B Check if applicable: 

Address change: 
Name change: 
Initial return: 
Final return terminated: 
Amended return: 
Application pending: 

C Name of organization: HEIFER PROJECT INTERNATIONAL

D Employer identification number: 35-1019477

E Telephone number: 501-907-2600

G Gross receipts: 165,053,295

H(a) Is this a group return for subordinates? Yes ☑ No

H(b) Are all subordinates included? Yes ☑ No

I Tax-exempt status: 501(c)(3) ☑ 501(c)( ) ☑ (insert no.) 4947(a)(1) or 527 ☑

J Website: www.HEIFER.ORG

K Form of organization: Corporation ☑ Trust ☐ Association ☐ Other ☑

L Year of formation: 1953 ☑

M State of legal domicile: AR ☑

Part I: Summary

1 Briefly describe the organization’s mission or most significant activities: SINCE 1944, HEIFER PROJECT INTERNATIONAL HAS HELPED MORE THAN 39 MILLION FAMILIES IN MORE THAN 100 COUNTRIES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 16

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 305

6 Total number of volunteers (estimate if necessary) 6 415

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

8 Contributions and grants (Part VIII, line 1h) 139,540,339 160,384,966

9 Program service revenue (Part VIII, line 2g) 621,209 934,749

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 377,607 406,315

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 398,832 532,592

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,626,694 2,133,675

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 44,631,584 70,882,698

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 23,233,501 26,580,136

16a Professional fundraising fees (Part IX, column (A), line 11e) 18,342,854 15,773,546

16b Total fundraising fees (Part IX, column (D), line 25) 37,212,050

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 41,603,318 54,360,315

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 127,811,257 167,596,695

19 Revenue less expenses. Subtract line 18 from line 12 13,126,730 -5,338,973

Part II: Signature Block

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

Sign Here

Signature of officer: MARCIA RASMUSSEN, CFO

Type or print name and title:

Preparer’s name: KEVIN ENSMINGER

Preparer’s signature: KEVIN ENSMINGER

Preparer’s signature date: 11/14/22

Preparer’s signature check box: Self-employed ☑

Preparer’s PTIN: P01310558

Preparer’s EIN: 42-0714325

Phone no: 816-753-3000

May the IRS discuss this return with the preparer shown above? Yes ☑ No ☑

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2021)
**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  

1. Briefly describe the organization’s mission:  
   THE ORGANIZATION'S MISSION IS TO END HUNGER AND POVERTY AND CARE FOR  
   THE EARTH, WORKING WORLDWIDE WITH MARGINALIZED SMALL-SCALE FARMERS,  
   HEIFER PROVIDES LIVESTOCK, SEEDS AND TRAINING IN SUSTAINABLE CROP  
   PRODUCTION AND ANIMAL MANAGEMENT PRACTICES (SEE SCHEDULE O)  

2. Did the organization undertake any significant program services during the year which were not listed on the  
   prior Form 990 or 990-EZ?  
   If "Yes," describe these new services on Schedule O.  
   Yes [x]  
   No  

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
   If "Yes," describe these changes on Schedule O.  
   Yes [x]  
   No  

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

4a.  
   (Code: ) (Expenses $ 85,576,823. including grants of $ 70,882,698. ) (Revenue $ )  
   INTERNATIONAL DEVELOPMENT: SUSTAINABLE INCOMES:  
   HEIFER INTERNATIONAL PROVIDES LIVESTOCK, AGRICULTURAL INPUTS, TRAINING  
   AND TECHNICAL SUPPORT TO SMALLHOLDER FARMERS AS THEY SET UP AND SCALE  
   SUSTAINABLE FARMING BUSINESSES. FARMERS PRACTICE INTEGRATED CROP AND  
   LIVESTOCK MANAGEMENT TO PRODUCE HEALTHY, NUTRITIOUS FOOD, WHILE  
   PROTECTING AND IMPROVING THE ENVIRONMENT, HEIFER WORKS THROUGH LOCAL  
   STAFF AND ORGANIZATIONS, WITH EACH FAMILY EXPECTED TO PASS ON  
   LIVESTOCK, KNOWLEDGE AND OTHER ASSETS TO FAMILIES LOCALLY, MULTIPLYING  
   THE GIFT AND STRENGTHENING COMMUNITIES AND LOCAL MARKETS.  

4b.  
   (Code: ) (Expenses $ 32,289,113. including grants of $ ) (Revenue $ 934,749.)  
   INTERNATIONAL DEVELOPMENT: EDUCATION AND AWARENESS:  
   HEIFER INTERNATIONAL WORKS TO EDUCATE PEOPLE OF ALL AGES IN THE UNITED  
   STATES AND GLOBALLY ABOUT THE ROOT CAUSES OF HUNGER AND POVERTY, AND  
   HOW THEY CAN BE PART OF THE SOLUTION. ITS PROGRAMS INSPIRE PEOPLE TO  
   TAKE ACTION AND RAISE AWARENESS OF THE IMPORTANCE OF HEALTHY,  
   NUTRITIOUS, SUSTAINABLE PRODUCED LOCAL FOOD.  

4c.  
   (Code: ) (Expenses $ 4,922,305. including grants of $ ) (Revenue $ )  
   INTERNATIONAL DEVELOPMENT: AGRO-ECOLOGY:  
   HEIFER PROVIDES GIFTS OF SEEDS, GRAINS AND TREES AND TEACHES FARMERS  
   AND FAMILIES GEOGRAPHICALLY APPROPRIATE AND RESOURCE-SOUND AGRICULTURAL  
   PRACTICES THAT ENHANCE AND INCREASE CROP PRODUCTIVITY AND ARE GOOD FOR  
   THE ENVIRONMENT, HEIFER WORKS WITH LOCAL ORGANIZATIONS TO INCREASE  
   FARMER’S ACCESS TO MARKETS TO IMPROVE ECONOMIC BENEFIT AND INCREASE  
   PERSONAL GAIN FROM WHAT THEY GROW, THIS ALLOWS FARMERS TO ENHANCE FOOD  
   SECURITY AND SOVEREIGNTY, INCREASE LOCAL FOOD OPTIONS AND AVAILABILITY  
   AND PROVIDE SAFE AND AFFORDABLE LOCALLY GROWN FOODS. HEIFER’S WORK IS  
   GUIDED IN ITS APPROACH BY ITS 12 CORNERSTONES, INCLUDING PASSING ON THE  
   GIFT, ACCOUNTABILITY, SHARING AND CARING, GENDER AND FAMILY FOCUS,  
   GENUINE NEED AND JUSTICE AND FULL PARTICIPATION. ALL CONTRIBUTE TO  

4d. Other program services (Describe on Schedule O.)  
   (Expenses $ including grants of $ ) (Revenue $ )  

4e. Total program service expenses $ 122,788,241.  

SEE SCHEDULE O FOR CONTINUATION(S)
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
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<td>20b</td>
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<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A

2. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions

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

4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III

6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V

11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.
   a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
   b. Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
   c. Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
   d. Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
   e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
   f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
   g. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
   h. Was the organization included in consolidated, independent audited financial statements for the tax year?
      If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

12. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14. Did the organization maintain an office, employees, or agents outside of the United States?
   a. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV
   b. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
   c. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
   d. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions
   e. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
   f. 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 II
   g. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
   h. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
   i. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II
<table>
<thead>
<tr>
<th>Part IV</th>
<th>Checklist of Required Schedules (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J</td>
</tr>
<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
</tr>
<tr>
<td>25b</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II</td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
</tr>
<tr>
<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):</td>
</tr>
<tr>
<td>a</td>
<td>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
</tr>
<tr>
<td>b</td>
<td>A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
</tr>
<tr>
<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
</tr>
<tr>
<td>35b</td>
<td>If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?</td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O

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<table>
<thead>
<tr>
<th>Part V</th>
<th>Statements Regarding Other IRS Filings and Tax Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check if Schedule O contains a response or note to any line in this Part V</td>
</tr>
</tbody>
</table>

| 1a     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | Yes | No | 1a | 82 |
| 1b     | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | Yes | No | 1b | 0 |
| 1c     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | No | 1c | X |
Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 305

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O

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)?

b If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

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 charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? N/A

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders N/A 11a

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a

Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? 15

If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A

If "Yes," complete Form 6069.
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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

<table>
<thead>
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<th>Yes</th>
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</thead>
</table>

1b Enter the number of voting members included on line 1a, above, who are independent

<table>
<thead>
<tr>
<th>1b</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

<table>
<thead>
<tr>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

<table>
<thead>
<tr>
<th>4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

<table>
<thead>
<tr>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

6 Did the organization have members or stockholders?

<table>
<thead>
<tr>
<th>6</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

<table>
<thead>
<tr>
<th>7a</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

<table>
<thead>
<tr>
<th>7b</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

<table>
<thead>
<tr>
<th>8a</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

8b Each committee with authority to act on behalf of the governing body

<table>
<thead>
<tr>
<th>8b</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

<table>
<thead>
<tr>
<th>10a</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

10b 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?

<table>
<thead>
<tr>
<th>10b</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

<table>
<thead>
<tr>
<th>11a</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

<table>
<thead>
<tr>
<th>12a</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<table>
<thead>
<tr>
<th>12b</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done

<table>
<thead>
<tr>
<th>12c</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

13 Did the organization have a written whistleblower policy?

<table>
<thead>
<tr>
<th>13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

14 Did the organization have a written document retention and destruction policy?

<table>
<thead>
<tr>
<th>14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>15a</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

15b Other officers or key employees of the organization

<table>
<thead>
<tr>
<th>15b</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>16a</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

<table>
<thead>
<tr>
<th>16b</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

<table>
<thead>
<tr>
<th>Own website</th>
<th>Another’s website</th>
<th>Upon request</th>
<th>Other (explain on Schedule O)</th>
</tr>
</thead>
</table>

| X | | | |

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records

<table>
<thead>
<tr>
<th>MARCIA RASMUSSEN - 501-987-2600</th>
</tr>
</thead>
</table>

1 WORLD AVENUE, LITTLE ROCK, AR 72202-2863

132006 12-09-21
### Part VII

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

Check if Schedule O contains a response or note to any line 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

#### Table

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) PIERRE FERRARI</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>501,842.</td>
<td>0.  28,786.</td>
</tr>
<tr>
<td>CHIEF EXECUTIVE OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) ROBERT BLOOM</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>260,735.</td>
<td>0.  21,925.</td>
</tr>
<tr>
<td>EVP, CFO AND TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) HILARY HADDIGAN</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>226,354.</td>
<td>0.  21,940.</td>
</tr>
<tr>
<td>CHIEF OF MISSION EFFECTIVENESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) TERRY WYER</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>195,167.</td>
<td>0.  31,418.</td>
</tr>
<tr>
<td>SENIOR VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) GRETFECHEN VILLEGAS</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>195,289.</td>
<td>0.  27,597.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) CHRISTY MOORE</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>193,983.</td>
<td>0.  26,944.</td>
</tr>
<tr>
<td>SENIOR VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) MAHENDRA LOHANI</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>200,562.</td>
<td>0.  18,962.</td>
</tr>
<tr>
<td>SENIOR VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) OSCAR CASTANEDE</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>184,020.</td>
<td>0.  21,187.</td>
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<tr>
<td>SENIOR VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) ELIA MAKAR</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>176,722.</td>
<td>0.  23,241.</td>
</tr>
<tr>
<td>CHIEF PEOPLE OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) MATTHEW KRAUSE</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>157,793.</td>
<td>0.  24,485.</td>
</tr>
<tr>
<td>MANAGING DIR, INSTITUTIONAL PARTNERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) MARCIA RASMUSSEN</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>151,801.</td>
<td>0.  24,675.</td>
</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) MICHAEL HEALD</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>157,238.</td>
<td>0.  17,997.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) MELANIE AUGER</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>146,459.</td>
<td>0.  23,816.</td>
</tr>
<tr>
<td>SENIOR DIRECTOR OF PHILANTHROPY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) ROSA MURILLO MONTES</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>149,710.</td>
<td>0.  20,387.</td>
</tr>
<tr>
<td>SENIOR DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) MICHELLE DUSEK-IZAGUIRRE</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>152,145.</td>
<td>0.  17,500.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) ROBERT COXON</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>150,398.</td>
<td>0.  15,152.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) BENJAMIN WOOD</td>
<td>50.00</td>
<td></td>
<td>X</td>
<td>154,327.</td>
<td>0.  10,647.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) MARLEEN NEW VICE PRESIDENT</td>
<td>50.00</td>
<td>X</td>
<td>141,771.</td>
<td>0.</td>
<td>22,981.</td>
</tr>
<tr>
<td>(19) HERVIL CHERUBIN HAITI COUNTRY DIRECTOR</td>
<td>50.00</td>
<td>X</td>
<td>146,507.</td>
<td>0.</td>
<td>18,061.</td>
</tr>
<tr>
<td>(20) JAIME SCHILLING DIRECTOR OF PHILANTHROPY</td>
<td>50.00</td>
<td>X</td>
<td>147,868.</td>
<td>0.</td>
<td>14,577.</td>
</tr>
<tr>
<td>(21) JESUS PIZARRO RODRIGUEZ VICE PRESIDENT</td>
<td>50.00</td>
<td>X</td>
<td>135,070.</td>
<td>0.</td>
<td>17,905.</td>
</tr>
<tr>
<td>(22) MIMI EVANS DIRECTOR</td>
<td>50.00</td>
<td>X</td>
<td>146,705.</td>
<td>0.</td>
<td>6,126.</td>
</tr>
<tr>
<td>(23) CHAD AVERY LEGAL COUNSEL</td>
<td>50.00</td>
<td>X</td>
<td>143,087.</td>
<td>0.</td>
<td>23,532.</td>
</tr>
<tr>
<td>(24) KIMBERLY AHLGRIM VICE PRESIDENT</td>
<td>50.00</td>
<td>X</td>
<td>126,250.</td>
<td>0.</td>
<td>9,450.</td>
</tr>
<tr>
<td>(25) MICHELLE CANGELosi VICE PRESIDENT</td>
<td>50.00</td>
<td>X</td>
<td>123,825.</td>
<td>0.</td>
<td>10,728.</td>
</tr>
<tr>
<td>(26) FRANCINE HILL VICE PRESIDENT</td>
<td>50.00</td>
<td>X</td>
<td>117,655.</td>
<td>0.</td>
<td>12,584.</td>
</tr>
</tbody>
</table>

