_	+
rendered to the organization? If Yes, com										5	,	X
Section B Independent Contractors												
Complete this table for your five highest cor										rsatio:	n from	
the organization Report compensation for t	he calendar ye	ear e	endir	ng w	/ith c	or w	thir		/ear			
(A) Name and business	address	NC	NE	:			-	(B) Description of s	ervices		(C) pensatio	on
		-					寸					
							4					
							1					
2 Total number of independent contractors (in	-	ot lin	nited	l to	_		ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	ation 🕨				C)		·				

3 , 480 , 632 Form **990** (2012)

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	n 990 I rt VI		ERNATIONAL	FOUNDATION		71-0699	9939 Page 9
Га	II VI	<u></u>					
	4	Check if Schedule O contains a res	oonse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	la		, ,		27
ira.	b	· • • -	lb	7	i i		1
P.S.	، ا	Fundraising events	Ic	1			1,1
E S	d		ıd	1			, ,,,
S,E	e		le	7	i		
คือ	1	All other contributions, gifts, grants, and		1	,	-	
₽ŧ			3,667,049			ļ ·	' - '
Contributions, Gifts, Grants and Other Similar Amounts	و ا	Noncash contributions included in lines 1a 1f \$	91,704	1		}	* AZ 7 4
Se	h	Total Add lines 1a 1f	•	3,667,049	_		
			Business Code	 	. ,		- in the second
ė	2 a	1		1	ļ		" "
Program Service Revenue	Ь						<u> </u>
SE	ء						
e a	d	1				i	
ρgα	e						
4	f	All other program service revenue					
	g	Total Add lines 2a 2f			•	-	<i>J</i> S
	3	Investment income (including dividends	, interest, and				
		other similar amounts)	•	1,634,765			1,634,765
	4	Income from investment of tax exempt b	ond proceeds				
	5	Royalties	>				
		(ı) Re	al (іі) Personal	_			T
	6 a	Gross rents] 			İ
	b	Less rental expenses	<u>, </u>	E ES B H		l\	
	c	Rental income or (loss)]]	
	d	Net rental income or (loss) `					l
	7 a	Gross amount from sales of (i) Secur	nties (ii) Other		_		
	l	assets other than inventory 35,072	,662				!
	b	Less cost or other basis					}
		and sales expenses 33,226	,795				
	С	Gain or (loss) 1,845	,867	_			
	d	Net gain or (loss)	<u> </u>	1,845,867			1,845,867
单	8 a	Gross income from fundraising events (r	ot				Ì
Other Revenue		including \$ of					
è.		contributions reported on line 1c) See					
ē		Part IV, line 18	a				
∄	b	Less direct expenses	b				-
		Net income or (loss) from fundraising even				<u> </u>	
	9 a	Gross income from gaming activities. Se	е	-			
		Part IV, line 19	a	}			
-		Less direct expenses	b	d i			
		Net income or (loss) from gaming activiti	es				<u> </u>
ļ	10 a	Gross sales of inventory, less returns		[i		
		and allowances	a	1			
		Less cost of goods sold	b	Į			
ļ	<u>c</u>	Net income or (loss) from sales of invent		ļ			
ĺ		Miscellaneous Revenue	Business Code				1

▶

7 147,681

0

11 a

d All other revenue e Total Add lines 11a 11d

Total revenue See instructions

Part IX | Statement of Functional Expenses

_	ion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must ci	omplete column (A)	
0001	Check if Schedule O contains a respon			on piece dolarini (i i)	
	not include amounts reported on lines 6b, 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	1,252,333.	1,252,333.	13 * * 1	2 5/4 5 5
2	Grants and other assistance to individuals in				, *
_	the United States See Part IV, line 22			· · · · · · · · · · · · · · · · · · ·	***
3	Grants and other assistance to governments,			ī	
	organizations, and individuals outside the	213,370.	213,370.	,	
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	213,3700	213,370.		
5	Compensation of current officers, directors,				
J	trustees, and key employees	260,536.	26,876.	233,660.	
6	Compensation not included above, to disqualified		23/5137		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			:	
7	Other salaries and wages	167,330.	68,137.	99,193.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,874.	9,327.	10,547.	
9	Other employee benefits	29,437.	10,540.	18,897.	_
10	Payroll taxes	27,937.	6,663.	21,274.	
11	Fees for services (non employees)				
а	Management				
b	Legal	6,397.	679.	5,532.	186.
С	Accounting	42,176.		42,176.	
d	Lobbying _				
е	Professional fundraising services See Part IV, line 17	, ,	WY III WH	[] [5]	
f	Investment management fees -	436,626.	1 11	;436,626.	
g		1.6 077	0 140	14 654	101
	column (A) amount, list line 11g expenses on Sch 0)	16,977 . 9,708 .	2,142.	14,651.	184. 1,931.
12	Advertising and promotion	38,429.	3,641. 8,089.	4,136.	1,931.
13	Office expenses	42,217	11,457.	18,795.	1,412. 11,965.
14	Information technology	<u> </u>	11,40/	10,790	11,905.
15 16	Royalties Occupancy	35,139.	5,176.	29,516.	447.
17	Travel	39,494.	15,499.	23,995.	
18	Payments of travel or entertainment expenses			23,7731	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,000.	9,200.	800.	 _
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,758.	5,879.	5,879.	
23	Insurance	49,876	3.	49,873	
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)				
а	OTHER EMPLOYEE EXPENSES	14,575.	3,235.	11,340.	
b	REGISTRATION FEES	8,562.	· · · · · · · · · · · · · · · · · · ·	8,562.	
С	MEMBERSHIPS & FEES	1,875.	375.	1,500.	 _
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	2,734,626.	1,652,621.	1,065,880.	16,125.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98 2 (ASC 958 720)	_			

