

Form	990
Form	990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

Т

Inter	nal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection				
Α	For th	e 2022 calend	dar year, or tax year beginning $ { m JUL}1$, $2022 $ and ending	<u>JUN 30, 2023</u>	3				
В	Check if	C Name o	of organization	D Employer identi	fication number				
ā	applicat								
	Addr	ge REII	FER PROJECT INTERNATIONAL						
	Nam Chan	ge Doing b	business as	35-10194	477				
	Initia	Numbe	r and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numb	er				
	Final		ORLD AVENUE	501-907					
	termi ated	City or	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	151,302,176.				
Х	Amer		TLE ROCK, AR 72202-2863	H(a) Is this a group	return				
	Appli tion		and address of principal officer: SURITA SANDOSHAM	for subordinate	es? Yes X No				
	pend	SAME	AS C ABOVE	H(b) Are all subordinates	included? Yes No				
<u> </u>	Tax-e>			527 If "No," attach	a list. See instructions				
	Webs		HEIFER.ORG	H(c) Group exempt					
				'ear of formation: 1953	M State of legal domicile: AR				
Pa	art I	Summary							
Ð	1		be the organization's mission or most significant activities: SINCE 19						
anc		INTERNA	ATIONAL HAS HELPED MORE THAN 46 MILLION						
Governance	2	Check this bo							
Ň	3		oting members of the governing body (Part VI, line 1a)						
ن م	4		dependent voting members of the governing body (Part VI, line 1b)						
ies	5	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6							
Activities &	6		285						
Act	7 a		ed business revenue from Part VIII, column (C), line 12		<u> </u>				
	b	Net unrelated	I business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year				
		o		160,384,966					
ne	8		s and grants (Part VIII, line 1h)	934,749					
Revenue	9	•	vice revenue (Part VIII, line 2g)	406,315					
Be	10		a (Part VIII, column (A), lines 3, 4, and 7d)	532,592					
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	162,258,622					
	13		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) imilar amounts paid (Part IX, column (A), lines 1-3)	70,882,698					
	14			0,002,090					
	45	•	to or for members (Part IX, column (A), line 4)	26,580,136					
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)	15,773,546					
pen	h		sing expenses (Part IX, column (D), line 25) 38,765,495.						
Ă	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,360,315	. 55,426,242.				
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		. 163,487,437.				
			expenses. Subtract line 18 from line 12	-5,338,073					
or				Beginning of Current Year					
Net Assets or	20	Total assets ((Part X, line 16)	300,226,033	. 287,748,580.				
ASS	21		s (Part X, line 26)	28,729,408	. 24,241,341.				
Net	22		fund balances. Subtract line 21 from line 20	271,496,625	. 263,507,239.				
	art II								
Und	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of r	ny knowledge and belief, it is				
true	, corre	ct, and complete	e. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.					

Sign Here	Signature of officer MARCIA RASMUSSEN, CFO		Date								
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	KEVIN ENSMINGER	KEVIN ENSMINGER	02/22/24	self-employed P01310558							
Preparer	Firm's name RSM US LLP		Firm'	sEIN 42-0714325							
Use Only	Firm's address 4622 PENNSYLVANIA	AVE, STE 1100									
KANSAS CITY, MO 64112 Phone no.816-753-3											
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No							
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2022) HEIFER PROJECT INTERNATIONAL 35-1019477 Page 2 rt III Statement of Program Service Accomplishments 35-1019477 Page 2
Га	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO END HUNGER AND POVERTY AND CARE FOR
	THE EARTH. WORKING WORLDWIDE WITH MARGINALIZED SMALL-SCALE FARMERS,
	HEIFER PROVIDES LIVESTOCK, SEEDS AND TRAINING IN SUSTAINABLE CROP
	PRODUCTION AND ANIMAL MANAGEMENT PRACTICES (SEE SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	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 \$ 73,518,901. including grants of \$ 64,845,209.) (Revenue \$)
Ha	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 \$ 41,130,960. including grants of \$) (Revenue \$ 843,152.)
1.0	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	() () (
	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. (SEE SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	
	Form 990 (2022)
23200	SEE SCHEDULE O FOR CONTINUATION(S)

