

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form 990 header section containing organization name (HEIFER PROJECT INTERNATIONAL), address (1 WORLD AVENUE, LITTLE ROCK, AR 72202-2863), principal officer (PIERRE FERRARI), and identification numbers.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block section with fields for officer signature (MARCIA RASMUSSEN), preparer name (KEVIN ENSMINGER), and firm information (RSM US LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 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.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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?

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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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
MARCIA RASMUSSEN - 501-907-2600
1 WORLD AVENUE, LITTLE ROCK, AR 72202-2863

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PIERRE FERRARI CHIEF EXECUTIVE OFFICER	50.00			X			501,842.	0.	28,786.	
(2) ROBERT BLOOM EVP, CFO AND TREASURER	50.00			X			260,735.	0.	21,925.	
(3) HILARY HADDIGAN CHIEF OF MISSION EFFECTIVENESS	50.00			X			226,354.	0.	21,940.	
(4) TERRY WYER SENIOR VICE PRESIDENT	50.00			X			195,167.	0.	31,418.	
(5) GRETCHEN VILLEGAS VICE PRESIDENT	50.00			X			195,289.	0.	27,597.	
(6) CHRISTY MOORE SENIOR VICE PRESIDENT	50.00			X			193,983.	0.	26,944.	
(7) MAHENDRA LOHANI SENIOR VICE PRESIDENT	50.00			X			200,562.	0.	18,962.	
(8) OSCAR CASTANEDA SENIOR VICE PRESIDENT	50.00			X			184,020.	0.	21,187.	
(9) ELIA MAKAR CHIEF PEOPLE OFFICER	50.00			X			176,722.	0.	23,241.	
(10) MATTHEW KRAUSE MANAGING DIR, INSTITUTIONAL PARTNERS	50.00				X		157,793.	0.	24,485.	
(11) MARCIA RASMUSSEN CHIEF FINANCIAL OFFICER	50.00			X			151,801.	0.	24,675.	
(12) MICHAEL HEALD VICE PRESIDENT	50.00			X			157,238.	0.	17,997.	
(13) MELANIE AUGER SENIOR DIRECTOR OF PHILANTHROPY	50.00					X	146,459.	0.	23,816.	
(14) ROSA MURILLO MONTES SENIOR DIRECTOR	50.00					X	149,710.	0.	20,387.	
(15) MICHELLE DUSEK-IZAGUIRRE VICE PRESIDENT	50.00			X			152,145.	0.	17,500.	
(16) ROBERT COXON VICE PRESIDENT	50.00			X			150,398.	0.	15,152.	
(17) BENJAMIN WOOD DIRECTOR	50.00				X		154,327.	0.	10,647.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARLEEN NEW VICE PRESIDENT	50.00			X				141,771.	0.	22,981.
(19) HERVIL CHERUBIN HAITI COUNTRY DIRECTOR	50.00					X		146,507.	0.	18,061.
(20) JAIME SCHILLING DIRECTOR OF PHILANTHROPY	50.00					X		147,868.	0.	14,577.
(21) JESUS PIZARRO RODRIGUEZ VICE PRESIDENT	50.00			X				135,070.	0.	17,905.
(22) MIMI EVANS DIRECTOR	50.00					X		146,705.	0.	6,126.
(23) CHAD AVERY LEGAL COUNSEL	50.00			X				143,087.	0.	23,532.
(24) KIMBERLY AHLGRIM VICE PRESIDENT	50.00			X				126,250.	0.	9,450.
(25) MICHELLE CANGELOSI VICE PRESIDENT	50.00			X				123,825.	0.	10,728.
(26) FRANCINE HILL VICE PRESIDENT	50.00			X				117,655.	0.	12,584.
1b Subtotal								4,583,283.	0.	512,603.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,583,283.	0.	512,603.