1b Subtotal: 4,583,283. 0. 512,603. 0. 0.

c Total from continuation sheets to Part VII, Section A: 4,583,283. 0. 512,603. 0. 0.

d Total (add lines 1b and 1c): 4,583,283. 0. 512,603. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 51

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

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.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIVERBRIDGE INC 525 W MONROE STREET, CHICAGO, IL 60661-3793</td>
<td>FUNDRAISING SERVICES</td>
<td>13,366,753.</td>
</tr>
<tr>
<td>THE TEACHING SOURCE LLC, 525 W MONROE STREET SUITE 990, CHICAGO, IL 60661</td>
<td>EDUCATION AND AWARENESS SERVICES</td>
<td>3,565,498.</td>
</tr>
<tr>
<td>MDS COMMUNICATIONS CORPORATION 545 WEST JUANITA AVENUE, MESA, AZ 85210</td>
<td>TELEMARKETING SERVICES</td>
<td>1,781,195.</td>
</tr>
<tr>
<td>ASCENTA GROUP US INC, 138 SOUTH 1ST ST SUITE 110, LINDENHURST, NY 11757</td>
<td>FUNDRAISING SERVICES</td>
<td>810,154.</td>
</tr>
<tr>
<td>LAUTMAN MASKA NEILL &amp; CO, 1730 RHODE ISLAND AVE NW, WASHINGTON, DC 20036</td>
<td>FUNDRAISING SERVICES</td>
<td>783,160.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 17

---

132008 12-09-21
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(29) RANDI HEDIN</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR</td>
<td>X X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(30) PETE KAPPELMAN</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>X X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(31) MARTHA BRANTLEY</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(32) ESTHER COHEN</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>(33) DOUG GALEN</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
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<tr>
<td>BOARD MEMBER</td>
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<td>X X</td>
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<td>X</td>
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<tr>
<td>(34) SUSAN GRANT</td>
<td>1.00</td>
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<td>0.</td>
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<tr>
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<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(35) TOM HADFIELD</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
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<td>X</td>
<td>X X</td>
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<td>X</td>
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<tr>
<td>(36) NATHAN HOSLER</td>
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<td>X X</td>
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<tr>
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<td>X X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>(37) NIHOLAUS HUTTER</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(38) ALBERTO IREZABAL</td>
<td>1.00</td>
<td>X X</td>
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<td>0.</td>
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<tr>
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<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>(39) PATRICIA KISARE</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
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<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(40) JOSEPHINE OJOTA</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(41) MARY RENWICK</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(42) VICTORIA SEKTOLEKO</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(43) RAMESH SINGH</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(44) ASHLEY STONE</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(45) CHUCK WARTA</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c

132201
04-01-21
### Part VIII  Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a 780,391.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c 246,473.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e 1,610,157.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 157,747,945.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td>1g $2,693,402.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td>1h 160,384,966.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a LIVESTOCK</td>
<td>900099</td>
<td>744,532. 744,532.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b EDUCATION REVENUE</td>
<td>611710</td>
<td>190,217. 190,217.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td>2g 934,749.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a Gross rents</td>
<td>6a 205,808.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td>6b 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td>6c 205,808.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td>6d 205,808.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>7b 2,713,001.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td>7c -41,370.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>7d 5,477.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>8b 46,163.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>8c -33,063.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>9b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>10b 35,509.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td>10c 14,557.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>11 a OTHER INCOME</td>
<td>900099</td>
<td>321,707. 321,707.</td>
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<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td>11e 321,707.</td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Total revenue. See instructions</th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>12 Total revenue</td>
<td></td>
<td>162,258,622. 934,749. 0. 938,907.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2021)
### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX  

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>3,055,000</td>
<td>3,055,000</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>67,827,698</td>
<td>67,827,698</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>4,455,634</td>
<td>2,927,548</td>
<td>872,321</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>17,494,671</td>
<td>10,628,110</td>
<td>2,203,326</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>1,169,398</td>
<td>720,617</td>
<td>145,786</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>1,885,836</td>
<td>1,159,593</td>
<td>258,886</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>1,574,597</td>
<td>972,748</td>
<td>203,614</td>
</tr>
</tbody>
</table>
| 11 | Fees for services (nonemployees):  
| a | Management |  |  |  |
| b | Legal | 283,222 | 110,314 | 125,751 | 47,157 |
| c | Accounting | 545,760 | 216,514 | 306,919 | 22,327 |
| d | Lobbying |  |  |  |
| e | Professional fundraising services. See Part IV, line 17 | 15,773,546 |  |  | 15,773,546 |
| f | Investment management fees |  |  |  |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 15,934,719 | 14,802,538 | 382,993 | 749,188 |
| 12 | Advertising and promotion | 7,023,851 | 3,175,062 | 713,618 | 3,135,171 |
| 13 | Office expenses | 934,478 | 564,384 | 186,254 | 183,840 |
| 14 | Information technology | 3,324,698 | 1,951,893 | 757,191 | 614,886 |
| 15 | Royalties |  |  |  |
| 16 | Occupancy | 1,325,388 | 863,843 | 246,489 | 215,056 |
| 17 | Travel | 883,185 | 713,091 | 53,700 | 116,394 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials |  |  |  |
| 19 | Conferences, conventions, and meetings | 304,432 | 263,151 | 13,229 | 28,052 |
| 20 | Interest | 57,238 | 26,606 | 16,409 | 14,223 |
| 21 | Payments to affiliates |  |  |  |
| 22 | Depreciation, depletion, and amortization | 2,660,699 | 1,699,806 | 473,995 | 486,898 |
| 23 | Insurance | 513,603 | 184,296 | 244,595 | 84,712 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  
| a | PRINTING & OTHER MEDIA | 8,398,564 | 4,129,638 | 34,835 | 4,234,091 |
| b | POSTAGE, SHIPPING & FRE | 7,673,143 | 3,555,590 | 44,263 | 4,073,290 |
| c | FULFILLMENT SERVICES | 1,509,083 | 1,173,222 |  | 335,861 |
| d | OTHER PERSONNEL | 894,756 | 619,169 | 69,463 | 206,124 |
| e | All other expenses | 2,093,496 | 1,447,810 | 242,039 | 403,647 |
| 25 | Total functional expenses. Add lines 1 through 24 | 167,596,695 | 122,788,241 | 7,596,404 | 37,212,050 |
| 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) | 10,646,365 | 4,769,470 | 0 | 5,876,895 |
### Part X  Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>50,490,624.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>24,324,917.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>6,034,276.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>6,191,613.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>225,250.</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>1,858,049.</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>82,659,767.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>42,590,220.</td>
</tr>
<tr>
<td>10c</td>
<td></td>
<td>40,069,547.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>271,958.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>1,910,653.</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>197,029,344.</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>328,992,856.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>13,559,157.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>18,533,605.</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>7,002,100.</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>2,582,628.</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>41,677,490.</td>
</tr>
</tbody>
</table>

### Organizations that follow FASB ASC 958, check here ▶ X

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>78,462,759.</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>208,752,607.</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>287,215,366.</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>328,892,856.</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2021)
### Part XI  Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI  [x]

<table>
<thead>
<tr>
<th></th>
<th>Total revenue (must equal Part VIII, column (A), line 12)</th>
<th>1</th>
<th>162,258,622.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
<td>167,596,695.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
<td>-5,338,073.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>4</td>
<td>287,215,366.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
<td>594,344.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>9</td>
<td>-10,975,012.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>10</td>
<td>271,496,625.</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII  [x]

<table>
<thead>
<tr>
<th></th>
<th>Accounting method used to prepare the Form 990:</th>
<th>Cash</th>
<th>Accrual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If “Yes” to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If “Yes,” did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part I - Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990).)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:

   - 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.)
   - 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)(v). (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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

   a. [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

   b. [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

   c. [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

   d. [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

   e. [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

   f. Enter the number of supported organizations

   12

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22 Schedule A (Form 990) 2021
## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>119,982,215</td>
<td>117,044,883</td>
<td>123,181,218</td>
<td>139,540,339</td>
<td>160,384,966</td>
<td>660,133,621</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>119,982,215</td>
<td>117,044,883</td>
<td>123,181,218</td>
<td>139,540,339</td>
<td>160,384,966</td>
<td>660,133,621</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,739,643</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>657,393,978</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>1,036,977</td>
<td>1,511,702</td>
<td>586,713</td>
<td>1,100,884</td>
<td>630,229</td>
<td>4,866,505</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>53,296</td>
<td>197,862</td>
<td>73,362</td>
<td>54,602</td>
<td>321,707</td>
<td>700,829</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>665,700,955</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,778,648</td>
</tr>
<tr>
<td>13 First 5 years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>98.75%</td>
</tr>
<tr>
<td>15 Public support percentage from 2020 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>98.95%</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990) 2021
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)***

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support. (Subtract line 7c from line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)***

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. (Add lines 9, 10c, 11, and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>First 5 years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2020 Schedule A, Part III, line 15</td>
<td>16</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>17</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2020 Schedule A, Part III, line 17</td>
<td>18</td>
</tr>
</tbody>
</table>

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ...

**19b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ...

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer lines 3b and 3c below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States (“foreign supported organization”)?

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

If “Yes,” complete Part I of Schedule L (Form 990).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

b. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

c. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer line 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV  Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a. A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c, below, the governing body of a supported organization?  
   b. A family member of a person described on line 11a above?  
   c. A 35% controlled entity of a person described on line 11a or 11b above?  If “Yes” to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s officers, directors, or trustees at all times during the tax year?  If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities.  If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)?  If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year?  If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a. The organization satisfied the Activities Test.  Complete line 2 below.  
   b. The organization is the parent of each of its supported organizations.  Complete line 3 below.  
   c. The organization supported a governmental entity.  Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test.  Answer lines 2a and 2b below.
   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b. Did the activities described on line 2a, above, constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in?  If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations.  Answer lines 3a and 3b below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?  If “Yes” or “No” provide details in Part VI.  
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?  If “Yes,” describe in Part VI the role played by the organization in this regard.
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check the box if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2021</th>
<th>(iii) Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2021 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through 3e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2021 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2016 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2021 from Section D, line 7:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2021 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME


2018 AMOUNT: $ 197,862.

2019 AMOUNT: $ 73,362.

2020 AMOUNT: $ 54,602.

Schedule B
(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

HEIFER PROJECT INTERNATIONAL

Employer identification number

35-1019477

Organization type (check one):

Filers of:      Section:

Form 990 or 990-EZ  X  501(c)(3) (enter number) organization

☐  4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐  527 political organization

Form 990-PF

☐  501(c)(3) exempt private foundation

☐  4947(a)(1) nonexempt charitable trust treated as a private foundation

☐  501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

☐ X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column b instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)
### HEIFER PROJECT INTERNATIONAL

**Part I**  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$5,000,000</td>
<td>Person X Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Part III  Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $  

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transfeee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transfeee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transfeee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transfeee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transfeee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE D

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization HEIFER PROJECT INTERNATIONAL

Employer identification number 35-1019477

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? □ Yes □ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

Part II  Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   □ Preservation of land for public use (for example, recreation or education)
   □ Preservation of natural habitat
   □ Preservation of open space

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

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

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? □ Yes □ No

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

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on Form 990, Part VIII, line 1
   (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

   a Revenue included on Form 990, Part VIII, line 1
   b Assets included in Form 990, Part X
Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange program
   e Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? □ Yes □ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No
   b If “Yes,” explain the arrangement in Part XIII and complete the following table:
   c Beginning balance
   d Additions during the year
   e Distributions during the year
   f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No
   b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V | Endowment Funds. Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment ▶ %
   b Permanent endowment ▶ %
   c Term endowment ▶ %
   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) Unrelated organizations □ Yes □ No
   (ii) Related organizations

   b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>11,406,256</td>
<td></td>
<td>11,406,256</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>43,630,300</td>
<td>19,046,733</td>
<td>24,583,567</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>27,038,308</td>
<td>23,543,487</td>
<td>3,494,821</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>584,903</td>
<td></td>
<td>584,903</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 40,069,547.
### Part VII  Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)**

### Part VIII  Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)**

### Part IX  Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) INTEREST IN NET ASSETS OF HEIFER INTERNATIONAL FOUNDATION</td>
<td>183,059,147.</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)**

### Part X  Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) LINE OF CREDIT</td>
<td>2,685,067.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)**

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII  □
**Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>159,259,239.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Net unrealized gains (losses) on investments</td>
<td>594,344.</td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td>6,642,079.</td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>-10,281,969.</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>-3,045,546.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>162,304,785.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. <strong>(This must equal Form 990, Part I, line 12)</strong></td>
<td>162,258,622.</td>
</tr>
</tbody>
</table>

**Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>174,284,937.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>167,596,695.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. <strong>(This must equal Form 990, Part I, line 18)</strong></td>
<td>167,596,695.</td>
</tr>
</tbody>
</table>

**Part XIII | Supplemental Information.**

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

---

**PART X, LINE 2:**

**HEIFER IS EXEMPT FROM INCOME TAXES IN THE UNITED STATES OF AMERICA UNDER**

**SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. WHILE HEIFER IS A TAX-EXEMPT ORGANIZATION, THE ORGANIZATION IS STILL SUBJECT TO INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. NO TAX LIABILITY WAS REQUIRED TO BE RECORDED FOR UNRELATED BUSINESS INCOME AS OF JUNE 30, 2022 AND 2021, CERTAIN COUNTRIES IN WHICH HEIFER OPERATES DO NOT EXEMPT CHARITABLE COMPANIES FROM TAXES; THEREFORE, HEIFER MAY BE SUBJECT TO TAXES IN THOSE COUNTRIES.**

---

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**CHANGE IN INTEREST IN NET ASSETS OF HEIFER INTERNATIONAL**
FOUNDATION

-10,281,969.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL FUNDRAISING EXPENSES

-46,163.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL FUNDRAISING EXPENSES

46,163.
**SCHEDULE F**
(Form 990)

**Statement of Activities Outside the United States**

Complete if the organization answered “Yes” on Form 990, Part IV, line 14b, 15, or 16.

- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **HEIFER PROJECT INTERNATIONAL**

Employer identification number: 35-1019477

### Part I - General Information on Activities Outside the United States

Complete if the organization answered “Yes” on Form 990, Part IV, line 14b.

**1** For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
- [X] Yes  
- No

**2** For grantmakers. Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB-SAHARAN AFRICA</td>
<td>23</td>
<td>173</td>
<td>PROGRAM SERVICES</td>
<td>PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.</td>
<td>26,336,326.</td>
</tr>
<tr>
<td>CENTRAL AMERICA AND THE CARIBBEAN</td>
<td>5</td>
<td>163</td>
<td>PROGRAM SERVICES</td>
<td>PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.</td>
<td>14,077,468.</td>
</tr>
<tr>
<td>NORTH AMERICA</td>
<td>1</td>
<td>63</td>
<td>PROGRAM SERVICES</td>
<td>PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.</td>
<td>2,741,021.</td>
</tr>
<tr>
<td>SOUTH AMERICA</td>
<td>1</td>
<td>45</td>
<td>PROGRAM SERVICES</td>
<td>PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.</td>
<td>1,404,323.</td>
</tr>
<tr>
<td>SOUTH AMERICA</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>2,837,400.</td>
</tr>
<tr>
<td>SOUTH ASIA</td>
<td>3</td>
<td>31</td>
<td>PROGRAM SERVICES</td>
<td>PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.</td>
<td>3,163,777.</td>
</tr>
<tr>
<td>SOUTH ASIA</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>56,266.</td>
</tr>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES</td>
<td>PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.</td>
<td>809.</td>
</tr>
</tbody>
</table>

**3 a** Subtotal .................. 33 475 50,617,390.

**3 b** Total from continuation sheets to Part I ........ 10 115 17,210,308.

**3 c** Totals (add lines 3a and 3b) .................. 43 590 67,827,698.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>Region</th>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees or agents in region</th>
<th>(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>(f) Total expenditures for region</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td></td>
<td>543,427.</td>
</tr>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>10</td>
<td>115</td>
<td>PROGRAM SERVICES</td>
<td>PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.</td>
<td></td>
<td>10,753,685.</td>
</tr>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td></td>
<td>5,913,196.</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>10</td>
<td>115</td>
<td></td>
<td></td>
<td></td>
<td>17,210,308.</td>
</tr>
</tbody>
</table>
### Part II
Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" on 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.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td></td>
<td>INSTITUTIONAL</td>
<td>543,427</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SOUTH ASIA</td>
<td></td>
<td>PROVIDE LIVESTOCK</td>
<td>56,266</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EAST ASIA AND THE PACIFIC</td>
<td></td>
<td>AGRICULTURE TRAINING</td>
<td>5,913,196</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SOUTH AMERICA</td>
<td></td>
<td>PROVIDE LIVESTOCK</td>
<td>2,837,400</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations or entities

---

Schedule F (Form 990) 2021
### Part III  Grants and Other Assistance to Individuals Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Schedule F (Form 990) 2021
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If “Yes,” the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</td>
<td>☐ Yes</td>
<td>☑ No</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have an interest in a foreign trust during the tax year? If “Yes,” the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don’t file with Form 990)</td>
<td>☐ Yes</td>
<td>☑ No</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year? If “Yes,” the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</td>
<td>☑ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>4</td>
<td>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If “Yes,” the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</td>
<td>☐ Yes</td>
<td>☑ No</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year? If “Yes,” the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</td>
<td>☐ Yes</td>
<td>☑ No</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year? If “Yes,” the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don’t file with Form 990)</td>
<td>☐ Yes</td>
<td>☑ No</td>
</tr>
</tbody>
</table>
Part V Supplemental Information

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

Part I, Line 2:

Heifer Project International monitors the use of grants in accordance with the letter of agreement between Heifer Project International and the grantee. The grantee is required to submit financial and progress reports every year according to a format provided by Heifer Project International. The grantee shall maintain separate financial statements and records for the activities kept in accordance with generally accepted accounting principles. Written receipts for all expenses and other supporting documents are required to be kept on file for at least six years after the end of the grant period.
### Part I  
**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [x] Mail solicitations
   - [x] Internet and email solicitations
   - [x] Phone solicitations
   - In-person solicitations

2. a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - [x] Yes
   - No

   b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAUTMAN MASKA NEILL &amp; COMPANY</td>
<td>CONSULTS WITH IN-HOUSE</td>
<td>Yes</td>
<td>40,567,381</td>
<td>812,400</td>
<td>39,754,981</td>
</tr>
<tr>
<td>1730 RHODE ISLAND AVENUE NW</td>
<td>MARKETING STAFF ON DIRECT</td>
<td>X</td>
<td>20,784,284</td>
<td>216,000</td>
<td>20,568,284</td>
</tr>
<tr>
<td>EIDOLON - 15 MAIDEN LANE, STE</td>
<td>CONSULTS WITH IN-HOUSE</td>
<td>X</td>
<td>8,130,521</td>
<td>10,672,058</td>
<td>-2,541,537</td>
</tr>
<tr>
<td>1401, NEW YORK, NY 10038</td>
<td>MARKETING STAFF ON DIRECT</td>
<td>X</td>
<td>1,988,211</td>
<td>1,604,985</td>
<td>383,226</td>
</tr>
<tr>
<td>GIVERBRIDGE - 525 W MONROE</td>
<td>CONSULTS WITH IN-HOUSE</td>
<td>X</td>
<td>1,099,689</td>
<td>1,712,502</td>
<td>-612,813</td>
</tr>
<tr>
<td>STREET STE 900, CHICAGO, IL</td>
<td>MARKETING STAFF ON DIRECT</td>
<td>X</td>
<td>152,420</td>
<td>728,981</td>
<td>-576,561</td>
</tr>
<tr>
<td>MDS COMMUNICATIONS - 545 W</td>
<td>CONSULTS WITH IN-HOUSE</td>
<td>X</td>
<td>72,749,836</td>
<td>15,773,546</td>
<td>56,976,290</td>
</tr>
<tr>
<td>JUANITA AVENUE, MESA, AZ</td>
<td>MARKETING STAFF ON DIRECT</td>
<td>X</td>
<td>27,330</td>
<td>26,620</td>
<td>710</td>
</tr>
<tr>
<td>ASCENTIA - 138 SOUTH 1ST</td>
<td>CONSULTS WITH IN-HOUSE</td>
<td>X</td>
<td>1,099,689</td>
<td>1,712,502</td>
<td>-612,813</td>
</tr>
<tr>
<td>STREET SUITE 110</td>
<td>MARKETING STAFF ON DIRECT</td>
<td>X</td>
<td>152,420</td>
<td>728,981</td>
<td>-576,561</td>
</tr>
<tr>
<td>PUBLIC OUTREACH FUNDRAISING, LLC - 1511 3RD AVENUE, STE</td>
<td>CONSULTS WITH IN-HOUSE</td>
<td>X</td>
<td>72,749,836</td>
<td>15,773,546</td>
<td>56,976,290</td>
</tr>
<tr>
<td>INFOCISIÓN - 325 SPRINGSIDE DRIVE, AKRON, OH 44333</td>
<td>MARKETING STAFF ON DIRECT</td>
<td>X</td>
<td>27,330</td>
<td>26,620</td>
<td>710</td>
</tr>
</tbody>
</table>

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

   - AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
   - MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
**SEE PART IV FOR CONTINUATIONS**
### Part II  Fundraising Events

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 BEYOND HUNGER: A FEAST IN THE FIELD</th>
<th>(b) Event #2</th>
<th>(c) Other events NONE</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>259,573.</td>
<td></td>
<td></td>
<td>259,573.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>246,473.</td>
<td></td>
<td></td>
<td>246,473.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>13,100.</td>
<td></td>
<td></td>
<td>13,100.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>1,074.</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>8,913.</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>36,176.</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td>46,163.</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td>-33,063.</td>
</tr>
</tbody>
</table>

### Part III  Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?  

b If "No," explain:

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year?  

b If "Yes," explain:
Schedule G (Form 990) 2021

HEIFER PROJECT INTERNATIONAL

35-1019477

Page 3

11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

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

13 Indicate the percentage of gaming activity conducted in:
   a. The organization's facility .......................................................... 13a %
   b. An outside facility ................................................................. 13b %

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

   Name ▶
   Address ▶

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

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

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

      Name ▶
      Address ▶

16 Gaming manager information:

   Name ▶

   Gaming manager compensation ▶ $ _______

   Description of services provided ▶

      □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER:

1730 RHODE ISLAND AVENUE NW STE 301, WASHINGTON, DC 20036

(II) ACTIVITY: CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE

(I) NAME OF FUNDRAISER: SIDOLON

(I) ADDRESS OF FUNDRAISER: 15 MAIDEN LANE, STE 1401, NEW YORK, NY 10038

132083 10-21-21

Schedule G (Form 990) 2021
(II) ACTIVITY: CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE

(I) NAME OF FUNDRAISER: GIVEBRIDGE

(I) ADDRESS OF FUNDRAISER: 525 W MONROE STREET STE 900, CHICAGO, IL 60661

(II) ACTIVITY: CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE

(I) NAME OF FUNDRAISER: MDS COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 545 W JUANITA AVENUE, MESA, AZ 85210

(II) ACTIVITY: CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE

(I) NAME OF FUNDRAISER: ASCENTA

(I) ADDRESS OF FUNDRAISER:

130 SOUTH 1ST STREET SUITE 110, LINDENHURST, NY 11757

(II) ACTIVITY: CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE

(I) NAME OF FUNDRAISER: PUBLIC OUTREACH FUNDRAISING, LLC

(I) ADDRESS OF FUNDRAISER: 1511 3RD AVENUE, STE 788, SEATTLE, WA 98101

(II) ACTIVITY: CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE

(I) NAME OF FUNDRAISER: INFOCISION

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DRIVE, AKRON, OH 44333

(II) ACTIVITY: CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE

SCHEDULE G, PART I, LINE 2B

FIGURES REPORTED FOR GIVEBRIDGE REFLECT INITIAL REVENUE RESULTS AND NOT THE LIFETIME VALUE OF CONTRIBUTIONS AND BRAND AWARENESS GENERATED AS A RESULT OF FY22 CAMPAIGNS. FUTURE FUNDS WILL BE GENERATED AS A RESULT OF INVESTMENTS IN FY22 IN THE FORM OF MONTHLY DONATIONS.
### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

**Go to www.irs.gov/Form990 for the latest information.**

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIFER PROJECT INTERNATIONAL</td>
<td>35-1019477</td>
</tr>
</tbody>
</table>

#### General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - X Yes  
   - _No_

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.
   - _X_ Yes

#### Grants and Other Assistance to Domestic Organizations and Domestic Governments

1. **(a)** Name and address of organization or government
   - ARKANSAS SUSTAINABLE LIVESTOCK COOPERATIVE (C-Corp) - 4154 HWY 254 EAST - LESLIE, AR 72645

2. **(b)** EIN
   - 46-5531892

3. **(c)** IRC section (if applicable)
   - 501(C)(12)

4. **(d)** Amount of cash grant
   - 3,055,000

5. **(e)** Amount of noncash assistance
   - 0

6. **(f)** Method of valuation (book, FMV, appraisal, other)

7. **(g)** Description of noncash assistance
   - TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN

8. **(h)** Purpose of grant or assistance

---

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) 2021
### Part III | Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

### Part IV | Supplemental Information

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**HEIFER PROJECT INTERNATIONAL MONITORS THE USE OF GRANTS IN ACCORDANCE WITH**

**THE LETTER OR AGREEMENT BETWEEN HEIFER PROJECT INTERNATIONAL AND THE**

**GRANTEE, THE GRANTEE IS REQUIRED TO SUBMIT FINANCIAL AND PROGRESS REPORTS**

**EVERY YEAR IN ACCORDING TO A FORMAT PROVIDED BY HEIFER PROJECT INTERNATIONAL, THE GRANTEE SHALL MAINTAIN SEPARATE FINANCIAL STATEMENTS AND RECORDS FOR THE ACTIVITIES KEPT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPALS, WRITTEN RECEIPTS FOR ALL EXPENSES AND OTHER SUPPORTING DOCUMENTS ARE REQUIRED TO BE KEPT ON FILE FOR AT LEAST SIX YEARS**
AFTER THE END OF THE GRANT PERIOD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ARKANSAS SUSTAINABLE LIVESTOCK COOPERATIVE (C-Corp)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN COMMUNITIES LINKING SMALL-SCALE FARMERS TO LARGER AND DIVERSE MARKETS.
Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. 