ΓРа	rt 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
	1	Cash non interest bearing	2 (10 5 (0	1	
	2	Savings and temporary cash investments	6,418,540.	2_	2,921,106.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	525,783.	4	431,813.
	5	Loans and other receivables from current and former officers, directors,	1		
		trustees, key employees, and highest compensated employees. Complete	1.4	٠,	į
]	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			, `
	l	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	9 ,		•
		employers and sponsoring organizations of section 501(c)(9) voluntary		,	1:
(S)		employees beneficiary organizations (see instr) Complete Part II of Sch L	100 100	6_	<u> </u>
Assets	7	Notes and loans receivable net	122,122.	7	66,976.
Ą	8	Inventones for sale or use	27 100	.8	25.060
	9	Prepaid expenses and deferred charges	37,180.	9	35,962.
	10a	Land buildings, and equipment cost or other		ŀ	
		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 699,871 10b 98,319			601 550
	1		653,843.	10c	601,552.
	11	Investments publicly traded securities		11	71,854,868. 6,059,416.
	12	Investments other securities See Part IV, line 11	5,853,347.	12	0,039,410.
	13	Investments program related See Part IV, line 11		13	
	14	Intangible assets	128,633.	14	211,421.
	15	Other assets See Part IV, line 11	75,714,280.	15	82,183,114.
-	16	Total assets Add lines 1 through 15 (must equal line 34)	192,689.	16	189,138.
	17	Accounts payable and accrued expenses	192,009.	17	109,130.
	18	Grants payable	,	18	
	19	Deferred revenue		19	
	20	Tax exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
豆	~	key employees, highest compensated employees and disqualified persons			•
Ë		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 (including federal income tax payables to related third		27	
		parties and other liabilities not included on lines 17 24) Complete Part X of			
		Schedule D	16,149,410.	25	16,158,845.
	26	Total liabilities Add lines 17 through 25	16,342,099.	26	16,347,983.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	, , , , , , , , , , , , , , , , , , , ,		
တ္		complete lines 27 through 29, and lines 33 and 34			
nce	27	Unrestricted net assets	-5,788,022.	27	-2,692,673.
ala	28	Temporarily restricted net assets	1,744,383.	28	2,895,728.
a B	29	Permanently restricted net assets	63,415,820.	29	65,632,076.
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
o.		and complete lines 30 through 34			
şt	30	Capital stock or trust principal, or current funds		30	
1556	31	Paid in or capital surplus or land, building, or equipment fund	_	31	
Net Assets or Fund Balances	32	Retained earnings endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	59,372,181.	33	65,835,131.
	34	Total liabilities and net assets/fund balances	75,714,280.	34	82,183,114.

Form	1990 (2012) HEIFER INTERNATIONAL FOUNDATION	71-06	699939	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,14	<u>7,6</u>	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,73		
3	Revenue less expenses Subtract line 2 from line 1	3	4,41		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,37		
5	Net unrealized gains (losses) on investments	5	2,89	<u>7,9</u>	46.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u>-84</u>	<u>8,0</u>	51.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	65,83	5,1	31.
Pa	rt XIII 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 Cash Accrual Other		_], ,	£ -, 4	* 5 . 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	F	Ġ	12 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes " check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a		l	
	separate basis, consolidated basis, or both		ļ, ,	`	
	Separate basis Consolidated basis Both consolidated and separate basis				İ
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	le	¥°	,-
	consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?.		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	igle Audit			
	Act and OMB Circular A 133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1

or audits explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

OMB No 1545 0047

Department of the Treasury Internal Revenue Service 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