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(29) RANDI HEDIN CHAIR	1.00	X		X				0.	0.	0.
(30) PETE KAPPELMAN VICE CHAIR	1.00	X		X				0.	0.	0.
(31) MARTHA BRANTLEY BOARD MEMBER	1.00	X						0.	0.	0.
(32) ESTHER COHEN BOARD MEMBER	1.00	X						0.	0.	0.
(33) DOUG GALEN BOARD MEMBER	1.00	X						0.	0.	0.
(34) SUSAN GRANT BOARD MEMBER	1.00	X						0.	0.	0.
(35) TOM HADFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(36) NATHAN HOSLER BOARD MEMBER	1.00	X						0.	0.	0.
(37) NIKOLAUS HUTTER BOARD MEMBER	1.00	X						0.	0.	0.
(38) ALBERTO IREZABAL BOARD MEMBER	1.00	X						0.	0.	0.
(39) PATRICIA KISARE BOARD MEMBER	1.00	X						0.	0.	0.
(40) JOSEPHINE OGUTA BOARD MEMBER	1.00	X						0.	0.	0.
(41) MARY RENWICK BOARD MEMBER	1.00	X						0.	0.	0.
(42) VICTORIA SEKITOLEKO BOARD MEMBER	1.00	X						0.	0.	0.
(43) RAMESH SINGH BOARD MEMBER	1.00	X						0.	0.	0.
(44) ASHLEY STONE BOARD MEMBER	1.00	X						0.	0.	0.
(45) CHUCK WARTA BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	780,391.				
	b Membership dues	1b					
	c Fundraising events	1c	246,473.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,610,157.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	157,747,945.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,693,402.				
	h Total. Add lines 1a-1f			160,384,966.			
Program Service Revenue	2 a LIVESTOCK	Business Code					
		900099	744,532.	744,532.			
	b EDUCATION REVENUE	611710	190,217.	190,217.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			934,749.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		400,838.			400,838.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		23,583.			23,583.	
	6 a Gross rents	6a	(i) Real	205,808.			
			(ii) Personal				
				205,808.			
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	205,808.				
	d Net rental income or (loss)			205,808.		205,808.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,671,631.	46,847.		
			(ii) Other				
				2,713,001.	0.		
	b Less: cost or other basis and sales expenses	7b	-41,370.	46,847.			
	c Gain or (loss)	7c					
	d Net gain or (loss)			5,477.		5,477.	
8 a Gross income from fundraising events (not including \$ 246,473. of contributions reported on line 1c). See Part IV, line 18	8a		13,100.				
			46,163.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-33,063.		-33,063.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		50,066.				
			35,509.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			14,557.		14,557.		
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	321,707.			321,707.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			321,707.				
12 Total revenue. See instructions			162,258,622.	934,749.	0.	938,907.	

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,055,000.	3,055,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	67,827,698.	67,827,698.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,455,634.	2,927,548.	872,321.	655,765.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,494,671.	10,628,110.	2,203,326.	4,663,235.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,169,398.	720,617.	145,786.	302,995.
9 Other employee benefits	1,885,836.	1,159,593.	258,886.	467,357.
10 Payroll taxes	1,574,597.	972,748.	203,614.	398,235.
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.	757,919.	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 24e	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 <input checked="" type="checkbox"/> 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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	50,490,624.	1	42,164,718.
	2 Savings and temporary cash investments	24,324,917.	2	17,849,759.
	3 Pledges and grants receivable, net	6,034,276.	3	3,930,287.
	4 Accounts receivable, net	6,191,613.	4	7,689,954.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	225,250.	8	241,232.
	9 Prepaid expenses and deferred charges	1,858,049.	9	2,449,425.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 82,659,767.		
	b Less: accumulated depreciation	10b 42,590,220.		
	11 Investments - publicly traded securities	271,958.	11	222,253.
	12 Investments - other securities. See Part IV, line 11	1,910,653.	12	2,549,711.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	197,029,344.	15	183,059,147.
16 Total assets. Add lines 1 through 15 (must equal line 33)	328,892,856.	16	300,226,033.	
Liabilities	17 Accounts payable and accrued expenses	13,559,157.	17	14,023,470.
	18 Grants payable		18	
	19 Deferred revenue	18,533,605.	19	12,020,871.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	7,002,100.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,582,628.	25	2,685,067.
	26 Total liabilities. Add lines 17 through 25	41,677,490.	26	28,729,408.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	78,462,759.	27	78,912,809.
	28 Net assets with donor restrictions	208,752,607.	28	192,583,816.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	287,215,366.	32	271,496,625.
33 Total liabilities and net assets/fund balances	328,892,856.	33	300,226,033.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Table with 2 columns: Name of the organization (HEIFER PROJECT INTERNATIONAL), Employer identification number (35-1019477)

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... 2 A school... 3 A hospital... 4 A medical research organization... 5 An organization operated for the benefit of a college... 6 A federal, state, or local government... 7 [X] An organization that normally receives a substantial part of its support from a governmental unit... 8 A community trust... 9 An agricultural research organization... 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions... 11 An organization organized and operated exclusively to test for public safety... 12 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... a Type I... b Type II... c Type III functionally integrated... d Type III non-functionally integrated... e Check this box if the organization received a written determination... f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,982,215.	117,044,883.	123,181,218.	139,540,339.	160,384,966.	660,133,621.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	119,982,215.	117,044,883.	123,181,218.	139,540,339.	160,384,966.	660,133,621.
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)						2,739,643.
6 Public support. Subtract line 5 from line 4.						657,393,978.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	119,982,215.	117,044,883.	123,181,218.	139,540,339.	160,384,966.	660,133,621.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,036,977.	1,511,702.	586,713.	1,100,884.	630,229.	4,866,505.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	53,296.	197,862.	73,362.	54,602.	321,707.	700,829.
11 Total support. Add lines 7 through 10						665,700,955.
12 Gross receipts from related activities, etc. (see instructions)					12	4,770,648.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.75 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.95 %
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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>
b 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

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

b 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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? <i>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.</i>			
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? <i>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.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here 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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

2017 AMOUNT: \$ 53,296.

2018 AMOUNT: \$ 197,862.

2019 AMOUNT: \$ 73,362.

2020 AMOUNT: \$ 54,602.

2021 AMOUNT: \$ 321,707.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

HEIFER PROJECT INTERNATIONAL

Employer identification number

35-1019477

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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).