Attach to Form 990. 

Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

   - Compensation committee
   - Written employment contract
   - Independent compensation consultant
   - Compensation survey or study
   - Form 990 of other organizations
   - Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

   a Receive a severance payment or change-of-control payment?
   b Participate in or receive payment from a supplemental nonqualified retirement plan?
   c Participate in or receive payment from an equity-based compensation arrangement?

   If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

   a The organization?
   b Any related organization?

   If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

   a The organization?
   b Any related organization?

   If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PIERRE FERRARI</td>
<td>i. 497,654.</td>
<td>ii. 4,188.</td>
<td>14,197.</td>
<td>14,589.</td>
<td>530,628.</td>
</tr>
<tr>
<td>CHIEF EXECUTIVE OFFICER</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2. ROBERT BLOOM</td>
<td>i. 201,622.</td>
<td>ii. 57,053.</td>
<td>2,060.</td>
<td>13,593.</td>
<td>8,332.</td>
</tr>
<tr>
<td>EVP, CFO AND TREASURER</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>3. HILARY HADDIGAN</td>
<td>i. 225,419.</td>
<td>ii. 935.</td>
<td>11,605.</td>
<td>10,335.</td>
<td>248,294.</td>
</tr>
<tr>
<td>CHIEF OF MISSION EFFECTIVENESS</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4. TERRY MYER</td>
<td>i. 194,319.</td>
<td>ii. 848.</td>
<td>13,054.</td>
<td>18,364.</td>
<td>226,585.</td>
</tr>
<tr>
<td>SENIOR VICE PRESIDENT</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>5. GRETCHE N VILLEGAS</td>
<td>i. 194,003.</td>
<td>ii. 286.</td>
<td>12,903.</td>
<td>14,694.</td>
<td>222,886.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6. CHRISTY MOORE</td>
<td>i. 192,575.</td>
<td>ii. 408.</td>
<td>12,852.</td>
<td>14,092.</td>
<td>220,927.</td>
</tr>
<tr>
<td>SENIOR VICE PRESIDENT</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7. MAHENDRA LOHANI</td>
<td>i. 198,095.</td>
<td>ii. 2,467.</td>
<td>8,695.</td>
<td>10,267.</td>
<td>219,524.</td>
</tr>
<tr>
<td>SENIOR VICE PRESIDENT</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>8. OSCAR CASTANEDA</td>
<td>i. 182,773.</td>
<td>ii. 1,247.</td>
<td>10,340.</td>
<td>10,847.</td>
<td>205,207.</td>
</tr>
<tr>
<td>SENIOR VICE PRESIDENT</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>9. ELIA MAKAR</td>
<td>i. 176,234.</td>
<td>ii. 488.</td>
<td>12,673.</td>
<td>10,568.</td>
<td>199,963.</td>
</tr>
<tr>
<td>CHIEF PEOPLE OFFICER</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10. MATTHEW KRAUSE</td>
<td>i. 157,428.</td>
<td>ii. 365.</td>
<td>10,597.</td>
<td>13,888.</td>
<td>182,279.</td>
</tr>
<tr>
<td>MANAGING DIR, INSTITUTIONAL PARTNERS</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>11. MARCIA RASMUSSEN</td>
<td>i. 151,455.</td>
<td>ii. 346.</td>
<td>10,116.</td>
<td>14,559.</td>
<td>176,476.</td>
</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>12. MICHAEL HEALD</td>
<td>i. 156,226.</td>
<td>ii. 1,012.</td>
<td>7,865.</td>
<td>10,132.</td>
<td>175,235.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>13. MELANIE AUGER</td>
<td>i. 146,328.</td>
<td>ii. 131.</td>
<td>9,856.</td>
<td>13,960.</td>
<td>170,275.</td>
</tr>
<tr>
<td>SENIOR DIRECTOR OF PHILANTHROPY</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>14. ROSA MURILLO MONTES</td>
<td>i. 149,414.</td>
<td>ii. 296.</td>
<td>9,686.</td>
<td>10,701.</td>
<td>170,097.</td>
</tr>
<tr>
<td>SENIOR DIRECTOR</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>15. MICHELLE DUSEK-IZAGUIRRE</td>
<td>i. 151,817.</td>
<td>ii. 328.</td>
<td>7,823.</td>
<td>9,677.</td>
<td>169,645.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>i. 0.</td>
<td>ii. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W2 and/or 1099-MISC and/or 1099-NEC compensation</th>
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<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(17) BENJAMIN WOOD</td>
<td>153,181. 1,000. 146. 9,978. 669. 164,974.</td>
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<td>0.</td>
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<tr>
<td>DIRECTOR</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(18) MARLEEN NEW</td>
<td>140,814. 0. 957. 9,517. 13,464. 164,752.</td>
<td>0.</td>
<td>0.</td>
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<td>0.</td>
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<tr>
<td>VICE PRESIDENT</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(19) HERVIL CHERUBIN</td>
<td>145,493. 0. 1,014. 9,649. 8,412. 164,568.</td>
<td>0.</td>
<td>0.</td>
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<td>HAITI COUNTRY DIRECTOR</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(20) JAIME SCHILLING</td>
<td>147,728. 0. 140. 9,688. 4,889. 162,445.</td>
<td>0.</td>
<td>0.</td>
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<td>0.</td>
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<tr>
<td>DIRECTOR OF PHILANTHROPY</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(21) JESUS PIZARRO RODRIGUEZ</td>
<td>134,750. 0. 320. 7,478. 10,427. 152,975.</td>
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<td>VICE PRESIDENT</td>
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<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<td>(22) MIMI EVANS</td>
<td>144,215. 0. 2,490. 5,166. 960. 152,831.</td>
<td>0.</td>
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<td>DIRECTOR</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
**Noncash Contributions**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
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<tr>
<td>3</td>
<td>Art - Fractional interests</td>
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<td>4</td>
<td>Books and publications</td>
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</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
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<tr>
<td>6</td>
<td>Cars and other vehicles</td>
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<td>7</td>
<td>Boats and planes</td>
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</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
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</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td>X</td>
<td>256</td>
<td>2,671,631, PMV AT RECEIPT</td>
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</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
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</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
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<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<td>Real estate - Residential</td>
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<tr>
<td>16</td>
<td>Real estate - Commercial</td>
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<tr>
<td>17</td>
<td>Real estate - Other</td>
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</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
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</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
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<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
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<tr>
<td>23</td>
<td>Scientific specimens</td>
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</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25</td>
<td>Other (ANIMAL FEED)</td>
<td>X</td>
<td>2</td>
<td>15,126, FAIR MARKET VALUE</td>
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</tr>
<tr>
<td>26</td>
<td>Other (RANCH WEATHER)</td>
<td>X</td>
<td>1</td>
<td>6,645, FAIR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period? X

<table>
<thead>
<tr>
<th>30a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b If “Yes,” describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X

<table>
<thead>
<tr>
<th>31</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>32a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b If “Yes,” describe in Part II.

33 If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS
HEIFER PROJECT INTERNATIONAL

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

125 COUNTRIES MOVE TOWARD GREATER SELF-RELIANCE THROUGH THE GIFTS OF LIVESTOCK, PLANTS AND TRAINING IN ENVIRONMENTALLY-SOUND AGRICULTURE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO INCREASE INCOME AND IMPROVE NUTRITION, FOCUSING ALSO ON WOMEN’S EMPOWERMENT AND SOCIAL CAPITAL, HEIFER THEN MOBILIZES COMMUNITIES OF THESE SMALL-SCALE FARMERS INTO COOPERATIVES AND FARMER ASSOCIATIONS TO ACCESS INCLUSIVE MARKET SYSTEMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HEIFER’S VALUES-BASED AND HOLISTIC APPROACH TO GIVING PEOPLE A HAND UP, NOT A HAND OUT TO A BETTER, RICHER LIFE.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BANGLADESH, CAMBODIA, ECUADOR, ETHIOPIA, GHANA, GUATEMALA, HAITI, HONDURAS, INDIA, KENYA, SOUTH KOREA, MALAWI, MEXICO, NEPAL, NICARAGUA, NIGERIA, RWANDA, SENEGAL, TANZANIA, UGANDA, ZAMBIA, ZIMBABWE, GERMANY

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY INTERNAL FINANCE STAFF AND PROVIDED TO THE CFO, BOARD OF DIRECTORS AND TO AN EXTERNAL TAX FIRM FOR REVIEW. ANY RECOMMENDED LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021
CHANGES ARE MADE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

HEIFER HAS HAD A CODE OF CONDUCT IN PLACE SINCE MARCH OF 2000 FOR ITS BOARD

OF DIRECTORS, AND THE CODE OF CONDUCT CONTAINS A CONFLICT OF INTEREST

SECTION, HEIFER HAS HAD A CONFLICT OF INTEREST POLICY IN PLACE FOR ITS

EMPLOYEES SINCE DECEMBER OF 2001. BOARD MEMBERS ARE REQUIRED TO ANNUALLY

DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. EMPLOYEES ARE

ENCOURAGED TO REPORT SUSPECTED CONFLICTS OF INTEREST TO THEIR SUPERVISORS

OR TO HUMAN RESOURCES. IN ADDITION, HEIFER PROVIDES AN ANONYMOUS

CONFIDENTIAL REPORTING OUTLET FOR USE IN REPORTING BEHAVIOR OR ACTIVITIES

THAT APPEAR TO VIOLATE HEIFER POLICIES. BOTH THE BOARD AND SENIOR

MANAGEMENT ADDRESS CONFLICTS OF INTEREST ON A CASE-BY-CASE BASIS AS THEY

ARISE.

FORM 990, PART VI, SECTION B, LINE 15A:

IN ACCORDANCE WITH GOVERNANCE POLICIES AND PROCEDURES, THE PRESIDENT AND

CEO’S PERFORMANCE IS REVIEWED ANNUALLY. MERIT INCREASES, BASE SALARY

ADJUSTMENTS AND OR BONUSES ARE CONSIDERED AS PART OF THAT REVIEW AND

MONITORING PROCESS. THE HEIFER BOARD OF DIRECTORS UTILIZES AN INDEPENDENT

ANALYSIS CONDUCTED BY AN OUTSIDE CONSULTING FIRM TO ASSIST IN THE ANALYSIS

AND SUBSEQUENT RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS. THE APPROACH

USED BY THE CONSULTING FIRM UTILIZES MARKET DATA OBTAINED FROM TWO HIGHLY

REGARDED NATIONAL COMPENSATION SURVEYS OF NOT FOR PROFIT ORGANIZATIONS AND

DATA ON TOTAL CASH COMPENSATION FOR CEOs OF NINE ORGANIZATIONS WITH

COMPARABLE MISSION, SCOPE AND OPERATING BUDGET BASED ON INFORMATION

OBTAINED FROM IRS FORM 990S. EACH MEMBER OF THE HEIFER BOARD OF DIRECTORS

HAS THE OPPORTUNITY TO COMPLETE AND SUBMIT A PERFORMANCE EVALUATION FORM
FOR THE CEO, THE RESULTS ARE COMPILED AND REVIEWED WITH THE CEO BY THE
EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE THEN PRESENTS,
FOR APPROVAL, ITS FINDINGS AND RECOMMENDATIONS TO THE FULL BOARD OF
DIRECTORS. THESE FINDINGS AND RECOMMENDATIONS INCLUDE ADJUSTMENTS TO
COMPENSATION IF WARRANTED AND ARE SUPPORTED BY ORGANIZATIONAL FUNDING
AVAILABILITY AND INDEPENDENT MARKET ANALYSIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, MA, MD, ME, MN, MO, MS, MT
NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY, LA