<u>Form 990 (</u>				INTERNATIONAL
Part IV	Check	list of Required Sc	hedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Δ	
12a		10-		x
h	Schedule D, Parts XI and XII	12a		
D		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	- 23	x
13 14a		14a	Х	
b	Did the organization maintain an office, employees, or agents outside of the United States?	140	- 11	
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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? If "Yes," complete Schedule F, Parts II and IV	15	х	
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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I, Parts I and II	21	Х	

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HEIFER PROJECT INTERNATIONAL Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		x			
b		24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
	Schedule L, Part I	25b		x			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
20	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
u	"Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			<u> </u>			
•	"Yes," complete Schedule L, Part IV	28c		x			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
00	contributions? If "Yes," complete Schedule M	30		x			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
02		32		x			
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
01		34	х				
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000					
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
00	If "Yes," complete Schedule R, Part V, line 2						
37							
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x			
38							
00	Note: All Form 990 filers are required to complete Schedule O	38	х				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00		·			
	Check if Schedule O contains a response or note to any line in this Part V			X			
			Yes	No			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 82		103				
b		-					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
		1					

(gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 319			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign countrySEE_SCHEDULE_O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	
a b		7b	X	
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
U	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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				
Sec	tion A. Governing Body and Management										
				_		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			- 1							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			- [2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision	Γ							
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	L	4		X				
5	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?				6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			.	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, or								
	persons other than the governing body?			.	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:								
а	The governing body?			.	8a	Х					
b	Each committee with authority to act on behalf of the governing body?				8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)								
				Г		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,								
				··· F	10b						
11a		befor	e filing the form?	- H	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- 1		37					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			··· -	12b	X					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				v					
	on Schedule O how this was done			Г	12c	X X					
13	Did the organization have a written whistleblower policy?			Г	13	л Х					
14	Did the organization have a written document retention and destruction policy?			··	14	<u> </u>					
15	Did the process for determining compensation of the following persons include a review and approval		dependent	- 1							
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- 1	45 -	Х					
a b	The organization's CEO, Executive Director, or top management official			··	15a 15b		X				
b	Other officers or key employees of the organization			··	130		- 21				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont w	ith a	- 1							
104				- 1	16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			·	104						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-	- 1							
	exempt status with respect to such arrangements?			- 1	16b						
Sec	tion C. Disclosure				100						
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an		T (section 501(c	(3)s	onlv) a	availat	ble				
-	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 Sc	hedule ()								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	and	financ	ial					
-	statements available to the public during the tax year.		po,,								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l 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 all of the organization of carrent key employees, if any, see the instructions for deminitor of key employees.

• 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, box 6 of 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do			ition more		one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	rson i	on is both an		compensation	compensation	amount of
	week		er an	uau	director/trustee)		lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1033-1120)	and related
	below	dual t	Institutional trustee	-	Key employee	st co	ar			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) PIERRE FERRARI	50.00									
CHIEF EXECUTIVE OFFICER	0.00			Х				550,548.	0.	45,791.
(2) ELIA MAKAR	50.00									
CHIEF PEOPLE OFFICER	0.00			Х				222,072.	0.	37,266.
(3) HILARY HADDIGAN	50.00									
CHIEF OF MISSION EFFECTIVENESS	0.00			Х				229,676.	0.	29,320.
(4) PATRINA EIFFERT	50.00									
EXECUTIVE DIRECTOR	0.00					Х		233,167.	0.	25,534.
(5) TERRY WYER	50.00									
SENIOR VICE PRESIDENT	0.00			Х				216,176.	0.	37,256.
(6) MARCIA RASMUSSEN	50.00									
CFO/TREASURER	0.00			Х				212,176.	0.	36,005.
(7) CHRISTY MOORE	50.00									
SENIOR VICE PRESIDENT	0.00			Х				205,402.	0.	33,842.
(8) MAHENDRA LOHANI	50.00									
SENIOR VICE PRESIDENT	0.00			Х				205,004.	0.	28,386.
(9) MICHELLE CANGELOSI	50.00								•	~ ~ ~ ~
VICE PRESIDENT	0.00			Х				205,124.	0.	20,278.
(10) OSCAR CASTANEDA	50.00							101 500	•	~~
SENIOR VICE PRESIDENT	0.00			Х				194,723.	0.	30,552.
(11) CHAD AVERY	50.00							1.5.5 0.5.5	•	~ ~ ~ -
GENERAL COUNSEL/BOARD SECRETARY	0.00			Х				166,857.	0.	31,245.
(12) MATTHEW KRAUSE	50.00							1.5.4 - 5.5	•	~ ~ ~ ~ ~
MANAGING DIRECTOR	0.00					Х		164,566.	0.	30,814.
(13) MUTALE CHILANGWA	50.00							1.5.5 1.1.0	•	0 - - 00
SENIOR DIRECTOR	0.00					X		166,712.	0.	25,738.
(14) MICHELLE DUSEK-IZAGUIRRE	50.00							1.5.5 0.50	•	~
VICE PRESIDENT	0.00			Х				166,868.	0.	24,147.
(15) MICHAEL HEALD	50.00							150 205	•	
VICE PRESIDENT	0.00			Х				159,307.	0.	27,912.
(16) SURITA SANDOSHAM	50.00			37					•	10 000
CHIEF EXECUTIVE OFFICER	0.00			Х				175,723.	0.	10,267.
(17) STEPHANIE CHESHER	50.00							152 265	•	
SENIOR DIRECTOR	0.00					X		153,265.	0.	<u>29,255.</u>