Open to Public

Schedule A (Form 990 or 990-EZ) 2012

Name of the organization Employer identification number HEIFER INTERNATIONAL FOUNDATION 71-0699939 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) 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) X 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) я A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4) 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 c Type III Functionally integrated , Type III Non functionally integrated b Type II 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) 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 Since August 17, 2006 has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below No Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) h Provide the following information about the supported organization(s) (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (u) EIN (III) Type of organization (vii) Amount of monetary organizátion in col (described on lines 1.9) in col (i) listed in your organization in col (i) organized in the US? organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yeş No Yes No

Form 990 or 990-EZ

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2012 HEIFER INTERNATIONAL FOUNDATION 71-06999

[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)

Se	ction A. Public Support			· · ·		_			
Cal	endar 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)	5012669.	4269922.	4163573.	1403610.	2808362.	17658136.		
2	Tax revenues levied for the organ		-				i		
	ization's benefit and either paid to	1							
	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	5012669.	4269922.	4163573.	1403610.	2808362.	17658136.		
5	The portion of total contributions	. ~							
	by each person (other than a	,	٠ ' '	,		•			
	governmental unit or publicly					,			
	supported organization) included	- ,							
	on line 1 that exceeds 2% of the		'.	•		4			
	amount shown on line 11,			:					
	column (f)						127,820.		
	Public support Subtract line 5 from line 4						17530316.		
Se	ction B Total Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4	5012669.	4269922.	4163573.	1403610.	2808362.	17658136.		
8	Gross income from interest,								
	dividends payments received on		~ , _	_					
	securities loans, rents, royalties			` ` ` `	,				
	and income from similar sources	1146420.	13123707	1441728.	<u>.,740,210.</u>	1634765.	6275493.		
9	Net income from unrelated business'	,	,, , , = 4	' ' ' ' ' ' ' ' ' ' ' '	-				
	activities, whether or not the		ľ						
	business is regularly carned on								
10	Other income Do not include gain						_		
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support Add lines 7 through 10						23933629.		
	Gross receipts from related activities,	•			į	12			
13	First five years If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)			
-	organization, check this box and stop				·				
	ction C. Computation of Publi			_ 		 ,			
	Public support percentage for 2012 (li			olumn (f))		14	73.25 %		
	Public support percentage from 2011				Į	15	74.53 %		
16a	33 1/3% support test - 2012 If the o			line 13, and line 1	4 is 33 1/3% or m	ore check this bo			
	stop here The organization qualifies a	•	_				ightharpoons X		
þ	33 1/3% support test - 2011 If the o				line 1 5 is 33 1/3%	or more, check th	nis box		
	and stop here The organization quali	• •					▶∟」		
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact					t IV how the organ	iization		
	meets the "facts and circumstances	•		, , ,	•				
b	10% -facts-and-circumstances test								
	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 circ						▶⊨		
18	Private foundation If the organization	n did not check a b	oox on line 13_16a	i, 1 <u>6b, 1</u> 7a or 17b					
					School	dula A (Earm 000	or 000 E7) 2012		