Name of organization HEIFER PROJECT INTERNATIONAL	Employer identification number 35-1019477
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEIFER PROJECT INTERNATIONAL	Employer identification number 35-1019477
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization HEIFER PROJECT INTERNATIONAL	Employer identification number 35-1019477
--	--

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.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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 with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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.

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF HEIFER INTERNATIONAL FOUNDATION	183,059,147.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	183,059,147.

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
(1) Federal income taxes	
(2) LINE OF CREDIT	2,685,067.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,685,067.

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.

1	Total revenue, gains, and other support per audited financial statements		1	159,259,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	594,344.	
b	Donated services and use of facilities	2b	6,642,079.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-10,281,969.	
e	Add lines 2a through 2d		2e	-3,045,546.
3	Subtract line 2e from line 1		3	162,304,785.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-46,163.	
c	Add lines 4a and 4b		4c	-46,163.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	162,258,622.

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.

1	Total expenses and losses per audited financial statements		1	174,284,937.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,642,079.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	46,163.	
e	Add lines 2a through 2d		2e	6,688,242.
3	Subtract line 2e from line 1		3	167,596,695.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	167,596,695.

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

Part XIII Supplemental Information *(continued)*

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)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization HEIFER PROJECT INTERNATIONAL	Employer identification number 35-1019477
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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? **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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	23	173	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	26,336,326.
CENTRAL AMERICA AND THE CARIBBEAN	5	163	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	14,077,468.
NORTH AMERICA	1	63	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	2,741,021.
SOUTH AMERICA	1	45	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	1,404,323.
SOUTH AMERICA	0	0	GRANTMAKING		2,837,400.
SOUTH ASIA	3	31	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	3,163,777.
SOUTH ASIA	0	0	GRANTMAKING		56,266.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	809.
3 a Subtotal	33	475			50,617,390.
b Total from continuation sheets to Part I	10	115			17,210,308.
c Totals (add lines 3a and 3b)	43	590			67,827,698.

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

Schedule F (Form 990) 2021

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		543,427.
EAST ASIA AND THE PACIFIC	10	115	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	10,753,685.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		5,913,196.
Totals	10	115			17,210,308.

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	INSTITUTIONAL STRENGTHENING GRANT	543,427.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	56,266.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	5,913,196.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	2,837,400.	WIRE TRANSFER	0.		

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 4

3 Enter total number of other organizations or entities 0

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization HEIFER PROJECT INTERNATIONAL	Employer identification number 35-1019477
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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.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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? 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAUTMAN MASKA NEILL & COMPANY - 1730 RHODE ISLAND AVENUE NW	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT		X	40,567,381.	812,400.	39,754,981.
EIDOLON - 15 MAIDEN LANE, STE 1401, NEW YORK, NY 10038	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT		X	20,784,284.	216,000.	20,568,284.
GIVEBRIDGE - 525 W MONROE STREET STE 900, CHICAGO, IL	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT		X	8,130,521.	10,672,058.	-2,541,537.
MDS COMMUNICATIONS - 545 W JUANITA AVENUE, MESA, AZ	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT		X	1,988,211.	1,604,985.	383,226.
ASCENTA - 138 SOUTH 1ST STREET SUITE 110,	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT		X	1,099,689.	1,712,502.	-612,813.
PUBLIC OUTREACH FUNDRAISING, LLC - 1511 3RD AVENUE, STE	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT		X	152,420.	728,981.	-576,561.
INFOCISION - 325 SPRINGSIDE DRIVE, AKRON, OH 44333	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT		X	27,330.	26,620.	710.
Total				72,749,836.	15,773,546.	56,976,290.

- 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

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BEYOND HUNGER: A FEAST IN THE FIELD (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	259,573.		259,573.
	2	Less: Contributions	246,473.		246,473.
	3	Gross income (line 1 minus line 2)	13,100.		13,100.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,074.		1,074.
	7	Food and beverages	8,913.		8,913.
	8	Entertainment			
	9	Other direct expenses	36,176.		36,176.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			46,163.
11	Net income summary. Subtract line 10 from line 3, column (d)			-33,063.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization 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: EIDOLON

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

Part IV Supplemental Information (continued)

(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:

138 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARKANSAS SUSTAINABLE LIVESTOCK COOPERATIVE (C-CORP) - 4154 HWY 254 EAST - LESLIE, AR 72645	46-5531892	501(C)(12)	3,055,000.	0.			TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.** Enter total number of other organizations listed in the line 1 table

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.