HEIFER PROJECT INTERNAT	TUNAL
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orm 990 (2022) HEIFER PROJECT INTERNATIONAL 35-1019477 Page 8												
Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C)								(D)	(E)		(F	=)
Name and title	Name and title Average				ition			Reportable	Reportable	,	Estim	nated
	hours per	hours per box, unless person is both an officer and a director/trustee)						compensation	compensatio	on	amou	int of
	week		cer an	d a d	irecto	r/truste	e)	from	from related	t	oth	ner
	(list any	ector						the	organization		compe	nsation
	hours for	or dir	e			ted		organization	(W-2/1099-MIS		from	i the
	related	stee (ruste			Densa		(W-2/1099-MISC/	1099-NEC)	'	organi	
	organizations below	al tru	o nal t		loyee	com		1099-NEC)			and re	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	zations
	,	Inc	lns	θĦ	Key	e "Hi	ይ			+		
(18) BENJAMIN WOOD DIRECTOR	50.00					x		166 015			10	200
(19) MARLEEN NEW	50.00					^		166,915.		0.	12,	388.
	0.00			x				140 946			27	601
VICE PRESIDENT (20) KIMBERLY AHLGRIM	50.00			Λ				149,846.		0.	<u> </u>	684.
VICE PRESIDENT	0.00			x				164,053.		0.	1 0	217
(21) FRANCINE HILL	50.00			~				104,055.		-0.	12,	247.
VICE PRESIDENT	0.00			х				150,988.		0.	17	456.
(22) ROBERT COXON	50.00			Δ				130,300.			,	1 00
VICE PRESIDENT	0.00			х				126,400.		0.	17	820.
(23) TRACY BEENE	50.00							120,1000			± / /	0201
ASSISTANT SECRETARY	0.00			х				80,189.		0.	26	734.
(24) PETER GOLDSTEIN	50.00										/	
VICE PRESIDENT	0.00			х				30,511.		0.	5,	242.
(25) PATRICK BRYSKI	50.00										- /	
SENIOR VICE PRESIDENT	0.00			х				24,357.		0.	2,	881.
(26) RANDI HEDIN	1.00											
CHAIR	0.00	Х		Х				0.		0.		0.
1b Subtotal								4,520,625.		0.	626,	060.
c Total from continuation sheets to Part V	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								4,520,625.		0.	626,	060.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	Э		
compensation from the organization												70
										ſ	Y	es No
3 Did the organization list any former officer			•	•								37
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	-								-			7
and related organizations greater than \$15											-4 Σ	
5 Did any person listed on line 1a receive or a									lual for services		_	v
rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i>												
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 graphization. Report compensation for the calendar year ending with or within the graphization's tay year.												
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)												
Name and business address							Description of s	ervices	С	ompensa	ation	
GIVEBRIDGE INC, 525 W MONROE STREET SUITE												
							FUNDRAISING :	SERVICES	11	,017,	545.	
THE TEACHING SOURCE LLC, 525 W MONROE												
STREET SUITE 990, CHICAGO, IL 60661								FUNDRAISING	SERVICES	7	<u>,274,</u>	645.
ASCENTA GROUP US INC, 138 SOUTH 1ST ST									_			
SUITE 110, LINDENHURST, M							_	FUNDRAISING :		2	,445,	156.
MDS COMMUNICATIONS CORPOR		_	- -	. .	_			TELEMARKETIN	3	-		
	545 WEST JUANITA AVENUE, MEZA, AZ 85210 SERVICES 1,671,279.								279.			
ASCENTA SOLUTIONS US INC, SUITE 110 LINDENHURST	SCENTA SOLUTIONS US INC, 138 SOUTH 1ST ST UITE 110. LINDENHURST, NY 11757 FUNDRAISING SERVICES 1.582.364.											
SUITE IIU. LINDENHURST M	איד וו/ה/						- 1	FUNDRAISING S	SEKVICESI		<u> </u>	104.