FORM 990, PART VI, SECTION C, LINE 19:
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST; OTHER SELECT
DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION AT HEIFER PROJECT INTERNATIONAL
HEADQUARTERS IN LITTLE ROCK, ARKANSAS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
FOREIGN CURRENCY TRANSLATION ADJUSTMENT -693,043.
CHANGE IN INTEREST IN NET ASSETS OF HEIFER INTERNATIONAL
FOUNDATION -10,281,969.
TOTAL TO FORM 990, PART XI, LINE 9 -10,975,012.
## Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHARED WEALTH VENTURES LLC</td>
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<tr>
<td>1 WORLD AVENUE</td>
<td>SOCIAL IMPACT FOR SMALL</td>
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<tr>
<td>LITTLE ROCK, AR 72202</td>
<td>SCALE FARMERS</td>
<td>ARKANSAS</td>
<td>276,627</td>
<td>4,562,866</td>
<td>HEIFER PROJECT INTERNATIONAL</td>
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</tbody>
</table>

## Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 501(h)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIFER PROJECT NEPAL</td>
<td>PROVIDE LIVESTOCK AND</td>
<td></td>
<td>HEIFER PROJECT NEPAL</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>NATHIBAN LALITPUR - 15 GPO BOX 6034</td>
<td>AGRICULTURE TRAINING TO</td>
<td></td>
<td>HEIFER PROJECT NEPAL</td>
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<tr>
<td>KATHMANDU, NEPAL</td>
<td>IMPROVE LIVES</td>
<td>NEPAL</td>
<td>HEIFER PROJECT</td>
<td></td>
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<tr>
<td>ADHARSHILA FOR SUSTAINABLE SOCIO-ECONOMIC</td>
<td>PROVIDE LIVESTOCK AND</td>
<td></td>
<td>HEIFER PROJECT</td>
<td></td>
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<tr>
<td>TRANSFORMATION AND WELFARE, P-5, 208 OCEAN</td>
<td>AGRICULTURE TRAINING TO</td>
<td></td>
<td>HEIFER PROJECT</td>
<td></td>
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<tr>
<td>PLAZA, SECTOR - 17, NOIDA, U.P., INDIA</td>
<td>IMPROVE LIVES</td>
<td>INDIA</td>
<td>HEIFER PROJECT</td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>KUNDAMLAY ORGANIZATION</td>
<td>PROVIDE LIVESTOCK AND</td>
<td></td>
<td>HEIFER PROJECT</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6 8A ST 502 PHNOM PENH SAGKAT PHSAR DOEN</td>
<td>AGRICULTURE TRAINING TO</td>
<td></td>
<td>HEIFER PROJECT</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>PHNOM PENH, CAMBODIA</td>
<td>IMPROVE LIVES</td>
<td>CAMBODIA</td>
<td>HEIFER PROJECT</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>FUNDACION HEIFER ECUADOR</td>
<td>PROVIDE LIVESTOCK AND</td>
<td></td>
<td>HEIFER PROJECT</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>CALLE JOSE LUIS TAMAYO N24 587 Y CALLE SALAZ</td>
<td>AGRICULTURE TRAINING TO</td>
<td></td>
<td>HEIFER PROJECT</td>
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<tr>
<td>QUITO, ECUADOR</td>
<td>IMPROVE LIVES</td>
<td>ECUADOR</td>
<td>HEIFER PROJECT</td>
<td></td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II  Continuation of Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 501(b)(13) controlled organization?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIFER DEUTSCHLAND, GGMBH 35-37, 603</td>
<td>PROVIDE LIVESTOCK AND</td>
<td></td>
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<tr>
<td>TOWER 103, FRIEDRICH-EBERT-ANLAGE 35-37, 603</td>
<td>AGRICULTURE TRAINING TO</td>
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</tr>
<tr>
<td>FRANKFURT AM MAIN, GERMANY</td>
<td>IMPROVE LIVES. GERMANY</td>
<td>HEIFER PROJECT INTERNATIONAL X</td>
<td></td>
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<tr>
<td>NUEVA KERALA, SA</td>
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<tr>
<td>22 AVENIDA A, 0-27 ZONA 15</td>
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<tr>
<td>VISTA HERMOSA II 01015, GUATEMALA</td>
<td>SPICE PROCESSING</td>
<td>GUATEMALA</td>
<td>HEIFER PROJECT INTERNATIONAL X</td>
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<tr>
<td>BEYOND LIVING INCOME</td>
<td>PROVIDE LIVESTOCK AND</td>
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<tr>
<td>PO BOX 76478-00508</td>
<td>AGRICULTURE TRAINING TO</td>
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<tr>
<td>NAIROBI, KENYA</td>
<td>IMPROVE LIVES. KENYA</td>
<td>HEIFER PROJECT INTERNATIONAL X</td>
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<tr>
<td>HEIFER NIGERIA LTD/GTE</td>
<td>PROVIDE LIVESTOCK AND</td>
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<td>4TH FL, BLDG 97, UISADANG-D</td>
<td>AGRICULTURE TRAINING TO</td>
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<tr>
<td>CENTRAL BUSINESS DISTRICT, NIGERIA ABUKA 83</td>
<td>IMPROVE LIVES. NIGERIA</td>
<td>HEIFER PROJECT INTERNATIONAL X</td>
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<tr>
<td>HEIFER KOREA</td>
<td>PROVIDE LIVESTOCK AND</td>
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<tr>
<td>10TH FL KYOBO SECURITIES BLDG, YSUNGDEUNGPO-GU,</td>
<td>AGRICULTURE TRAINING TO</td>
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<tr>
<td>SEOUL, SOUTH KOREA</td>
<td>IMPROVE LIVES. SOUTH KOREA</td>
<td>HEIFER PROJECT INTERNATIONAL X</td>
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</tbody>
</table>
Part III
Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General of managing partner?</th>
<th>(k) Percentage ownership</th>
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Part IV
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 513(b)(13) controlled entity?</th>
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</tbody>
</table>

Schedule R (Form 990) 2021
**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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?

   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Loans or loan guarantees by related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)

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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) HEIFER PROJECT NEPAL</td>
<td>B</td>
<td>5,913,196, CASH VALUE</td>
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</tr>
<tr>
<td>(2) KUNDAMLAY ORGANIZATION</td>
<td>B</td>
<td>56,266, CASH VALUE</td>
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<tr>
<td>(3) FUNDACION HEIFER ECUADOR</td>
<td>B</td>
<td>2,837,400, CASH VALUE</td>
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</tr>
<tr>
<td>(4) NUEVA KERALA</td>
<td>D</td>
<td>650,000, CASH VALUE</td>
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</tr>
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<td>(5)</td>
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<tr>
<td>(6)</td>
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</tbody>
</table>
**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on 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) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners 501(c)(3) ? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General partner? | (k) Percentage ownership |
|-------------------------------------|----------------------|---------------------------------------------|---------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                                     |                      |                                             |                                             | Yes | No  | Yes | No | Yes | No  | Yes | No  |
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.
### Income, War Profits, and Excess Profits Taxes Paid or Accrued

**Attach to Form 5471.**

**Go to www.irs.gov/Form5471 for instructions and the latest information.**

<table>
<thead>
<tr>
<th>Name of person filing Form 5471</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIFER PROJECT INTERNATIONAL</td>
<td>35-1019477</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of foreign corporation</th>
<th>EIN (if any)</th>
<th>Reference ID number (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIFER DEUTSCHLAND, GMBH</td>
<td>00-0000000</td>
<td>REGISTERSHEETHRB117414R</td>
</tr>
</tbody>
</table>

**Part I** Taxes for Which a Foreign Tax Credit Is Allowed

<table>
<thead>
<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID Number of Payor Entity</th>
<th>(c) Country or U.S. Possession to Which Tax Is Paid</th>
<th>(d) Tax Paid or Accrued (Use a separate line for each)</th>
<th>(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/ Month/ Day)</th>
<th>(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/ Month/ Day)</th>
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<table>
<thead>
<tr>
<th>(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)</th>
<th>(h) If taxes are paid on U.S. source income, check box</th>
<th>(i) Local Currency in Which Tax Is Payable (enter code - see instructions)</th>
<th>(j) Tax Paid or Accrued (in local currency in which the tax is payable)</th>
<th>(k) Conversion Rate to U.S. Dollars</th>
<th>(l) In U.S. Dollars</th>
<th>(m) In Functional Currency of Foreign Corporation</th>
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<td>Total (combine lines 1 through 4 of column (j)). Also report amount on Schedule E-1, line 4</td>
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<tr>
<th>(n) Total (combine lines 1 through 4 of column (m))</th>
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**Section 2** Taxes Deemed Paid by Foreign Corporation

<table>
<thead>
<tr>
<th>(a) Name of Lower-Tier Distributing Foreign Corporation</th>
<th>(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation</th>
<th>(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)</th>
<th>(d) PTEP Group (enter code)</th>
<th>(e) Annual PTEP Account (enter year)</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(f) PTEP Distributed (enter amount in functional currency)</th>
<th>(g) Total Amount of PTEP in the PTEP Group (in functional currency)</th>
<th>(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)</th>
<th>(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6</th>
<th></th>
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</thead>
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<tr>
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</table>

Schedule E (Form 5471) (Rev. 12-2021)
For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment? □ Yes □ No

If “Yes,” state date of election: □

### Part III Taxes for Which a Foreign Tax Credit Is Disallowed

<table>
<thead>
<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID No. of Payor Entity</th>
<th>(c) Section 901(j)</th>
<th>(d) Section 901(k) and (l)</th>
<th>(e) Section 901(m)</th>
<th>(f) U.S. Taxes</th>
<th>(g) Suspended Taxes</th>
<th>(h) Other</th>
<th>(i) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

3 In functional currency (combine lines 1 and 2)

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) □

### Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

**IMPORTANT:** Enter amounts in U.S. dollars.

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</thead>
<tbody>
<tr>
<td>1a</td>
<td>Balance at beginning of year (as reported in prior year Schedule E-1)</td>
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<tr>
<td>1b</td>
<td>Beginning balance adjustments (attach statement)</td>
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<td>1c</td>
<td>Adjusted beginning balance (combine lines 1a and 1b)</td>
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<tr>
<td>3a</td>
<td>Taxes unsuspended under anti-splitter rules</td>
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<tr>
<td>3b</td>
<td>Taxes suspended under anti-splitter rules</td>
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<td>4</td>
<td>Taxes reported on Schedule E, Part I, Section 1, line 5, column (i)</td>
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<td>Taxes carried over in nonrecognition transactions</td>
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<td>Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)</td>
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<td>Other adjustments (attach statement)</td>
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<td>8</td>
<td>Taxes paid or accrued on current income/E&amp;P or accumulated E&amp;P (combine lines 1c through 7)</td>
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<td>9</td>
<td>Taxes deemed paid with respect to inclusions (see instructions)</td>
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<td>10</td>
<td>Taxes deemed paid with respect to actual distributions</td>
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<td>11</td>
<td>Taxes on amounts reclassified to section 959(c)(1) E&amp;P from section 959(c)(2) E&amp;P</td>
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<td>Other (attach statement)</td>
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<td>13</td>
<td>Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))</td>
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<td>15</td>
<td>Reduction for other taxes not deemed paid</td>
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<tr>
<td>16</td>
<td>Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12.</td>
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</tbody>
</table>

Taxes related to:

- **(a) Subpart F Income**
- **(b) Tested Income**
- **(c) Residual Income**
- **(d) Suspended Taxes**

Schedule E (Form 5471) (Rev. 12-2021)
Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

<table>
<thead>
<tr>
<th></th>
<th>(i) Reclassified section 965(a) PTEP</th>
<th>(ii) Reclassified section 965(b) PTEP</th>
<th>(iii) General section 959(c)(1) PTEP</th>
<th>(iv) Reclassified section 951A PTEP</th>
<th>(v) Reclassified section 245A(d) PTEP</th>
<th>(vi) Section 965(e) PTEP</th>
<th>(vii) Section 965(b) PTEP</th>
<th>(viii) Section 951A PTEP</th>
<th>(ix) Section 245A(d) PTEP</th>
<th>(x) Section 951(a)(1)/A PTEP</th>
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<tbody>
<tr>
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**SCHEDULE E**  
(Form 5471)  
(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service  

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**  

- Attach to Form 5471.  
- Go to www.irs.gov/Form5471 for instructions and the latest information.

<table>
<thead>
<tr>
<th>Name of person filing Form 5471</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIFER PROJECT INTERNATIONAL</td>
<td>35-1019477</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of foreign corporation</th>
<th>EIN (if any)</th>
<th>Reference ID number (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEVA KERALA, S.A.</td>
<td>154750</td>
<td>154750</td>
</tr>
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</table>

**Part I  Taxes for Which a Foreign Tax Credit Is Allowed**

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

<table>
<thead>
<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID Number of Payor Entity</th>
<th>(c) U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)</th>
<th>(d) Foreign Year to Which Tax Relates (Year/Month/Day)</th>
<th>(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
<th>(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEVA KERALA, S.A.</td>
<td>154750</td>
<td>GT</td>
<td>2021/12/31</td>
<td>2021/12/31</td>
<td>2021/12/31</td>
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</tbody>
</table>

**Income Subject to Tax in the Foreign Jurisdiction**

<table>
<thead>
<tr>
<th>(g) If taxes are paid on U.S. source income, check box</th>
<th>(h) Local Currency in Which Tax Is Payable (enter code - see instructions)</th>
<th>(i) Tax Paid or Accrued (in local currency in which the tax is payable)</th>
<th>(k) Conversion Rate to U.S. Dollars (divide column (j) by column (k))</th>
<th>(l) In U.S. Dollars</th>
<th>(m) In Functional Currency of Foreign Corporation</th>
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<tbody>
<tr>
<td>77,698, GT</td>
<td>7,569193000</td>
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</table>

**Section 2 - Taxes Deemed Paid by Foreign Corporation**

<table>
<thead>
<tr>
<th>(a) Name of Lower-Tier Distributing Foreign Corporation</th>
<th>(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation</th>
<th>(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)</th>
<th>(d) PTEP Group (enter code)</th>
<th>(e) Annual PTEP Account (enter year)</th>
<th>(f) PTEP Distributed (enter amount in functional currency)</th>
<th>(g) Total Amount of PTEP in the PTEP Group (in functional currency)</th>
<th>(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)</th>
<th>(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)) x column (g)) x column (h)) (USD)</th>
</tr>
</thead>
</table>

5 Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6
Schedule E (Form 5471) (Rev. 12-2021)

Name of foreign corporation: NUeva KERALA, S.A.