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A Public Support	cion picase com	pie <u>te i art ii j</u>			-	
	endar 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		i				
	ınclude any "unusual grants ")						
2							
	merchandise sold or services per formed, or facilities furnished in		ĺ				
	any activity that is related to the						
	organization's tax exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus						
	iness under section 513						
4	Tax revenues levied for the organ						
	ization's benefit and either paid to				}		
	or expended on its behalf					<u> </u>	
5	The value of services or facilities			ı			
	furnished by a governmental unit to]				
	the organization without charge						
6	Total Add lines 1 through 5					<u> </u>	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			<u>-</u>	<u> </u>		
ŧ) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5 000 or 1% of the						l
	amount on line 13 for the year					<u> </u>	<u></u>
(Add lines 7a and 7b	<u>,</u>				<u> </u>	
	100000000000000000000000000000000000000		11/2 //10 8	FLC7 11 (1	11 B 27	<u> \</u>	L
	ction B Total Support		, , , , , , , , , , , , , , , , , , ,			·,	
	ndar year (or fiscal year beginning in) ▶	<u>(a) 2008</u>	'_(b) 2009 '	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6				- 	ļ	
102	Gross income from interest, dividends, payments received on					1	
	secunties loans, rents, royalties						
	and income from similar sources				-	 	<u> </u>
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·				 		
11	Add lines 10a and 10b						
''	Net income from unrelated business activities not included in line 10b.]		
	whether or not the business is	·					
10	regularly carried on Other income Do not include gain				 	1	<u> </u>
12	or loss from the sale of capital	ļ	!				
40	assets (Explain in Part IV)		 	<u>-</u>		 	
	Total support (Add lines 9 10c 11 and 12)	41	<u> </u>		.l		<u> </u>
14	First five years If the Form 990 is for	the organization's	s first, second, thir	d fourth, or fifth	tax year as a section	on 501(c)(3) organiz	ation,
800	check this box and stop here ction C. Computation of Publi	e Support Do	roontago				<u> </u>
				(O)		145	
	Public support percentage for 2012 (li	• •	•	olumn (i))		15	%
	Public support percentage from 2011 etion D Computation of Invest] 16_[%
				o 12 column (0)		[47]	
	Investment income percentage for 20			ie 13, column (i))		17	<u>%</u>
	Investment income percentage from 2 33 1/3% support tests - 2012. If the			on line 14 and lin	ne 15 is more than	18 33 1/3% and line 1	7 is not
196	more than 33 1/3% check this box ar	_					. 15 HOL
Į.	33 1/3% support tests - 2011 If the						pnd
	line 18 is not more than 33 1/3% che	•					
20	Private foundation If the organization			-		•	
20	Fireate touridation in the organization	raid not check a	DOX OF THE 14, 198	a, or 190, check	una dox anu see m	ISTUUCIONS	

Schedule A (Form 990 or 990 EZ) 2012 HEIFER INTERNATIONAL FOUNDATION 71-0699939 Page	
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)	—
PART II, SECTION A AND B:	
THE TITLES FOR COLUMNS (A) THROUGH (E) ARE MODIFIED AS FOLLOWS:	
(A) = 2009 CALENDAR YEAR	_
(B) = 2010 CALENDAR YEAR	
(C) = 2011 CALENDAR YEAR	
(D) = 2012 FISCAL YEAR, SHORT YEAR BEGINNING JANUARY 1, 2012 AND	
ENDING JUNE 30, 2012	
(E) = 2013 FISCAL YEAR, BEGINNING JULY 1, 2012 AND ENDING JUNE 30,	
2013	
PART II, SECTION C, LINE 15:	
THE PERCENTAGE VALUE IS THE PUBLIC SUPPORT PERCENTAGE FOR SHORT YEAR 2012	•
	_
	_
	—

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990 ► See separate instructions

OMB No 1545 0047 Open to Public Inspection

Name of the organization

HEIFER INTERNATIONAL FOUNDATION

Employer identification number

71-0699939 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 o. 2 Aggregate contributions to (during year) 3.500. 3 Aggregate grants from (during year) 409,491. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring X Yes impermissible private benefit? Part II 7 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 education) Preservation of an historically important land area □ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not onla historic structure listed in the National Register Number of conservation easements modified, transferred released extinguished, or terminated by the organization during the tax 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 5 Yes □No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? 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 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