Total number of independent contractors (including but not limited to those listed above) who received more than 2

Form 990 HEIFER P									35-101	9477		
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Name and title Average		Position					Reportable	Reportable	Estimated		
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the		
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related		
	organizations	rustee	1 trus		ee	n pen				organizations		
	below	dual ti	tiona		n ploy	stcor	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former					
(27) ESTHER COHEN	1.00			-		_						
VICE CHAIR	0.00	Х		Х				0.	0.	0.		
(28) MARIANELLA BAEZ JOST	1.00											
BOARD MEMBER	0.00	Х						0.	Ο.	0.		
(29) MARTHA BRANTLEY	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(30) NOMSA DANIELS	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(31) DOUG GALEN	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(32) SUSAN GRANT	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(33) TOM HADFIELD	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(34) NATHAN HOSLER	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(35) NIKOLAUS HUTTER	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(36) ALBERTO IREZABAL	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(37) DAREN JOFFE	1.00											
BOARD MEMBER	0.00	х						0.	Ο.	0.		
(38) PETE KAPPELMAN	1.00											
BOARD MEMBER	0.00	х						0.	0.	0.		
(39) PATRICIA KISARE	1.00											
BOARD MEMBER	0.00	х						0.	0.	0.		
(40) JOSEPHINE OGUTA	1.00									• -		
BOARD MEMBER	0.00	х						0.	0.	0.		
(41) MARY RENWICK	1.00									• -		
BOARD MEMBER	0.00	х						0.	0.	0.		
(42) VICTORIA SEKITOLEKO	1.00									• -		
BOARD MEMBER	0.00	х						0.	0.	0.		
(43) RAMESH SINGH	1.00	<u> </u>										
BOARD MEMBER	0.00	х						0.	0.	0.		
(44) CHUCK WARTA	1.00											
BOARD MEMBER	0.00	х						0.	0.	0.		
	1	L										
Total to Part VII, Section A, line 1c												
								•				