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

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

Part IV Supplemental Information

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PIERRE FERRARI CHIEF EXECUTIVE OFFICER	(i) 497,654. (ii) 0.	0. 0.	4,188. 0.	14,197. 0.	14,589. 0.	530,628. 0.	0. 0.
(2) ROBERT BLOOM EVP, CFO AND TREASURER	(i) 201,622. (ii) 0.	57,053. 0.	2,060. 0.	13,593. 0.	8,332. 0.	282,660. 0.	0. 0.
(3) HILARY HADDIGAN CHIEF OF MISSION EFFECTIVENESS	(i) 225,419. (ii) 0.	0. 0.	935. 0.	11,605. 0.	10,335. 0.	248,294. 0.	0. 0.
(4) TERRY WYER SENIOR VICE PRESIDENT	(i) 194,319. (ii) 0.	0. 0.	848. 0.	13,054. 0.	18,364. 0.	226,585. 0.	0. 0.
(5) GRETCHEN VILLEGAS VICE PRESIDENT	(i) 194,003. (ii) 0.	1,000. 0.	286. 0.	12,903. 0.	14,694. 0.	222,886. 0.	0. 0.
(6) CHRISTY MOORE SENIOR VICE PRESIDENT	(i) 192,575. (ii) 0.	1,000. 0.	408. 0.	12,852. 0.	14,092. 0.	220,927. 0.	0. 0.
(7) MAHENDRA LOHANI SENIOR VICE PRESIDENT	(i) 198,095. (ii) 0.	0. 0.	2,467. 0.	8,695. 0.	10,267. 0.	219,524. 0.	0. 0.
(8) OSCAR CASTANEDA SENIOR VICE PRESIDENT	(i) 182,773. (ii) 0.	0. 0.	1,247. 0.	10,340. 0.	10,847. 0.	205,207. 0.	0. 0.
(9) ELIA MAKAR CHIEF PEOPLE OFFICER	(i) 176,234. (ii) 0.	0. 0.	488. 0.	12,673. 0.	10,568. 0.	199,963. 0.	0. 0.
(10) MATTHEW KRAUSE MANAGING DIR, INSTITUTIONAL PARTNERS	(i) 157,428. (ii) 0.	0. 0.	365. 0.	10,597. 0.	13,888. 0.	182,278. 0.	0. 0.
(11) MARCIA RASMUSSEN CHIEF FINANCIAL OFFICER	(i) 151,455. (ii) 0.	0. 0.	346. 0.	10,116. 0.	14,559. 0.	176,476. 0.	0. 0.
(12) MICHAEL HEALD VICE PRESIDENT	(i) 156,226. (ii) 0.	0. 0.	1,012. 0.	7,865. 0.	10,132. 0.	175,235. 0.	0. 0.
(13) MELANIE AUGER SENIOR DIRECTOR OF PHILANTHROPY	(i) 146,328. (ii) 0.	0. 0.	131. 0.	9,856. 0.	13,960. 0.	170,275. 0.	0. 0.
(14) ROSA MURILLO MONTES SENIOR DIRECTOR	(i) 149,414. (ii) 0.	0. 0.	296. 0.	9,686. 0.	10,701. 0.	170,097. 0.	0. 0.
(15) MICHELLE DUSEK-IZAGUIRRE VICE PRESIDENT	(i) 151,817. (ii) 0.	0. 0.	328. 0.	7,823. 0.	9,677. 0.	169,645. 0.	0. 0.
(16) ROBERT COXON VICE PRESIDENT	(i) 150,264. (ii) 0.	0. 0.	134. 0.	9,937. 0.	5,215. 0.	165,550. 0.	0. 0.

Schedule J (Form 990) 2021

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) BENJAMIN WOOD DIRECTOR	(i)	153,181.	1,000.	146.	9,978.	164,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(18) MARLEEN NEW VICE PRESIDENT	(i)	140,814.	0.	957.	9,517.	164,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(19) HERVIL CHERUBIN HAITI COUNTRY DIRECTOR	(i)	145,493.	0.	1,014.	9,649.	164,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(20) JAIME SCHILLING DIRECTOR OF PHILANTHROPY	(i)	147,728.	0.	140.	9,688.	162,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(21) JESUS PIZARRO RODRIGUEZ VICE PRESIDENT	(i)	134,750.	0.	320.	7,478.	152,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(22) MIMI EVANS DIRECTOR	(i)	144,215.	0.	2,490.	5,166.	152,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ 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 Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

	Yes	No
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
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	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HEIFER PROJECT INTERNATIONAL

Employer identification number

35-1019477

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

Name of the organization HEIFER PROJECT INTERNATIONAL	Employer identification number 35-1019477
--	--

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 BONUS 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

Name of the organization HEIFER PROJECT INTERNATIONAL	Employer identification number 35-1019477
--	--

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,OH,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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HELPER PROJECT INTERNATIONAL

Employer identification number
35-1019477

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HELPER PROJECT NEPAL HATTIBAN LALITPUR - 15 GPO BOX 6034 KATHMANDU, NEPAL	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	NEPAL			HEIFER PROJECT INTERNATIONAL		X
ADHARSHILA FOR SUSTAINABLE SOCIO-ECONOMIC TRANSFORMATION AND WELFARE, P-5, 208 OCEAN PLAZA, SECTOR - 17, NOIDA, U.P., INDIA	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	INDIA			HEIFER PROJECT INTERNATIONAL		X
KUNDAMLAY ORGANIZATION 6 8A ST 502 PHNOM PENH SAGKAT PHSAR DOEN PHNOM PENH, CAMBODIA	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	CAMBODIA			HEIFER PROJECT INTERNATIONAL		X
FUNDACION HEIFER ECUADOR CALLE JOSE LUIS TAMAYO N24 587 Y CALLE SALAZ QUITO, ECUADOR	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	ECUADOR			HEIFER PROJECT INTERNATIONAL		X