Sche		INTERNATIO					-0699939 Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, c	or Other	Sımılar A	Assets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following tha	it are a sigi	nificant use	of its collection items
	(check all that apply)		 1				
а	Public exhibition	d		hange progra	ams		
b	Scholarly research	е	Other				
C	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizati	on s exem	pt purpose	ın Part XIII
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or oth	er sımılar a	ssets	
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered	"Yes" to Fo	om 990, Pa	rt IV, line 9, or
	reported an amount on Form 990, Par	·			_		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	is or other as	sets not in	cluded	
	on Form 990, Part X?						└─ Yes └─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				
							Amount
¢	Ведіплілд balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on Fe	•					L Yes No
	If "Yes, ' explain the arrangement in Part XIII						
Par	t V Endowment Funds Complete	the organization an					· · · · · · · · · · · · · · · · · · ·
	}	(a) Current year	(b) Prior year	(c) Two year) Three years	
1a	Beginning of year balance	50,618,899	48,268,917	45,58		37,810	
þ	Contributions	4,141,937	2,399,555		7,606	6,191,	
С	Net investment earnings, gains, and losses	5,502,820	1,854,149		9,946	4,146,	
d	Grants or scholarships	1,465,703	960,283	1,17	4,863	367,	046 1,880,606
е	Other expenditures for facilities	, 5	4	_ ,			
	and programs	186,918	, ' 293,904		8,941	440,	
f	Administrative expenses -	-/==994,594	, 649,535		0,213	, 1,754,	
g	End of year balance	157,616,441	50,618,899	-48,26	8,917	45,585,	382 37,810,290
2	Provide the estimated percentage of the curr	rent year end baland		i)) held as			
а	Board designated or quasi endowment	11.52	_%				
	Permanent endowment ► 88.48	%					
С	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c should	•					
За	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	nd administe	red for the	organizatio	
	by						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						За(п) Х_
b	If "Yes" to 3a(ii), are the related organizations						3b
4	Describe in Part XIII the intended uses of the						
Par			· · · · · · · · · · · · · · · · · · ·	1			
	Description of property	(a) Cost or o	1 ''	or other		umulated	(d) Book value
	 	basis (investr	<u> </u>	(other)	aepre	eciation	F60 F00
	Land	568,	300.				568,500.
	Buildings						+
	Leasehold improvements	<u> </u>	- - - - - - - - - - 	1 271		00 210	22 052
	Equipment		- 13	1,371.		98,319	33,052.
	Other			0/-11	-		601 552
Total	Add lines 1a through 1e (Column (d) must e	quai r-orm 990, Part	x, coiumn (B), line 1	U(C))		▶	601,552.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities See	Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	on Cost or end	of year market value
(1) Financial derivatives				
(2) Closely held equity interests				·
(3) Other			·	-
(A) ALWIN LLC	54,488.	END-OF-YEAR	R MARKET	VALUE
(B) GORDON EDGEWATER LLP	146,360.	END-OF-YEAR	R MARKET	VALUE
(C) HARBOURVEST FUNDS	811,489.	END-OF-YEAR		
(D) MOLPUS WOODLANDS FUND III	5,047,079.	END-OF-YEAL		
(E)				<u> </u>
(F)				
(G)				
(H)				
(1)				
Total (Col (b) must equal Form 990, Part X, col (8) line 12)	6,059,416.			المراجع المراج
Part VIII Investments - Program Related Se				ACT OF My MANAGE
(a) Description of investment type	(b) Book value		on Cost or end	of year market value
	(b) Book value	(C) INCLIDE OF VALUE		or your market value
				-
(2)				
(3)				
(4)				
(5)				
(8)				
(9)				
(10)			_	<u> </u>
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets. See, Form 990, Part X, line		<u> </u>	, ',	=
(a) U	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		•		
(7)	 ·			
(8)				
(9)				
(10)		_		
Total (Column (b) must equal Form 990, Part X, col. (B) line	= 15)	 	•	
Part X Other Liabilities See Form 990, Part X I				
1 (a) Description of liability		b) Book value		
(1) Federal income taxes	-	.,		
(2) SPLIT INTEREST OBLIGATION	g 1	3,569,554.		
DESTRICT A DITATION		2,589,291.		
		2,305,251.		
(4)		-		
(5)				
(6)				
(7)				
(9)				
(10)				
(11)		<u> </u>		
Total (Column (b) must equal Form 990, Part X, col. (B) line	e 25) ► 1	6,158,845.		

FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2012 HEIFER INTERNATIONAL FOUNDA	TION	71-	0699939	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	Retur	n	
1	Total revenue, gains, and other support per audited financial statements		1	9,197	576.
2	Amounts included on line 1 but not on Form 990, Part VIII line 12		1		
a	Net unrealized gains on investments	2a 2,897,946.			
b	Donated services and use of facilities	2b]	ı	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d = -848,051			
е	Add lines 2a through 2d		2e	2,049	895.
3	Subtract line 2e from line 1		3_	7,147	<u>,681.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		د		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>		
þ	Other (Describe in Part XIII)	4b	, 47		
C	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		5	7,147	.681 <u>.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu		
1	Total expenses and losses per audited financial statements		1	2,734	626.
2	Amounts included on line 1 but not on Form 990, Part IX line 25				
а	Donated services and use of facilities	2a	<u> </u>	1	
b	Prior year adjustments	2b] .		
С	Other losses	2c	<u> </u>		
ď	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	2,734,	626.
4	Amounts 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				
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b	-	4c		0.
_5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	2,734,	626.
Par	t XIII Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II lines 3, 5, and 9, Part III,		b and	2b, Part V, line	4, Part
	2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to p. T V, LINE 4: ENDOWMENT FUNDS ARE USED TO S			OF	
HEI	FER PROJECT INTERNATIONAL AS STIPULATED BY	DONOR RESTRICT	ION	S, ARTIC	CLES
OF_	INCORPORATION AND BYLAWS OF HEIFER INTERNA	TIONAL FOUNDATI	ON.		_
					_
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				_
СНА	NGE IN VALUE OF SPLIT INTEREST OBLIGATIONS			-440,	209.
REA	LIZED GAIN ON UNITRUST TRANSFERRED TO LIAB	ILITY ACCOUNTS		-407,	842.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D	·		-848,	051.
			Cobor	tulo D /Earm 0	