	_	Check if Schedule O	contr	ina a raanar						1
				ains a respor	<u>ise</u> (or note to any line	<u>e in this Part</u> VIII …		<u></u>	<u></u>
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exclu
								function revenue	business revenue	from tax und sections 512 -
										Sections 512 -
tt st	1 a	Federated campaigns		<u>1a</u>		765,321.				
n	b	Membership dues		1b						
Ĕ		Fundraising events								
and Other Similar Amounts		Related organizations								
lia						1,474,521.				
		Government grants (contr								
5	f	All other contributions, gifts,								
Ę		similar amounts not included	l abov	/e 1f		144,747,858.				
0	g	Noncash contributions included in	lines 1	a-1f 1g \$		1,617,807.				
ano	h	Total. Add lines 1a-1f					146987700.			
						Business Code				
	• •	LIVESTOCK				900099	646,482.	646,482.		
8					_		,	,		
e	b	EDUCATION REVENUE				611710	196,670.	196,670.		
) n	С									
eve	d									
Revenue	е				_					
2		All other program service	rovo	2110	_					
•							042 152			
_		Total. Add lines 2a-2f					843,152.			
	3	Investment income (includ	ding	dividends, in	tere	st, and				
		other similar amounts)					1,151,108.			11511
	4	Income from investment of								
	5	Royalties		•	•	F	42,623.			42,6
	Ū			(i) Real		(ii) Personal	, -			,
	_									
	6 a	Gross rents	6a	171,4						
	b	Less: rental expenses	6b		0.					
	с	Rental income or (loss)	6c	171,4	52.					
	d	Net rental income or (loss)				171,452.			171,4
		Gross amount from sales of	, <u> </u>	(i) Securiti		(ii) Other				
	<i>'</i> u		7-	1,590,8		5,599.				
		assets other than inventory	7a	1,350,0	±J.	5,555.				
	b	Less: cost or other basis								
enue		and sales expenses	7b	1,585,6	54.	0.				
len	с	Gain or (loss)	7c	5,1	91.	5,599.				
Other Rev	d	Net gain or (loss)					10,790.			10,7
r L		Gross income from fundraisi								
Ě	0 4									
		including \$								
		contributions reported on		-						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			s	Τ				
		Gross income from gamin		-						
	5 4				0-					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b	L				
	с	Net income or (loss) from	gam	ing activities	<u></u>					
1	10 a	Gross sales of inventory,	less i	returns						
		and allowances			10a	204,630.				
	h	Less: cost of goods sold			10b					
						,	113 106			113,4
-+	С	Net income or (loss) from	sales	s of inventor	/		113,406.			113,4
,						Business Code				
3 1	1 a	OTHER INCOME				900099	305,067.			305,0
n d	b									
e)	с				_					
5	~				_	+				
Be	ہ	All other revenue				1				1
Revenue		All other revenue Total. Add lines 11a-11d					305,067.			

HEIFER PROJECT INTERNATIONAL 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).

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,216,387.	3,216,387.		
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	61,628,822.	61,628,822.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,404,018.	2,616,048.	1,064,791.	723,179.
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	20,954,588.	12,759,047.	2,682,576.	5,512,965.
8	Pension plan accruals and contributions (include	4 000	<u> </u>		A-1 - - -
	section 401(k) and 403(b) employer contributions)	1,030,753.	632,779.	126,191.	271,783. 486,414.
9	Other employee benefits	2,054,692.	1,270,506.	297,772.	486,414.
10	Payroll taxes	1,843,493.	1,121,811.	252,197.	469,485.
11	Fees for services (nonemployees):				
	Management		102 100	155 007	44 250
	Legal	382,767.	183,190.	155,227.	44,350. 3,740.
	Accounting	615,893.	275,286.	336,867.	3,/40.
	Lobbying	10 000 440			10 000 440
	Professional fundraising services. See Part IV, line 17	12,928,442.			12,928,442.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	13,858,830.	12,265,741.	578,483.	1,014,606.
40	column (A), amount, list line 11g expenses on Sch O.)	6,427,794.	3,940,659.	263,838.	2,223,297.
12	Advertising and promotion	1,181,668.	720,389.	202,354.	258,925.
13	Office expenses	2,523,389.	1,038,027.	818,740.	666,622.
14 15	Information technology	2,525,505.	1,030,027.	010,740.	000,022.
15 16	Royalties Occupancy	1,343,951.	830,877.	275,463.	237,611.
17		2,475,133.	1,980,985.	138,315.	355,833.
18	Travel Payments of travel or entertainment expenses		1,500,5051	100,0100	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	273,583.	204,602.	23,827.	45,154.
20	Interest	16,055.	1,861.	14,184.	10,101
21	Payments to affiliates	.,	,	,	
22	Depreciation, depletion, and amortization	2,715,672.	1,913,468.	386,150.	416,054.
23	Insurance	550,385.	181,733.	280,471.	88,181.
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 0.)				
а	PRINTING & OTHER MEDIA	10,138,970.	3,759,851.	109,919.	6,269,200.
b	POSTAGE, SHIPPING & FRE	7,738,940.	2,854,005.	69,099.	4,815,836.
с	FULFILLMENT SERVICES	1,605,176.	317,200.	10,528.	1,277,448.
d	OTHER PERSONNEL	930,686.	650,827.	62,199.	217,660.
е	All other expenses	2,647,350.	1,791,255.	417,395.	438,700.
25	Total functional expenses. Add lines 1 through 24e	163,487,437.	116,155,356.	8,566,586.	38,765,495.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			_	
	Check here X if following SOP 98-2 (ASC 958-720)	13,141,826.	5,030,652.	0.	<u>8,111,174.</u>