EIN (if any): 154750

Reference ID number (see instructions)

---

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

- [ ] Yes
- [x] No

If "Yes," state date of election:

---

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed** (Enter in functional currency of foreign corporation.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name of Payor Entity</th>
<th>(b)</th>
<th>EIN or Reference ID No. of Payor Entity</th>
<th>(c)</th>
<th>Section 901(j)</th>
<th>(d)</th>
<th>Section 901(k) and (l)</th>
<th>(e)</th>
<th>Section 901(m)</th>
<th>(f)</th>
<th>U.S. Taxes</th>
<th>(g)</th>
<th>Suspended Taxes</th>
<th>(h)</th>
<th>Other</th>
<th>(i)</th>
<th>Total</th>
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**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subpart F Income</td>
<td>Tested Income</td>
<td>Residual Income</td>
<td>Suspended Taxes</td>
</tr>
</tbody>
</table>

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1. Balance at beginning of year (as reported in prior year Schedule E-1)
2. Beginning balance adjustments (attach statement)
3. Adjusted beginning balance (combine lines 1a and 1b)
4. Adjustment for foreign tax redetermination
5. Taxes unsuspended under anti-splitter rules
6. Taxes suspended under anti-splitter rules
7. Taxes reported on Schedule E, Part I, Section 1, line 5, column (i)
8. Taxes carried over in nonrecognition transactions
9. Other adjustments (attach statement)
10. Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)
11. Taxes deemed paid with respect to inclusions (see instructions)
12. Taxes deemed paid with respect to actual distributions
13. Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P
14. Other (attach statement)
15. Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))
16. Reserved for future use
17. Reduction for other taxes not deemed paid
18. Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12
### Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation

### (e) Taxes related to previously taxed E&P

<table>
<thead>
<tr>
<th></th>
<th>(i) Reclassified section 965(a) PTEP</th>
<th>(ii) Reclassified section 965(b) PTEP</th>
<th>(iii) Reclassified section 959(c)(1) PTEP</th>
<th>(iv) Reclassified section 951A PTEP</th>
<th>(v) Reclassified section 245A(d) PTEP</th>
<th>(vi) Section 965(a) PTEP</th>
<th>(vii) Section 965(b) PTEP</th>
<th>(viii) Section 951A PTEP</th>
<th>(ix) Section 245A(d) PTEP</th>
<th>(x) Section 951(a)(1/A) PTEP</th>
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</table>
### SCHEDULE E (Form 5471) 
**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

*Department of the Treasury*  
*Internal Revenue Service*

Attach to Form 5471.  
Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

<table>
<thead>
<tr>
<th>Name of person filing Form 5471</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIFER PROJECT INTERNATIONAL</td>
<td>35-1019477</td>
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</table>

<table>
<thead>
<tr>
<th>Name of foreign corporation</th>
<th>EIN (if any)</th>
<th>Reference ID number (see instructions)</th>
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</thead>
<tbody>
<tr>
<td>HEIFER NIGERIA LTD/DTE</td>
<td></td>
<td>NIGERIA01</td>
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</tbody>
</table>

#### Part I  Taxes for Which a Foreign Tax Credit Is Allowed

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

<table>
<thead>
<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID Number of Payor Entity</th>
<th>(c) (Unpaid) Taxes</th>
<th>(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)</th>
<th>(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
<th>(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIFER NIGERIA LTD/DTE</td>
<td>NIGERIA01</td>
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<td>2022/06/30</td>
<td>2022/06/30</td>
</tr>
</tbody>
</table>

**Income Subject to Tax in the Foreign Jurisdiction (see instructions)**  
**If taxes are paid on U.S. source income, check box**  
**Local Currency in Which Tax Is Payable (enter code - see instructions)**  
**Tax Paid or Accrued (in local currency in which the tax is payable)**  
**Conversion Rate to U.S. Dollars**  
**In U.S. Dollars (divide column (j) by column (k))**  
**In Functional Currency of Foreign Corporation**

<table>
<thead>
<tr>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
<th>(k)</th>
<th>(l)</th>
<th>(m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Subject to Tax in the Foreign Jurisdiction (see instructions)</td>
<td>If taxes are paid on U.S. source income, check box</td>
<td>Local Currency in Which Tax Is Payable (enter code - see instructions)</td>
<td>Tax Paid or Accrued (in local currency in which the tax is payable)</td>
<td>Conversion Rate to U.S. Dollars</td>
<td>In U.S. Dollars (divide column (j) by column (k))</td>
<td>In Functional Currency of Foreign Corporation</td>
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<tr>
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<td>412,699,782,000</td>
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**Total (combine lines 1 through 4 of column (j)). Also report amount on Schedule E-1, line 4**  
**Total (combine lines 1 through 4 of column (m))**

#### Section 2 - Taxes Deemed Paid by Foreign Corporation

<table>
<thead>
<tr>
<th>(a) Name of Lower-Tier Distributing Foreign Corporation</th>
<th>(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation</th>
<th>(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)</th>
<th>(d) PTEP Group (enter code)</th>
<th>(e) Annual PTEP Account (enter year)</th>
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**PTEP Distributed (enter amount in functional currency)**  
**Total Amount of PTEP in the PTEP Group (in functional currency)**  
**Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)**  
**Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)**

<table>
<thead>
<tr>
<th>(f)</th>
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**Total (combine lines 1 through 4 of column (f)). Also report amount on Schedule E-1, line 6**
Part II  Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  [X] No
If "Yes," state date of election

Part III  Taxes for Which a Foreign Tax Credit Is Disallowed  (Enter in functional currency of foreign corporation.)

<table>
<thead>
<tr>
<th></th>
<th>Name of Payor Entity</th>
<th>(b) EIN or Reference ID No. of Payor Entity</th>
<th>(c) Section 901(j)</th>
<th>(d) Section 901(k) and (l)</th>
<th>(e) Section 901(m)</th>
<th>(f) U.S. Taxes</th>
<th>(g) Suspended Taxes</th>
<th>(h) Other</th>
<th>(i) Total</th>
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</table>

Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

**IMPORTANT:** Enter amounts in U.S. dollars.

1. a. Balance at beginning of year (as reported in prior year Schedule E-1)
   b. Beginning balance adjustments (attach statement)
   c. Adjusted beginning balance (combine lines 1a and 1b)

2. Adjustment for foreign tax redetermination

3. a. Taxes unsuspended under anti-splitter rules
   b. Taxes suspended under anti-splitter rules

4. Taxes reported on Schedule E, Part I, Section 1, line 5, column (i)

5. Taxes carried over in nonrecognition transactions

6. Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)

7. Other adjustments (attach statement)

8. Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)

9. Taxes deemed paid with respect to inclusions (see instructions)

10. Taxes deemed paid with respect to actual distributions

11. Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P

12. Other (attach statement)

13. Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))

14. Reserved for future use

15. Reduction for other taxes not deemed paid

16. Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12.
Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Reclassified section 965(a) PTEP</th>
<th>(ii) Reclassified section 965(b) PTEP</th>
<th>(iii) General section 959(c)(1) PTEP</th>
<th>(iv) Reclassified section 951A PTEP</th>
<th>(v) Reclassified section 245A(d) PTEP</th>
<th>(vi) Section 965(a) PTEP</th>
<th>(vii) Section 965(b) PTEP</th>
<th>(viii) Section 951A PTEP</th>
<th>(ix) Section 245A(d) PTEP</th>
<th>(x) Section 951(a)(1)/A PTEP</th>
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**SCHEDULE E**
(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

- [Attach to Form 5471.](#)
- [Go to www.irs.gov/Form5471 for instructions and the latest information.](#)
- [OMB No. 1545-0123](#)

### Part 1  Taxes for Which a Foreign Tax Credit Is Allowed

#### Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID Number of Payor Entity</th>
<th>(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)</th>
<th>(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
<th>(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
<th>(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)</th>
<th>(h) If taxes are paid on U.S. source income, check box</th>
<th>(i) Local Currency in Which Tax Is Payable (Enter code - see instructions)</th>
<th>(j) Tax Paid or Accrued (in local currency in which the tax is payable)</th>
<th>(k) Conversion Rate to U.S. Dollars (divide column (i) by column (j))</th>
<th>(m) In Functional Currency of Foreign Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ADHARSHILA FOR SUSTAINABLE SOCI-ECON</td>
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<td>Total (combine lines 1 through 4 of column (j)). Also report amount on Schedule E-1, line 4</td>
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### Section 2 - Taxes Deemed Paid by Foreign Corporation

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of Lower-Tier Distributing Foreign Corporation</th>
<th>(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation</th>
<th>(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)</th>
<th>(d) PTEP Group (enter code)</th>
<th>(e) Annual PTEP Account (enter year)</th>
<th>(f) PTEP Distributed (enter amount in functional currency)</th>
<th>(g) Total Amount of PTEP in the PTEP Group (in functional currency)</th>
<th>(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)</th>
<th>(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f))/column (g) x column (h)) (USD)</th>
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<td>Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6</td>
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*For Paperwork Reduction Act Notice, see instructions.*

Schedule E (Form 5471) (Rev. 12-2021)
Schedule E (Form 5471) (Rev. 12-2021)

Name of foreign corporation

ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRANSFORM

EIN (if any)

Reference ID number (see instructions)

INDIA01

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☑ No If "Yes," state date of election

Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

(a) Name of Payor Entity (b) EIN or Reference ID No. of Payor Entity (c) Section 901(j) (d) Section 901(k) and (f) (e) Section 901(m) (f) U.S. Taxes (g) Suspended Taxes (h) Other (i) Total

1

2

3 In functional currency (combine lines 1 and 2)

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: Enter amounts in U.S. dollars.

(a) Subpart F Income (b) Tested Income (c) Residual Income (d) Suspended Taxes

1 a Balance at beginning of year (as reported in prior year Schedule E-1)

b Beginning balance adjustments (attach statement)

c Adjusted beginning balance (combine lines 1a and 1b)

2 Adjustment for foreign tax redetermination

3 a Taxes unsuspended under anti-splitter rules

b Taxes suspended under anti-splitter rules

4 Taxes reported on Schedule E, Part I, Section 1, line 5, column (i)

5 Taxes carried over in nonrecognition transactions

6 Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)

7 Other adjustments (attach statement)

8 Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)

9 Taxes deemed paid with respect to inclusions (see instructions)

10 Taxes deemed paid with respect to actual distributions

11 Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P

12 Other (attach statement)

13 Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))

14 Reserved for future use

15 Reduction for other taxes not deemed paid

16 Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12
Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

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<th></th>
<th>(i) Reclassified section 965(a) PTEP</th>
<th>(ii) Reclassified section 965(b) PTEP</th>
<th>(iii) General section 959(c)(1) PTEP</th>
<th>(iv) Reclassified section 951A PTEP</th>
<th>(v) Reclassified section 245A(d) PTEP</th>
<th>(vi) Section 965(e) PTEP</th>
<th>(vii) Section 965(b) PTEP</th>
<th>(viii) Section 951A PTEP</th>
<th>(ix) Section 245A(d) PTEP</th>
<th>(x) Section 951(a)(1)(A) PTEP</th>
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# SCHEDULE E (Form 5471)

## Income, War Profits, and Excess Profits Taxes Paid or Accrued

**Attach to Form 5471.**

**Go to www.irs.gov/Form5471 for instructions and the latest information.**

**Name of person filing Form 5471**

**HEIFER PROJECT INTERNATIONAL**

**Name of foreign corporation**

**HEIFER PROJECT NEPAL**

<table>
<thead>
<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID Number of Payor Entity</th>
<th>(c) Suspended Taxes</th>
<th>(d) Country or U.S. Possession to Which Tax Is Paid</th>
<th>(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
<th>(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
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**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

### Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

<table>
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<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID Number of Payor Entity</th>
<th>(c) Local Currency in Which Tax Is Payable</th>
<th>(d) Tax Paid or Accrued (in local currency in which the tax is payable)</th>
<th>(e) Conversion Rate to U.S. Dollars</th>
<th>(f) In U.S. Dollars (divide column (d) by column (e))</th>
<th>(g) In Functional Currency of Foreign Corporation</th>
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<td>HEIFER PROJECT NEPAL</td>
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**Section 2 - Taxes Deemed Paid by Foreign Corporation**

<table>
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<tr>
<th>(a) Name of Lower-Tier Distributing Foreign Corporation</th>
<th>(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation</th>
<th>(c) PTEP Distributed (enter amount in functional currency)</th>
<th>(d) Total Amount of PTEP in the PTEP Group (in functional currency)</th>
<th>(e) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)</th>
<th>(f) Foreign Income Taxes Properly Attributable to PTEP and Not Previously Deemed Paid (enter amount)</th>
</tr>
</thead>
</table>

**Schedule E (Form 5471) (Rev. 12-2021)**

For Paperwork Reduction Act Notice, see instructions.
Schedule E (Form 5471) (Rev. 12-2021)

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

- [ ] Yes
- [x] No

If "Yes," state date of election

---

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed** (Enter in functional currency of foreign corporation.)