SCHEDULE F (Form 990)

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 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

ΗE	IFER INTERNAT	IONAL FO	UNDATION	1		71-06999	39
Pa				tside the United States Comple	ete if the organ		
	to Form 990 Par	1 IV, line 14b					
1	-	_		ds to substantiate the amount of its grather selection criteria used to award the			Yes 🗀 No
2	For grantmakers Desc United States	เทbe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
3	Activities per Region (T	he following Part	l, line <u>3</u> table ca	an 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)	is a pro- describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
				£ , , ,	,		
		_	· · ·	- I	1		
			1				
		i	-				
							
3 a	Sub total	0	0				ļ -
	Total from continuation sheets to Part I	0	0				0
С	Totals (add lines 3a	n	0				0

71-0699939

Page 2

HEIFER INTERNATIONAL FOUNDATION

Schedule F (Form 990) 2012

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non cash assistance	(h) Description of non cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	AMERICA CARIBBEAN GENERAL SUPPORT	30,706	АСН	0		A.K.d.
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	18,863	ACH	0		FMV
		EUROPE (INCLUBING ICELAND & GREENLAND)	GENERAL SUPPORT	11,343	АСН	0		AKA
		NORTH AMERICA	GENERAL SUPPORT	41 828	il in	1 1		ARA
	7	RUSSIA & THE NEWLY INDEPENDENT STATES	GENERAL SUPPORT	5,195	J. J. J. J. J. J. J. J. J. J. J. J. J. J	إنا!		лиз
		SOUTH AMERICA	SENERAL SUPPORT	18,846	асн	0		ЛМа
		SOUTH ASIA	GENERAL SUPPORT	17,457	АСН	0		FMV
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	69,132	АСН	0		FMV
2 Enter total number of	recipient organizatio	ins listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by	foreign country.	recognized as tax ex			A 17 4

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

က

Schedule F (Form 990) 2012

Enter total number of other organizations or entities

71-0699939

Page 3

HEIFER INTERNATIONAL FOUNDATION

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States Complete if the organization answered "Yes" to Form 990 Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal other)						Schedule F (Form 990) 2012
(g) Description of non cash assistance						Schedu
(f) Amount of non cash assistance						i
(e) Manner of cash disbursement						:
(d) Amount of cash grant		-				
(c) Number of recipients			٦,		i	
(b) Region						
(a) Type of grant or assistance						

Schedule F (Form 990) 2012

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990 Name of the organization Department of the Treasury Internal Rovenue Service SCHEDULE 1 (Form 990)

OMB No 1545 0047

Open to Public Inspection

ž INCORPORATION, AND BYLAWS Employer identification number 71-0699939 ö DIGOING SUPPORT BASED (h) Purpose of grant ONOR RESTRICTIONS, or assistance X Yes 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 ARTICLES OF Does the organization maintain records to substantiate the amount of the grants or assistance and the selection (g) Description of non cash assistance (f) Method of valuation (book, FMV, appraisal, other (e) Amount of assistance non cash Describe in Part IV the organization s procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 1,252,333 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table HEIFER INTERNATIONAL FOUNDATION (c) IRC section if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 35-1019477 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization HEIFER PPOJECT INTERNATIONAL or government LITTLE ROCK AR 72202 1 WORLD AVENUE Part I Part

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

Page 2 (f) Description of non cash assistance 71-0699939 Supplemental Information Complete this part to provide the information required in Part I, line 2. Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 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 2: HEIFER INTERNATIONAL FOUNDATION, BASED ON BOARD RECEIVES THE FOLLOWING REPORTS ANNUALLY FROM ALL ORGANIZATIONS (d) Amount of non cash assistance (c) Amount of cash grant HEIFER INTERNATIONAL FOUNDATION -5 (b) Number of recipients RECEIVING GRANTS FROM ENDOWMENT FUNDS EXECUTIVE SUMMARY QUESTIONNAIRE AUDITED FINANCIAL STATEMENTS (a) Type of grant or assistance LINE PART I, Schedule I (Form 990) (2012) ANNUAL REPORT IRS FORM 990 GOVERNANCE, SCHEDULE Part IV Part

Schedule I (Form 990) (2012)

THESE DOCUMENTS ARE REVIEWED BY PRESIDENT & 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.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: HEIFER PROJECT INTERNATIONAL
(H) PURPOSE OF GRANT OR ASSISTANCE: ONGOING SUPPORT BASED ON DONOR
RESTRICTIONS, ARTICLES OF INCORPORATION, AND BYLAWS OF HEIFER
INTERNATIONAL FOUNDATION, BASED ON BOARD GOVERNANCE.