HEIFER PROJECT INTERNATIONAL	L
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Part		Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			42,164,718.	1	33,267,190
	2	Savings and temporary cash investments			17,849,759.	2	10,287,562
	3	Pledges and grants receivable, net		3,930,287.	з	2,213,443	
	4	Accounts receivable, net			7,689,954.	4	8,645,747
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			241,232.	8	66,758
¥	9				2,449,425.	9	2,487,708
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	87,310,836.			
	b	Less: accumulated depreciation	10b	45,542,857.	40,069,547.	10c	41,767,979
-	11	Investments - publicly traded securities			222,253.	11	227,026
-	12	Investments - other securities. See Part IV, line 1	1		2,549,711.	12	2,314,955
-	13	Investments - program-related. See Part IV, line 1	1			13	
-	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11			183,059,147.	15	186,470,212
	16	Total assets. Add lines 1 through 15 (must equa			300,226,033.	16	287,748,580
-	17	Accounts payable and accrued expenses			14,023,470.	17	12,453,361
-	18	Grants payable				18	
-	19	Deferred revenue			12,020,871.	19	6,335,750
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete F				21	
es a	22	Loans and other payables to any current or forme					
Ē		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these	-			22	
4	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
12	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	2 695 067		E 452 220
		of Schedule D			2,685,067.		5,452,230
- 2	26	Total liabilities. Add lines 17 through 25			28,729,408.	26	24,241,341
ç		Organizations that follow FASB ASC 958, check	ck here	e X			
	07	and complete lines 27, 28, 32, and 33.			78,912,809.	07	70,912,424
ala	27 00			192,583,816.	27 28	192,594,815	
e la	28	Net assets with donor restrictions	192,303,010.	28	192,394,013		
<u>s</u>		Organizations that do not follow FASB ASC 95					
۳ ۲	20		and complete lines 29 through 33.				
sts	29 20	Capital stock or trust principal, or current funds				29 20	
VSS(30 21	Paid-in or capital surplus, or land, building, or equipated exprising and surplus accumulated in				30	
÷.	31 22	Retained earnings, endowment, accumulated inc			271,496,625.	31	263,507,239
_	32	Total net assets or fund balances			300,226,033.	32	287,748,580
	33	Total liabilities and net assets/fund balances			500,220,055.	33	<u>207,740,500</u>

Form 990 (2022)

Form 990 (2022) Part X Balance Sheet

Form	990	(2022)

Form	990 (2022) HEIFER PROJECT INTERNATIONAL	35-	10194	177	Pag	_{ge} 12				
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI					X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	149	,62	5,2	98.				
2										
3										
4										
5	Net unrealized gains (losses) on investments	5	-	-22	2,6	54.				
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	6	,09	5,4	07.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	263	,50'	7,2	39.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
			_		Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.								
2a	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?			2b	Х					
	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 X Consolidated basis Both consolidated and separate basis									
С	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 Sch	edule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the										
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	Х	 				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi	t							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	Ĺ				

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Т

Name of the o	organization
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Name	Aame of the organization Employer identification number								
	HEIFER PROJECT INTERNATIONAL 35-1019477								
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
-		city, and state:							
5 [An organization operated for		lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
г		section 170(b)(1)(A)(iv). (C							
6 [A federal, state, or local gov	-						
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
- F		section 170(b)(1)(A)(vi). (C							
8 L		A community trust describe			-				
9 [An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10	_	university: An organization that norma		than 22 1/20/ of its supp	ort from o	ontributior	na mambarab	in food and	d aroog regelinte from
		activities related to its exem							
		income and unrelated busir		•	. ,				
		See section 509(a)(2). (Con				oco uoqui			
11 [An organization organized a		velv to test for public sa	fetv. See	section 50)9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
_		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	- describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а] Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte						ly integrate	d with,
		its supported organization	.,.	•					
d		Type III non-functionally						-	
		that is not functionally int	с с	c ,	•		•	an attentiv	reness
		requirement (see instructi		•					
е		Check this box if the orga					Type I, Type I	II, Type III	
	Ento	functionally integrated, or the number of supported c							
		ride the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total									