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HELPER DEUTSCHLAND, GMBH TOWER 185, FRIEDRICH-EBERT-ANLAGE 35-37, 603 FRANKFURT AM MAIN, GERMANY	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	GERMANY			HELPER PROJECT INTERNATIONAL	X	
NUEVA KERALA, SA 22 AVENIDA A, 0-27 ZONA 15 VISTA HERMOSA II 01015, GUATEMALA	SPICE PROCESSING PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	GUATEMALA			HELPER PROJECT INTERNATIONAL	X	
BEYOND LIVING INCOME PO BOX 76478-00508 NAIROBI, KENYA	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	KENYA			HELPER PROJECT INTERNATIONAL	X	
HELPER NIGERIA LTD/GTE 4TH FL, BLDG 2, RIVERS HOUSE, PLOT 83, RALPH CENTRAL BUSINESS DISTRICT, NIGERIA ABUKA 83 HELPER KOREA	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES. PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	NIGERIA			HELPER PROJECT INTERNATIONAL	X	
10TH FL KYOBO SECURITIES BLDG, 97 UISADANG-D YEONGDEUNGPO-GU, SEOUL, SOUTH KOREA	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	SOUTH KOREA			HELPER PROJECT INTERNATIONAL	X	

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 with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Direct controlling entity; (e) Predominant income (related, unrelated, excluded from tax under sections 512-514); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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 with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Direct controlling entity; (e) Type of entity (C corp, S corp, or trust); (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (as)	(c) Amount involved	(d) Method of determining amount involved
(1) HELPER PROJECT NEPAL	B	5,913,196.	CASH VALUE
(2) KUNDAMLAY ORGANIZATION	B	56,266.	CASH VALUE
(3) FUNDACION HELPER ECUADOR	B	2,837,400.	CASH VALUE
(4) NUEVA KERALA	D	650,000.	CASH VALUE
(5)			
(6)			

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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**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.

OMB No. 1545-0123

Name of person filing Form 5471
HEIFER PROJECT INTERNATIONAL

Name of foreign corporation
HEIFER DEUTSCHLAND, GMBH

Identifying number
35-1019477

EIN (if any)
00-0000000

Reference ID number (see instructions)
REGISTERSHEETHR117414R

GEN

- a Separate Category (Enter code - see instructions.)
- b If code 901] is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f)	
1		REGISTERSHEETHR					
2	HEIFER DEUTSCHLAND GMBH	B1174	GM	2022/06/30	2022/06/30		
3							
4							
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1		<input type="checkbox"/>			.887968000		0.
2		<input type="checkbox"/>	EUR				
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/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				

Name of foreign corporation
HEIFER DEUTSCHLAND, GMBH EIN (if any) **00-0000000** Reference ID number (see instructions)
REGISTERSHEETHRB117414R

- a** Separate Category (Enter code - see instructions.) **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) **GEN**
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) **GEN**

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 (l)	(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.

	Taxes related to:			
	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	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			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
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			

Name of foreign corporation
HEIFER DEUTSCHLAND, GMBH

EIN (if any)
 00-0000000

Reference ID number (see instructions)
 REGISTERSHEETRRB117414R

- a Separate Category (Enter code - see instructions.)
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

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)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

**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.

OMB No. 1545-0123

Name of person filing Form 5471
HEIFER PROJECT INTERNATIONAL

Name of foreign corporation
NUEVA KERALA, S.A.

Identifying number
35-1019477

EIN (if any)
154750

Reference ID number (see instructions)
154750

a Separate Category (Enter code - see instructions.)

b If code 901] is entered on line a, enter the country code for the sanctioned country (see instructions)

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f)	
1	NUEVA KERALA, S.A.	154750	GT	2021/12/31	2021/12/31		
2							
3							
4							
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued in local currency in which the tax is payable	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	77,698.		GTQ		7.569193000		0.
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/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				

Name of foreign corporation
NUEVA KERALA, S.A. EIN (if any) **154750** Reference ID number (see instructions)

- a** Separate Category (Enter code - see instructions.) **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) **GEN**
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) **GEN**

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 (l)	(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.

	Taxes related to:			(d) Suspended Taxes
	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	
1a	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			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
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			

Name of foreign corporation
NUVEVA KERALA, S.A.