SCHEDULE M (Form 990)

Department of the Treasury

internal Revenue Service

Noncash Contributions

2012

Open to Public Inspection

Name of the organization

HEIFER INTERNATIONAL FOUNDATION

Employer identification number 71-069939

Types of Property (a) (b) (c) (d) Number of Check if Noncash contribution Method of determining contributions or applicable amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art Works of art 2 Art Historical treasures 3 Art Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property X $\overline{10}$ 91,704. MEDIAN VALUE-RECPT D 9 Securities Publicly traded 10 Securities Closely held stock Securities Partnership, LLC, or trust interests 12 Securities Miscellaneous 13 Qualified conservation contribution Historic structures 14 Qualified conservation contribution. Other Real estate Residential 15 16 Real estate Commercial Real estate Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidemiy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other -26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions n for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes 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? 30a Х b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II 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

Schedule M (Form 990) (2012)	HEIFER INTER	NATIONAL_FOUNDA	ATION	71-069993	9 Page 2
Part II Supplemental the organization is	Information Comple	te this part to provide the inf n (b), the number of contribu	ormation required by F	Part I, lines 30b, 32b, and 3 ems received, or a combina	3, and whether ition of both
SCHEDULE M, LINE	32B: HEIFER	INTERNATIONAL	FOUNDATION	USES A BROKER	то
SELL GIFTS OF SE	CURITIES.	- -			
			1011		
		·			
		1	, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>
			<u> </u>		
					_
				 -	
					_ _ .
					

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 990-EZ or to provide any additional information

Attach to Form 990 or 990-EZ

2012
Open to Public Inspection

Name	of the	organ	ization

HEIFER INTERNATIONAL FOUNDATION

Employer identification number 71-0699939

FORM	990	<u>,_</u>	PART	I, I	LINE	1, I	DESCRIPT	ION OF	OR	GANI	ZATIC	N M	ISSIC	N:		
PROJ	ECT	IN	TERNA	OITA	NAL,	AN A	ARKANSAS	NON-P	ROF	IT C	ORPOR	ATIC	ON.	SECO:	NDARIL	Y
TO C	ONDU	СТ	ANY	ОТНІ	ER NO	NPR(OFIT ACT	IVITY_	THA'	r_IS	NOT	INCO	ONSIS	TENT	WITH	
LAW.	_	_				_										
									_							_
FORM	990	,	PART	III,	LIN	E 1,	DESCRI	PTION	OF C	ORGAL	r <u>A</u> zi	ION	MISS	ION:		
FIDU	<u>C</u> IAR	Y :	FOR (OUR I	ONOR	s										

FORM 990, PART VI, SECTION B, LINE 11: 11 - YES, HEIFER INTERNATIONAL

FOUNDATION DISTRIBUTES A DRAFT COPY OF THE FORM 990 TO A COMMITTEE OF

TRUSTEES FOR REVIEW PRIOR TO FILING. AFTER REVIEW BY THE COMMITTEE, THE

990 IS THEN DISTRIBUTED TO THE FULL BOARD OF, TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: YES. HEIFER INTERNATIONAL FOUNDATION'S BOARD OF TRUSTEES OPERATES WITHIN A POLICY GOVERNANCE MODEL WITH EFFECTIVE WRITTEN GOVERNANCE AND MONITORING SYSTEMS IN PLACE REGARDING THE BOARD OF TRUSTEE'S 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

Employer identification number 71 - 0699939

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 REVIEW OF THE FOUNDATION'S SALARY QUATT EVALUATES EACH POSITION, INCLUDING THE PRESIDENT, BASED ON PROCESS. 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'S 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 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC

ND,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19: HEIFER INTERNATIONAL FOUNDATION'S