<table>
<thead>
<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID No. of Payor Entity</th>
<th>(c) Section 901(j)</th>
<th>(d) Section 901(k) and (l)</th>
<th>(e) Section 901(m)</th>
<th>(f) U.S. Taxes</th>
<th>(g) Suspended Taxes</th>
<th>(h) Other</th>
<th>(i) Total</th>
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**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars.

<table>
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<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
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<tbody>
<tr>
<td>1a Balance at beginning of year (as reported in prior year Schedule E-1)</td>
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<td>b Beginning balance adjustments (attach statement)</td>
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<td>c Adjusted beginning balance (combine lines 1a and 1b)</td>
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<td>2 Adjustment for foreign tax redetermination</td>
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<td>3a Taxes unsuspended under anti-splitter rules</td>
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<td>b Taxes suspended under anti-splitter rules</td>
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<td>4 Taxes reported on Schedule E, Part I, Section 1, line 5, column (f)</td>
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<td>5 Taxes carried over in nonrecognition transactions</td>
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<td>6 Taxes reported on Schedule E, Part I, Section 2, line 5, column (f)</td>
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<td>7 Other adjustments (attach statement)</td>
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<td>8 Taxes paid or accrued on current income/E&amp;P or accumulated E&amp;P (combine lines 1c through 7)</td>
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<td>9 Taxes deemed paid with respect to inclusions (see instructions)</td>
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<td>10 Taxes deemed paid with respect to actual distributions</td>
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<td>11 Taxes on amounts reclassified to section 959(c)(1) E&amp;P from section 959(c)(2) E&amp;P</td>
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<td>12 Other (attach statement)</td>
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<td>13 Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))</td>
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<td>14 Reserved for future use</td>
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<td>15 Reduction for other taxes not deemed paid</td>
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<td>16 Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12</td>
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Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Reclassified section 965(a) PTEP</th>
<th>(ii) Reclassified section 965(b) PTEP</th>
<th>(iii) General section 959(c)(1) PTEP</th>
<th>(iv) Reclassified section 951A PTEP</th>
<th>(v) Reclassified section 245A(d) PTEP</th>
<th>(vi) Section 965(a) PTEP</th>
<th>(vii) Section 965(b) PTEP</th>
<th>(viii) Section 951A PTEP</th>
<th>(ix) Section 245A(d) PTEP</th>
<th>(x) Section 951(a)(1)/A PTEP</th>
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</tbody>
</table>
**SCHEDULE E**

**(Form 5471)**

**(Rev. December 2021)**

Department of the Treasury

Internal Revenue Service

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**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

**Attach to Form 5471.**

**Go to www.irs.gov/Form5471 for instructions and the latest information.**

---

**Name of person filing Form 5471**

**HEIFER PROJECT INTERNATIONAL**

**Name of foreign corporation**

**HEIFER KOREA**

---

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Payor Entity</strong></td>
<td>EIN or Reference ID Number of Payor Entity</td>
<td>Unpaid or Overpaid Taxes</td>
<td>Country or U.S. Possession to Which Tax Is Paid</td>
<td>Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</td>
<td>U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</td>
</tr>
<tr>
<td>HEIFER KOREA</td>
<td>49282002</td>
<td></td>
<td>KS</td>
<td>2022/06/30</td>
<td>2022/06/30</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
</tbody>
</table>

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**Part I**

**Taxes for Which a Foreign Tax Credit Is Allowed**

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

---

**Income Subject to Tax in the Foreign Jurisdiction (see instructions)**

**If taxes are paid on U.S. source income, check box**

**Local Currency in Which Tax Is Payable (enter code - see instructions)**

**Tax Paid or Accrued (in local currency in which the tax is payable)**

**Conversion Rate to U.S. Dollars (divide column (i) by column (k))**

**In U.S. Dollars (divide column (i) by column (k))**

**In Functional Currency of Foreign Corporation**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>328,841,000</td>
<td>KRW</td>
<td>1201,36650000</td>
<td>0</td>
</tr>
</tbody>
</table>

---

**Section 2 - Taxes Deemed Paid by Foreign Corporation**

---

**Name of Lower-Tier Distributing Foreign Corporation**

**EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation**

**Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)**

**PTEP Group (enter code)**

**Annual PTEP Account (enter year)**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

**PTEP Distributed (enter amount in functional currency)**

**Total Amount of PTEP in the PTEP Group (in functional currency)**

**Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)**

**Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column f) x column g) x column (h) (USD))**

| 1 | 2 | 3 | 4 |

---

5 Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6.

---

**For Paperwork Reduction Act Notice, see instructions.**

---

**Schedule E (Form 5471) (Rev. 12-2021)**

---

**OMB No. 1545-0123**
Part II  Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>X No</td>
</tr>
</tbody>
</table>

If "Yes," state date of election

Part III  Taxes for Which a Foreign Tax Credit Is Disallowed

(Enter in functional currency of foreign corporation.)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(a) Name of Payor Entity</td>
<td>(b) EIN or Reference ID No. of Payor Entity</td>
<td>(c) Section 901(j)</td>
<td>(d) Section 901(k) and (l)</td>
<td>(e) Section 901(m)</td>
<td>(f) U.S. Taxes</td>
</tr>
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</tbody>
</table>

3 In functional currency (combine lines 1 and 2)

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))

Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: Enter amounts in U.S. dollars.

<table>
<thead>
<tr>
<th></th>
<th>(a) Subpart F Income</th>
<th>(b) Tested Income</th>
<th>(c) Residual Income</th>
<th>(d) Suspended Taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Balance at beginning of year (as reported in prior year Schedule E-1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b Beginning balance adjustments (attach statement)</td>
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<tr>
<td>c Adjusted beginning balance (combine lines 1a and 1b)</td>
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<tr>
<td>2 Adjustment for foreign tax redetermination</td>
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<tr>
<td>3a Taxes unsuspended under anti-splitter rules</td>
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<tr>
<td>b Taxes suspended under anti-splitter rules</td>
<td></td>
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<tr>
<td>4 Taxes reported on Schedule E, Part I, Section 1, line 5, column (i)</td>
<td></td>
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<tr>
<td>5 Taxes carried over in nonrecognition transactions</td>
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<tr>
<td>6 Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)</td>
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<tr>
<td>7 Other adjustments (attach statement)</td>
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<tr>
<td>8 Taxes paid or accrued on current income/E&amp;P or accumulated E&amp;P (combine lines 1c through 7)</td>
<td></td>
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<tr>
<td>9 Taxes deemed paid with respect to inclusions (see instructions)</td>
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<tr>
<td>10 Taxes deemed paid with respect to actual distributions</td>
<td></td>
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<tr>
<td>11 Taxes on amounts reclassified to section 959(c)(1) E&amp;P from section 959(c)(2) E&amp;P</td>
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<tr>
<td>12 Other (attach statement)</td>
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<tr>
<td>13 Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))</td>
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<tr>
<td>14 Reserved for future use</td>
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<td>15 Reduction for other taxes not deemed paid</td>
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<tr>
<td>16 Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12</td>
<td></td>
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</tbody>
</table>
Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation

(e) Taxes related to previously taxed E&P (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Reclassified section 965(a) PTEP</th>
<th>(ii) Reclassified section 965(b) PTEP</th>
<th>(iii) General section 959(c)(1) PTEP</th>
<th>(iv) Reclassified section 951A PTEP</th>
<th>(v) Reclassified section 245A(d) PTEP</th>
<th>(vi) Section 965(b) PTEP</th>
<th>(vii) Section 951A PTEP</th>
<th>(viii) Section 245A(d) PTEP</th>
<th>(ix) Section 951(a)(1)/A PTEP</th>
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<tbody>
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112447 12-29-21
**SCHEDULE E**
(Form 5471)
(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

Attach to Form 5471.
Go to www.irs.gov/Form5471 for instructions and the latest information.

**Name of person filing Form 5471**

HEIFER PROJECT INTERNATIONAL

**Name of foreign corporation**
PASSENG GITS PRIVATE LIMITED

**EIN (if any)**

U8090UP2021PFC

**Reference ID number (see instructions)**

U8090UP2021PFC15038

**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

<table>
<thead>
<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID Number of Payor Entity</th>
<th>(c) Unpaid Taxes</th>
<th>(d) Country or U.S. Possession to Which Tax Is Paid</th>
<th>(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
<th>(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2  PASSING GIFTS PRIVATE LIMITED</td>
<td>15038</td>
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<td>2022/03/31</td>
<td>2022/03/31</td>
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</tbody>
</table>

**Income Subject to Tax in the Foreign Jurisdiction (see instructions)**

**If taxes are paid on U.S. source income, check box**

**Local Currency in Which Tax Is Payable (enter code - see instructions)**

**Tax Paid or Accrued (in local currency in which the tax is payable)**

**Conversion Rate to U.S. Dollars**

**In U.S. Dollars (divide column (j) by column (k))**

**In Functional Currency of Foreign Corporation**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Total (combine lines 1 through 4 of column (j)). Also report amount on Schedule E-1, line 4</th>
<th>Total (combine lines 1 through 4 of column (m))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Section 2 - Taxes Deemed Paid by Foreign Corporation**

<table>
<thead>
<tr>
<th>(a) Name of Lower-Tier Distributing Foreign Corporation</th>
<th>(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation</th>
<th>(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)</th>
<th>(d) PTEP Group (enter code)</th>
<th>(e) Annual PTEP Account (enter year)</th>
<th>(f) PTEP Distributed (enter amount in functional currency)</th>
<th>(g) Total Amount of PTEP in the PTEP Group (in functional currency)</th>
<th>(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)</th>
<th>(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f))/column (g) x column (h)) (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
</tbody>
</table>

| 5 Total (combine lines 1 through 4 of column (j)). Also report amount on Schedule E-1, line 6 | |

OMB No. 1545-0123

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2021)
### Schedule E (Form 5471) (Rev. 12-2021)

**Name of foreign corporation**

PASSING GIFTS PRIVATE LIMITED

**EIN (if any)**

Reference ID number (see instructions)

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate Category (Enter code - see instructions.)</td>
<td></td>
</tr>
<tr>
<td>If code 901(j) is entered on line a, enter the country code for the</td>
<td></td>
</tr>
<tr>
<td>sanctioned country (see instructions)</td>
<td></td>
</tr>
<tr>
<td>If one of the RBT codes is entered on line a, enter the country code for</td>
<td></td>
</tr>
<tr>
<td>the treaty country (see instructions)</td>
<td></td>
</tr>
</tbody>
</table>

**Part II**  

**Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

- [ ] Yes
- [x] No

If "Yes," state date of election

**Part III**  

**Taxes for Which a Foreign Tax Credit Is Disallowed** (Enter in functional currency of foreign corporation.)

<table>
<thead>
<tr>
<th>(a) Name of Payor Entity</th>
<th>(b) EIN or Reference ID No. of Payor Entity</th>
<th>(c) Section 901(j)</th>
<th>(d) Section 901(k) and (l)</th>
<th>(e) Section 901(m)</th>
<th>(f) U.S. Taxes</th>
<th>(g) Suspended Taxes</th>
<th>(h) Other</th>
<th>(i) Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3</td>
<td>In functional currency (combine lines 1 and 2)</td>
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<td>4</td>
<td>In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))</td>
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</tbody>
</table>

**Schedule E-1**  

**Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars.

<table>
<thead>
<tr>
<th>Description</th>
<th>Taxes related to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Subpart F Income</td>
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<td>(b) Tested Income</td>
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<td>(c) Residual Income</td>
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<tr>
<td>(d) Suspended Taxes</td>
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<tr>
<td>1a Balance at beginning of year (as reported in prior year Schedule E-1)</td>
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<tr>
<td>1b Beginning balance adjustments (attach statement)</td>
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<tr>
<td>1c Adjusted beginning balance (combine lines 1a and 1b)</td>
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<tr>
<td>2 Adjustment for foreign tax redetermination</td>
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<tr>
<td>3a Taxes unsuspended under anti-splitter rules</td>
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<tr>
<td>3b Taxes suspended under anti-splitter rules</td>
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<td>4 Taxes reported on Schedule E, Part I, Section 1, line 5, column (i)</td>
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<td>5 Taxes carried over in nonrecognition transactions</td>
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<td>6 Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)</td>
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<tr>
<td>7 Other adjustments (attach statement)</td>
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<tr>
<td>8 Taxes paid or accrued on current income/E&amp;P or accumulated E&amp;P (combine lines 1c through 7)</td>
<td></td>
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<tr>
<td>9 Taxes deemed paid with respect to inclusions (see instructions)</td>
<td></td>
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<tr>
<td>10 Taxes deemed paid with respect to actual distributions</td>
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<tr>
<td>11 Taxes on amounts reclassified to section 959(c)(1) E&amp;P from section 959(c)(2) E&amp;P</td>
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<tr>
<td>12 Other (attach statement)</td>
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<tr>
<td>13 Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))</td>
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<tr>
<td>14 Reserved for future use</td>
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<tr>
<td>15 Reduction for other taxes not deemed paid</td>
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<tr>
<td>16 Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12</td>
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Schedule E-1  Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