EIN (if any)

Reference ID number (see instructions)
 154750

- a Separate Category (Enter code - see instructions.)
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

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)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
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9										
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12										
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14										
15										
16										

**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.

OMB No. 1545-0123

Name of person filing Form 5471 HEIFER PROJECT INTERNATIONAL		Identifying number 35-1019477
Name of foreign corporation HEIFER NIGERIA LTD/DTE		Reference ID number (see instructions) NIGERIA01
		EIN (if any) ▶ GEN

- a Separate Category (Enter code - see instructions.)
- b If code 901] is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f)	
1	HEIFER NIGERIA LTD/DTE	NIGERIA01	NI	2022/06/30	2022/06/30		
2							
3							
4							
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued in local currency in which the tax is payable	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	409,278,560.	<input type="checkbox"/>	NGN		412.699782000		0.
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/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				

Name of foreign corporation
HEIFER NIGERIA LTD/DTE
 EIN (if any) _____ Reference ID number (see instructions)
NIGERIA01

- a** Separate Category (Enter code - see instructions.) **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) **▲**
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (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 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 (l)	(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.

		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	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				
3a	Taxes suspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)				
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				

Name of foreign corporation
HEIFER NIGERIA LTD/DTE

EIN (if any)

Reference ID number (see instructions)
NIGERIA01

- a** Separate Category (Enter code - see instructions.)
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

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)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
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3a										
b										
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16										

**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.

OMB No. 1545-0123

Name of person filing Form 5471
HEIFER PROJECT INTERNATIONAL

Name of foreign corporation
ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRANSFORM

Identifying number
35-1019477

EIN (if any)
INDIA01

Reference ID number (see instructions)
INDIA01

- a Separate Category (Enter code - see instructions.)
- b If code 901] is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f)
1	ADHARSHILA FOR SUSTAINABLE SOCI-ECO	INDIA01	IN	2022/03/31	2022/03/31	
2						
3						
4						
5	Total (combine lines 1 through 4 of column (f)). Also report amount on Schedule E-1, line 4					
6	Total (combine lines 1 through 4 of column (m))					

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
5	Total (combine lines 1 through 4 of column (f)). Also report amount on Schedule E-1, line 6				
6	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6				

Name of foreign corporation: **ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRANSFORM** EIN (if any): **INDIA01** Reference ID number (see instructions): **INDIA01**

- a Separate Category (Enter code - see instructions.) **GEN**
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) **GEN**
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) **GEN**

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 (l)	(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.

	Taxes related to:			(d) Suspended Taxes
	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	
1a	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			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
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			

Name of foreign corporation: **ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRANSFORM** EIN (if any): **INDIA01** Reference ID number (see instructions): **GEN**

- a Separate Category (Enter code - see instructions.)
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

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)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
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14										
15										
16										

**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.

OMB No. 1545-0123

Name of person filing Form 5471
HEIFER PROJECT INTERNATIONAL

Name of foreign corporation
HEIFER PROJECT NEPAL

Identifying number
35-1019477

EIN (if any)
302273432

Reference ID number (see instructions)
GEN

- a Separate Category (Enter code - see instructions.)
- b If code 901] is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f)	
1	HEIFER PROJECT NEPAL	302273432	NP	2021/07/15	2021/07/15		
2							
3							
4							
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	5,679,047.	<input type="checkbox"/>	NPR		119.306053000		0.
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/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				

Name of foreign corporation HEIFER PROJECT NEPAL	EIN (if any) 302273432	Reference ID number (see instructions) 302273432
--	---------------------------	---

- a** Separate Category (Enter code - see instructions.)
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (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 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(i)	(d) Section 901(k) and (l)	(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.

	Taxes related to:			(d) Suspended Taxes
	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	
1a	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			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
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			

Name of foreign corporation
HEIFER PROJECT NEPAL

EIN (if any)
302273432

Reference ID number (see instructions)
302273432

- a Separate Category (Enter code - see instructions.)
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

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)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
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15										
16										

**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.

OMB No. 1545-0123

Name of person filing Form 5471
HEIFER PROJECT INTERNATIONAL

Name of foreign corporation
HEIFER KOREA

Identifying number
35-1019477

EIN (if any)
49282002

Reference ID number (see instructions)
49282002

- a Separate Category (Enter code - see instructions.)
- b If code 901] is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f)	
1	HEIFER KOREA	49282002	KS	2022/06/30	2022/06/30		
2							
3							
4							
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued in local currency in which the tax is payable	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	328,841,000.		KRW		1201.366500000	0.	
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/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				

Name of foreign corporation
HEIFER KOREA

EIN (if any) **49282002** Reference ID number (see instructions)

- a** Separate Category (Enter code - see instructions.) **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) **GEN**
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) **GEN**

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 (l)	(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.

	Taxes related to:			(d) Suspended Taxes
	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	
1a	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			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
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			

Name of foreign corporation
HEIFER KOREA

EIN (if any)
 49282002

Reference ID number (see instructions)
 49282002

- a Separate Category (Enter code - see instructions.)
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

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)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

**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.

OMB No. 1545-0123

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)
U80900UP2021FTC150388

Separate Category (Enter code - see instructions.)

If code 901] is entered on line a, enter the country code for the sanctioned country (see instructions)

If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	
1		U80900UP2021FTC					
2	PASSING GIFTS PRIVATE LIMITED	15038	IN		2022/03/31	2022/03/31	
3							
4							
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1		<input type="checkbox"/>			74.653496000		0.
2		<input type="checkbox"/>	INR				
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/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				

Name of foreign corporation
PASSING GIFTS PRIVATE LIMITED
 EIN (if any) _____ Reference ID number (see instructions)
 US09000P2021FTC150388

- a Separate Category (Enter code - see instructions.) _____
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) _____
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (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 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 (l)	(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.