ANNUAL IRS FORM 990 IS AVAILABLE THROUGH GUIDESTAR.ORG. THE ANNUAL REPORT

232272
01 04 13
Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization HEIFER INTERNATIONAL FOUNDATION	Employer identification number 71-069939
IS AVAILABLE AT WWW.HEIFERFOUNDATION.ORG STARTING WITH YE	AR 2001. IRS FORM
990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT	
WWW.HEIFERFOUNDATION.ORG STARTING WITH YEAR 2010. IRS FO	RM 990, ANNUAL
REPORT, AUDITED FINANCIAL STATEMENTS AND OTHER GOVERNANCE	INFORMATION IS
AVAILABLE UPON REQUEST EITHER IN PERSON, PER PHONE CALL T	0 888-422-1161,
EMAIL REQUEST AT INFO@HEIFERFOUNDATION.ORG, OR WRITTEN RE	QUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST OBLIGATIONS	-440,209.
REALIZED GAIN ON UNITRUST TRANSFERRED TO LIABILITY ACCOUN	TS -407,842.
TOTAL TO FORM 990, PART XI, LINE 9	-848,051.
FORM 990, PART XII, LINE 2C	
OVERSTOUT DROCESS FOR INDEPENDENT ACCOUNTAINS	a.
HEIFER INTERNATIONAL FOUNDATION HAS MAINTAINED THE SAME P	ROCESSES FROM
PREVIOUS YEARS IN RELATION TO THE OVERSIGHT OF THE AUDIT	OF THE
FINANCIAL STATEMENTS BY AN INDEPENDENT ACCOUNTANT.	
AMENDED RETURN: TO FILE FORM(S) 926 THAT WERE INADVERTANT	TLY OMITTED WHEN
ORIGINALLY FILED. PLEASE SEE COMPLETED FORM(S) 926 AND SU	PPORTING
REASONABLE CAUSE STATEMENT(S) AS WELL AS CORRECTED SCHEDU	LE F.
-	
······································	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenus Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37
 ► Attach to Form 990
 ► See separate instructions

2012
Open to Public Inspection

Open to Publ

Employer identification number 71-0699939 Direct controlling End of year assets <u>e</u> Total income ত্ত Identification of Disregarded Entities (Complete if the organization answered Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) INTERNATIONAL FOUNDATION Primary activity 9 Name address and EIN (if applicable) HEIFER of disregarded entity Name of the organization Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered. Yes. to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year.) Part II

Section 5/2(b)(13) controlled entity?	S No	_		_		_		-	
Secti	Yes			<u> </u>					_
(f) Direct controlling entity									
(e) Public chanty status (if section	501(c)(3))		•						
(d) Exempt Code section						İ			
(c) Legal domicile (state or foreign country)		_							
(b) Primary activity									
(a) Name, address and EIN of related organization									

Schedule R (Form 990) 2012

71-0699939

Page 2

Schedule R (Form 990) 2012 HEIFER INTERNATIONAL FOUNDATION

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

(a)	(g)	<u>(i)</u>	(g	(e)	9	(a)	3	3	3	3
Name address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end of year	Disproportion- ate allocations?	Code V UBI	General o managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		833558	Yes No	K1 (Form 1065)	Yes No	
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Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes, to Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

Ξ	Section 512(b)(13) controlled antily?	×	 	
	Sector Se		 	
(h)	Percentage ownership			
(g)	Share of end of year assets			
£	Share of total income			
(e)	corp	rrust		
(P)	Direct controlling entity	N/A		
(0)	arcile (c)	AR		
(q)	Primary activity	INVESTMENT		
(a)	Name, address and EiN of related organization	CHARITABLE REMAINDER TRUSTS (81)		

Schedule R (Form 990) 2012

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered Yes to Form 990, Part IV, line 34, 35b, or 36)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?	ns with one or more r	elated organizations listed	ın Parts II IV?	Yes No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1		1a ×
				X X
d Loans or loan guarantees to or for related organization(s)				╁
e Loans or loan guarantees by related organization(s)				
f Dividends from related organization(s)				*
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				Th X
 Exchange of assets with related organization(s) 				1, X
 Lease of facilities equipment or other assets to related organization(s) 				1 ₁ X
k Lease of facilities, equipment or other assets from related organization(s)				* ×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			×
	anization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)	1		± ,
	-	· ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		40
p Reimbursement paid to related organization(s) for expenses	· -	, ,		t X
q Reimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)				1, X
,,				1s X
2 If the answer to any of the above is 'Yes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	nis line, including covered	relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1) CHARITABLE REMAINDER UNITRUST	ט	62,169.	CASH	
(2)				
(6)				
(4)	_			
(5)			,	
(9)				
232163 12-10 12			Subados	Schodule B (Form 990) 2012

Page 4

Schedule B (Form 990) 2012 HEIFER INTERNATIONAL FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered Yes" to Form 990, Part IV, line 37)

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

(a) (b) (c) (d)	(a)	(0)	Ð	æ	€	(6)	ε	ε	s	3
Name address and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	e pariners sec 501 (c)(3)	ې ئ	Share of end of year	Z 5	Code	General or managing	Percentage
		country)	under section 512-514)	Yes No	-	assets	Yes No	Form 1065)	Yes No	.
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