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<th>(v) Reclassified section 245A(d) PTEP</th>
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<th>(vii) Section 965(b) PTEP</th>
<th>(viii) Section 951A PTEP</th>
<th>(ix) Section 245A(d) PTEP</th>
<th>(x) Section 951(a)(1)/A PTEP</th>
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</tbody>
</table>
Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

**A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes)

**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income.

**C** Indicate whether this Schedule Q is being completed for:

- [ ] U.S. source income or
- [x] Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

**D** If this Schedule Q is being completed for FOGEI or FORI income, check this box

### Enter amounts in functional currency of the foreign corporation (unless otherwise noted)

<table>
<thead>
<tr>
<th></th>
<th>(i) Country Code</th>
<th>(ii) Gross Income</th>
<th>(iii) Definitely Related Expenses</th>
<th>(iv) Related Person Interest Expense</th>
<th>(v) Other Interest Expense</th>
<th>(vi) Research &amp; Experimental Expenses</th>
<th>(vii) Other Expenses (attach schedule)</th>
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<tbody>
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<td>Net Gain From Certain Property Transactions (Total)</td>
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**Important:** See Computer-Generated Schedule Q in instructions.
<table>
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<tr>
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<th>(viii) Current Year Tax on Reattributed Income From Disregarded Payments</th>
<th>(ix) Current Year Tax on All Other Disregarded Payments</th>
<th>(x) Other Current Year Taxes</th>
<th>(xi) Net Income (column (ii) less columns (iii) through (x))</th>
<th>(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)</th>
<th>(xiii) Average Asset Value</th>
<th>(xiv) High Tax Election</th>
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Important: See Computer-Generated Schedule Q in instructions.
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<th>Subpart F Income Groups</th>
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<td>Bribes, Kickbacks, and Other Payments</td>
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<td>Section 901© income</td>
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<td>Total</td>
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**Important:** See Computer-Generated Schedule Q in instructions.
|   | (viii) Current Year Tax on Reattributed Income From Disregarded Payments | (ix) Current Year Tax on All Other Disregarded Payments | (x) Other Current Year Taxes | (xi) Net Income (column (ii) less columns (iii) through (x)) | (xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars) | (xiii) Average Asset Value | (xiv) High Tax Election | Reserved | Reserved |
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| l |   |   |   |   |   |   |   |
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| 3 |   | -718. | 26,273. |   |   |   |   |
| (1) |   | -718. | 26,273. |   |   |   |   |
| (2) |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |

**Important:** See Computer-Generated Schedule Q in instructions.
**CFC Income by CFC Income Groups**

**SCHEDULE Q**  
(December 2020)  
Department of the Treasury  
Internal Revenue Service

**Omit No. 1545-0123**

**Go to www.irs.gov/Form5471 for instructions and the latest information.**

---

### Name of person filing Form 5471

HEIFER PROJECT INTERNATIONAL

### Name of foreign corporation

NUEVA KERALA, S.A.

### Identifying number

35-1019477

### EIN (if any)

Reference ID number (see instructions)

---

**Complete a separate Schedule Q with respect to each applicable category of income (see instructions).**

A. Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes).

B. If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions).

---

**Complete a separate Schedule Q for U.S. source income and foreign source income.**

---

**Complete a separate Schedule Q for FOGE or FORI income.**

---

**If this Schedule Q is being completed for FOGE or FORI income, check this box.**

---

**Enter amounts in functional currency of the foreign corporation unless otherwise noted.**

<table>
<thead>
<tr>
<th></th>
<th>Country Code</th>
<th>Gross Income</th>
<th>Definitely Related Expenses</th>
<th>Related Person Interest Expense</th>
<th>Other Interest Expense</th>
<th>Research &amp; Experimental Expenses</th>
<th>Other Expenses (attach schedule)</th>
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**Important: See Computer-Generated Schedule Q in instructions.**

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*For Paperwork Reduction Act Notice, see instructions.*

113171 04-01-21  LHA

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Schedule Q (Form 5471) (12-2020)
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**Important:** See **Computer-Generated Schedule Q** in instructions.
### CFC Income by CFC Income Groups

**SCHEDULE Q**
(Form 5471)

(December 2020)
Department of the Treasury
Internal Revenue Service

**Attach to Form 5471.**

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

---

**Name of person filing Form 5471**

| HEIFER PROJECT INTERNATIONAL | | |
|-----------------------------|-----------------------------|

**Name of foreign corporation**

| HEIFER NIGERIA LTD./D/T/E | | |
|-----------------------------|-----------------------------|

**Identifying number**

| 35-1019477 |

**Reference ID number**

| NIGERIA001 |

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- **A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes).
- **B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions).

Complete a separate Schedule Q for U.S. source income and foreign source income.

- **C** Indicate whether this Schedule Q is being completed for:
  - [ ] U.S. source income or
  - [x] Foreign source income

Complete a separate Schedule Q for FORGE or FORI income.

- **D** If this Schedule Q is being completed for FORGE or FORI income, check this box.

**Enter amounts in functional currency of the foreign corporation (unless otherwise noted).**

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**1 Subpart F Income Groups**

- **a** Dividends, Interest, Rents, Royalties, & Annuities (Total) ........................................
  - (1) Unit name ▶
  - (2) Unit name ▶

- **b** Net Gain From Certain Property
  Transactions (Total) ..................................
  - (1) Unit name ▶
  - (2) Unit name ▶

- **c** Net Gain From Commodities
  Transactions (Total) ..................................
  - (1) Unit name ▶
  - (2) Unit name ▶

- **d** Net Foreign Currency Gain (Total) .......
  - (1) Unit name ▶
  - (2) Unit name ▶

- **e** Income Equivalent to Interest (Total) .......
  - (1) Unit name ▶
  - (2) Unit name ▶

- **f** Foreign Base Company Sales
  Income (Total) ....................................
  - (1) Unit name ▶
  - (2) Unit name ▶

**Important:** See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (12-2020)

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Important: See Computer-Generated Schedule Q in instructions.
CFC Income by CFC Income Groups

Attach to Form 5471.
Go to www.irs.gov/Form5471 for instructions and the latest information.

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Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- **A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) .................................................................

- **B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) .................................................................

Complete a separate Schedule Q for U.S. source income and foreign source income.

- **C** Indicate whether this Schedule Q is being completed for:
  - U.S. source income or
  - Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- **D** If this Schedule Q is being completed for FOGEI or FORI income, check this box □

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

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<td>Research &amp; Experimental Expenses</td>
<td>Other Expenses (attach schedule)</td>
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1 Subpart F Income Groups

- **a** Dividends, Interest, Rents, Royalties, & Annuities (Total) .................................................................
  1. Unit name ▶
  2. Unit name ▶

- **b** Net Gain From Certain Property Transactions (Total) .................................................................
  1. Unit name ▶
  2. Unit name ▶

- **c** Net Gain From Commodities Transactions (Total) .................................................................
  1. Unit name ▶
  2. Unit name ▶

- **d** Net Foreign Currency Gain (Total) .................................................................
  1. Unit name ▶
  2. Unit name ▶

- **e** Income Equivalent to Interest (Total) .................................................................
  1. Unit name ▶
  2. Unit name ▶

- **f** Foreign Base Company Sales Income (Total) .................................................................
  1. Unit name ▶
  2. Unit name ▶

Important: See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

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**Important:** See [Computer-Generated Schedule Q](#) in instructions.
CFC Income by CFC Income Groups

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A. Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes)

B. If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income.

C. Indicate whether this Schedule Q is being completed for:

- [ ] U.S. source income
- [x] Foreign source income

Complete a separate Schedule Q for FOGEl or FORI income.

D. If this Schedule Q is being completed for FOGEl or FORI income, check this box

### Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

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<th>(ii) Gross Income</th>
<th>(iii) Definitely Related Expenses</th>
<th>(iv) Related Person Interest Expense</th>
<th>(v) Other Interest Expense</th>
<th>(vi) Research &amp; Experimental Expenses</th>
<th>(vii) Other Expenses (attach schedule)</th>
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Important: See Computer-Generated Schedule Q in instructions.
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Important: See Computer-Generated Schedule Q in instructions.
## CFC Income by CFC Income Groups

### SCHEDULE Q
(Form 5471)

**Name of person filing Form 5471**

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<tr>
<th>HEIFER PROJECT INTERNATIONAL</th>
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<tr>
<td><strong>Name of foreign corporation</strong></td>
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**Identifying number**

| 35-1019477 |  |

**Reference ID number (see instructions)**

**Enter amounts in functional currency of the foreign corporation (unless otherwise noted).**

<table>
<thead>
<tr>
<th>(i) Country Code</th>
<th>(ii) Gross Income</th>
<th>(iii) Definitely Related Expenses</th>
<th>(iv) Related Person Interest Expense</th>
<th>(v) Other Interest Expense</th>
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<th>(vii) Other Expenses (attach schedule)</th>
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For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (12-2020)

13171 04-01-21 LHA
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<th>(ix) Current Year Tax on All Other Disregarded Payments</th>
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Important: See Computer-Generated Schedule Q in instructions.
CFC Income by CFC Income Groups

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes)

B If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income.

C Indicate whether this Schedule Q is being completed for:  [ ] U.S. source income  [X] Foreign source income

Complete a separate Schedule Q for FORO1 or FORO income.

D If this Schedule Q is being completed for FORO or FORI income, check this box

<table>
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Important: See Computer-Generated Schedule Q in instructions.
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**Name of person filing Form 5471**

HEIFER PROJECT INTERNATIONAL

**Name of foreign corporation**

HEIFER DEUTSCHLAND, GMBH

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### Distributions From a Foreign Corporation

- **Name of person filing Form 5471**: HEIFER PROJECT INTERNATIONAL
- **EIN (if any)**: 35-1019477
- **Reference ID number (see instructions)**: NIGERIA01

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### Distributions From a Foreign Corporation

**Name of person filing Form 5471**

**HEIFER PROJECT INTERNATIONAL**

**Name of foreign corporation**

**ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRANSFORM**

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### Distributions From a Foreign Corporation

#### Name of person filing Form 5471
**HEIFER PROJECT INTERNATIONAL**

#### Name of foreign corporation
**HEIFER PROJECT NEPAL**

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### Distributions From a Foreign Corporation

**Form 5471**

Attache to Form 5471.

Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

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For Paperwork Reduction Act Notice, see instructions. LHA 113181 04-01-21
Distributions From a Foreign Corporation

Name of person filing Form 5471
HEIFER PROJECT INTERNATIONAL
Name of foreign corporation
PASSING GIFTS PRIVATE LIMITED
Identifying number
35–1019477
EIN (if any)
Reference ID number (see instructions)
U80900UP2021PTC150388

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# U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

**Part I  Net Controlled Foreign Corporation (CFC) Tested Income**

1. Sum of Pro Rata Share of Net Tested Income  
   - If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (e).  
   - If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder.  

2. Sum of Pro Rata Share of Net Tested Loss  
   - If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (f).  
   - If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.

3. Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here

**Part II  Calculation of Global Intangible Low-Taxed Income (GILTI)**

1. Net CFC Tested Income. Enter amount from Part I, line 3

2. Deemed Tangible Income Return (DTIR)  
   - If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the total from Schedule A (Form 8992), line 1, column (g), by 10% (0.10).  
   - If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder.

3a. Sum of Pro Rata Share of Tested Interest Expense  
   - If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (j).  
   - If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3a blank.

3b. Sum of Pro Rata Share of Tested Interest Income  
   - If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (i).  
   - If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3b blank.

3c. Specified Interest Expense  
   - If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line 3b from line 3a. If zero or less, enter 0.  
   - If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder

4. Net DTIR. Subtract line 3c from line 2. If zero or less, enter 0.

5. GILTI. Subtract line 4 from line 1

---

**LHA For Paperwork Reduction Act Notice, see separate instructions.**
Schedule of Controlled Foreign Corporation (CFC) Information To Compute
Global Intangible Low-Taxed Income (GILTI)

Go to www.irs.gov/Form 8992 for instructions and the latest information.

Name of person filing this schedule
HEIFER PROJECT INTERNATIONAL
Name of U.S. shareholder

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Calculations for Net Tested Income (see instructions)

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<th>(d) Tested Loss</th>
<th>(e) Pro Rata Share of Tested Income</th>
<th>(f) Pro Rata Share of Tested Loss</th>
<th>(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)</th>
<th>(h) Pro Rata Share of Tested Loss QBAI Amount</th>
<th>(i) Pro Rata Share of Tested Interest Income</th>
<th>(j) Pro Rata Share of Tested Interest Expense</th>
<th>(k) GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)</th>
<th>(l) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))</th>
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1. Totals (see instructions)

Totals on line 1 should include the totals from any continuation sheets.

Schedule A (Form 8992) (12-2021)