	Taxes related to:			(d) Suspended Taxes
	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	
1a	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			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
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			

Name of foreign corporation
PASSING GIFTS PRIVATE LIMITED

EIN (if any)

Reference ID number (see instructions)
 U809000P2021FTC150388

- a Separate Category (Enter code - see instructions.)
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

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)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ 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		Identifying number 35-1019477
Name of foreign corporation HEIFER DEUTSCHLAND, GMBH		Reference ID number (see instructions) REGISTERSHEETHRB117414R
EIN (if any) 00-0000000		

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

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 Foreign source income

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
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.

	(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
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
i Insurance Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) Income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)			718.				
(1) Unit name ▲ HEIFER DEUTSC	GM	0.	718.				
(2) Unit name ▲							
4 Residual Income Group (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
5 Total			718.				

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
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3						26,273.			
(1)				-718.		26,273.			
(2)				-718.		26,273.			
4									
(1)									
(2)									
5						26,273.			
				-718.					

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ 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

Identifying number

35-1019477

Name of foreign corporation

NUEVA KERALA, S.A.

EIN (if any)

154750

Reference ID number (see instructions)

154750

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) ▶ GEN

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

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 Foreign source income

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

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
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.

	(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
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
i Insurance Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) Income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		2,454,917.	2,377,219.				
(1) Unit name ▲ NUEVA KERALA,	GT	2,454,917.	2,377,219.				
(2) Unit name ▲							
4 Residual Income Group (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
5 Total		2,454,917.	2,377,219.				

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
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3									
(1)				77,698.		1,512,337.			
(2)				77,698.		1,512,337.			
4									
(1)									
(2)									
5				77,698.		1,512,337.			

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ 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		Identifying number 35-1019477
Name of foreign corporation HEIFER NIGERIA LTD/DTE		Reference ID number (see instructions) NIGERIA01
EIN (if any)		

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) ▶ GEN

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

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
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.

	(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
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
i Insurance Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) Income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		2,743,930,726.	2,333,633,185.				
(1) Unit name ▲ HEIFER NIGERI	NI	2,743,930,726.	2,333,633,185.				
(2) Unit name ▲							
4 Residual Income Group (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
5 Total		2,743,930,726.	2,333,633,185.				

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
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3				410,297,541.		872,431.			
(1)				410,297,541.		872,431.			
(2)									
4									
(1)									
(2)									
5				410,297,541.		872,431.			

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ 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		Identifying number 35-1019477
Name of foreign corporation ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRANSFORM		Reference ID number (see instructions) INDIA01
EIN (if any)		

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) ▶ GEN

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

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
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.

	(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
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
i Insurance Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) Income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		18,286,000.	14,964,800.				
(1) Unit name ▲ ADHARSHILA FO	IN	18,286,000.	14,964,800.				
(2) Unit name ▲							
4 Residual Income Group (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
5 Total		18,286,000.	14,964,800.				

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
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3				3,321,200.		231,696.			
(1)				3,321,200.		231,696.			
(2)									
4									
(1)									
(2)									
5				3,321,200.		231,696.			

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ 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		Identifying number 35-1019477
Name of foreign corporation HEIFER PROJECT NEPAL		Reference ID number (see instructions) 302273432
EIN (if any)		

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) ▶ GEN

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

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
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.

	(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
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
i Insurance Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) Income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		295,999,339.	290,320,292.				
(1) Unit name ▲ HEIFER PROJEC	NP	295,999,339.	290,320,292.				
(2) Unit name ▲							
4 Residual Income Group (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
5 Total		295,999,339.	290,320,292.				

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
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3									
(1)				5,679,047.		522,623.			
(2)				5,679,047.		522,623.			
4									
(1)									
(2)									
5				5,679,047.		522,623.			

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ 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		Identifying number 35-1019477
Name of foreign corporation HEIFER KOREA		Reference ID number (see instructions) 49282002
EIN (if any)		

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) ▶ GEN

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

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
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.

	(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
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
i Insurance Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) Income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		628,482,000.	299,641,000.				
(1) Unit name ▲ HEIFER KOREA	KS	628,482,000.	299,641,000.				
(2) Unit name ▲							
4 Residual Income Group (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
5 Total		628,482,000.	299,641,000.				

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
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3				328,841,000.		671,226.			
(1)				328,841,000.		671,226.			
(2)									
4									
(1)									
(2)									
5				328,841,000.		671,226.			

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ 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		Identifying number 35-1019477
Name of foreign corporation PASSING GIFTS PRIVATE LIMITED		Reference ID number (see instructions) U80900DP2021FTC150388
EIN (if any)		

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

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 Foreign source income

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
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.

	(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
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
i Insurance Income (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
j International Boycott Income							
k Bribes, Kickbacks, and Other Payments							
l Section 901(j) Income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)			130,000.				
(1) Unit name ▲ PASSING GIFTS	IN	0.	130,000.				
(2) Unit name ▲							
4 Residual Income Group (Total)							
(1) Unit name ▲							
(2) Unit name ▲							
5 Total			130,000.				

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
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3									
(1)				-130,000.		98.			
(2)				-130,000.		98.			
4									
(1)									
(2)									
5				-130,000.		98.			

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471: **HEIFER PROJECT INTERNATIONAL** Identifying number: **35-1019477**

Name of foreign corporation: **HEIFER DEUTSCHLAND, GGMBH** EIN (if any): **00-0000000** Reference ID number (see instructions): **REGISTERSHEETHRB117414R**

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE	06/30/2022		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471: **HEIFER PROJECT INTERNATIONAL** Identifying number: **35-1019477**

Name of foreign corporation: **NUEVA KERALA, S.A.** EIN (if any): Reference ID number (see instructions): **154750**

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE	12/31/2021		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471: **HEIFER PROJECT INTERNATIONAL** Identifying number: **35-1019477**

Name of foreign corporation: **HEIFER NIGERIA LTD/DTE** EIN (if any): Reference ID number (see instructions): **NIGERIA01**

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE	06/30/2022		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471: **HEIFER PROJECT INTERNATIONAL** Identifying number: **35-1019477**

Name of foreign corporation: **ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRANSFORM** EIN (if any): Reference ID number (see instructions): **INDIA01**

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE	03/31/2022		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471
HEIFER PROJECT INTERNATIONAL

Identifying number
35-1019477

Name of foreign corporation
HEIFER PROJECT NEPAL

EIN (if any)
Reference ID number (see instructions)
302273432

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE	07/15/2022		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471: **HEIFER PROJECT INTERNATIONAL** Identifying number: **35-1019477**

Name of foreign corporation: **HEIFER KOREA** EIN (if any): Reference ID number (see instructions): **49282002**

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE	06/30/2022		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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17				
18				
19				
20				
21				
22				
23				
24				

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ **Attach to Form 5471.**

OMB No. 1545-0123

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

Name of person filing Form 5471: **HEIFER PROJECT INTERNATIONAL** Identifying number: **35-1019477**

Name of foreign corporation: **PASSING GIFTS PRIVATE LIMITED** EIN (if any): Reference ID number (see instructions): **J80900UP2021FTC150388**

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE	03/31/2022		
2				
3				
4				
5				
6				
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**U.S. Shareholder Calculation of Global Intangible
 Low-Taxed Income (GILTI)**

OMB No. 1545-0123

Attachment
 Sequence No. **992**

▶ Go to www.irs.gov/Form8992 for instructions and the latest information.

Name of person filing this return HEIFER PROJECT INTERNATIONAL	A Identifying number 35-1019477
Name of U.S. shareholder	B Identifying number

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

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

1 Net CFC Tested Income. Enter amount from Part I, line 3		1	
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.	2	
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.	... 3a		
b 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.	... 3b		
c 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	3c	
4 Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0-		4	
5 GILTI. Subtract line 4 from line 1		5	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8992** (Rev. 12-2021)

**SCHEDULE A
(Form 8992)**

(December 2021)
Department of the Treasury
Internal Revenue Service

**Schedule of Controlled Foreign Corporation (CFC) Information To Compute
Global Intangible Low-Taxed Income (GILTI)**

OMB No. 1545-0123

Attachment
Sequence No. **992A**

▶ Go to [www.irs.gov/Form 8992](http://www.irs.gov/Form8992) for instructions and the latest information.

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

A Identifying number
35-1019477

B Identifying number

(a) Name of CFC	(b) EIN or Reference ID
BEYOND LIVING INCOME	KENYA01
HEIFER NIGERIA LTD/GTE	NIGERIA01
ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRANSFORM	INDIA01
HEIFER PROJECT NEPAL	302273432
HEIFER KOREA	49282002
HEIFER DEUTSCHLAND, GGBMH	REGISTERSHEETHRBII17414R
PASSING GIFTS PRIVATE LIMITED	U80900UP2021FTC150388
NUEVA KERALA, S.A.	154750

Calculations for Net Tested Income
(see instructions)

(c) Tested Income	(d) Tested Loss	(e) Pro Rata Share of Tested Income	(f) Pro Rata Share of Tested Loss	(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)	(h) Pro Rata Share of Tested Loss of QBAI Amount	(i) Pro Rata Share of Tested Interest Income	(j) Pro Rata Share of Tested Interest Expense	(k) GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	(l) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))
0.	0.	0.	0.						
994,179.	0.	0.	0.						
44,652.	0.	0.	0.						
47,601.	0.	0.	0.						
273,722.	0.	0.	0.						
0.	809.	0.	0.						
0.	1,741.	0.	0.						
10,265.	0.	0.	0.						
1. Totals (see instructions)	1,370,419.	0.	0.						
	2,550.								

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

LHA For Paperwork Reduction Act Notice, see Instructions for Form 8992.

Schedule A (Form 8992) (12-2021)