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	117044883	123181218	139540339	160384966	146987700	687139106
2	Tax revenues levied for the organ-						
	ization'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	117044883	123181218	139540339	160384966	146987700	687139106
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)						
6	Public support. Subtract line 5 from line 4.						687139106
Sec	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	117044883	123181218	139540339	160384966	1 <u>46987700</u>	687139106
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1511702.	586,713.	1100884.	630,229.	1365183.	5194711.
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.)	197,862.	73,362.	54,602.	321,707.		
11	Total support. Add lines 7 through 10						693286417
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	<u>,351,778.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, ⁻	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere					
	ction C. Computation of Publi		-				
	Public support percentage for 2022 (I					14	99.11 %
	Public support percentage from 2021					15	98.75 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	1 , 11	U				
b	33 1/3% support test - 2021. If the o	0		-	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		•••••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•		•		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 1 7b	o, check this box a	na see instructions	i

	Schedule A					INTERNATIO	
I	Part III	Support	Schedule	for Organizat	tions Descril	bed in Section 50)9(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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
_	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Public support. (Subtract line 7c from line 6.) ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(0)	2022	(f) Total
	Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e)	2022	(I) Iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	tourth, or fifth tax	year as a section 5	oU1(c)(3) o	organizatio	on,
0								
	ction C. Computation of Publi					, , , , , , , , , , , , , , , , , , , 		
	Public support percentage for 2022 (li		-	column (f))		15		%
	Public support percentage from 2021					16		%
	ction D. Computation of Inves							
17	Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17		%
18	1 5					18		%
19 a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, a	and line 17	7 is not
	more than 33 1/3%, check this box ar	id stop here. The	organization quali	fies as a publicly s	supported organiza	ition		
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 3	33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted orga	anization	
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructions		

232024 12-09-22

Schedule A (Form 990) 2022

HEIFER PROJECT INTERNATIONAL

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022 HEIFER PROJECT INTERNATIONAL Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			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)? 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 examination(a)	1		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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

•	All other Type III per functionally integrated supporting examinations mus		,	
Sect	All other Type III non-functionally integrated supporting organizations mus	(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		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	tion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

HEIFER PROJECT INTERNATIONAL

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

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

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HEI	FER	PROJECT	INT	ERNATI	ONAL

_		T INTERNATIONAL		3	5-1019477	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)		
Sect	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	ſ	1	10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributabl Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OTHER INCOME	
2018 AMOUNT: \$	197,862.
2019 AMOUNT: \$	73,362.
2020 AMOUNT: \$	54,602.
2021 AMOUNT: \$	321,707.
2022 AMOUNT: \$	305,067.

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
2022
2022
Open to Public
Inspection

Employer identification number

35-1019477

Name	of the	organization
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HEIFER PROJECT INTERNATIONAL

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🔄 No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring		
D -					
Pa			Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recrea		a historically important land area		
	Protection of natural habitat	Preservation of	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form c			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements				
b					
С	Number of conservation easements on a certified historic stru		<u>2c</u>		
d	Number of conservation easements included in (c) acquired a				
-	historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax		
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
~	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	rianding of violations, and enforcing conse	ervation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing conservat	ion assempts during the year		
'	Amount of expenses incurred in monitoring, inspecting, nand	and enorcing conservations, and enorcing conservations	ion easements during the year		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170/h			
Ū					
9	In Part XIII, describe how the organization reports conservation				
-	balance sheet, and include, if applicable, the text of the footr				
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works		
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in fur	therance of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	5.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
	(ii) Assets included in Form 990, Part X		\$		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, provide		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$		
	Assets included in Form 990, Part X		\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022		

PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contained program Public exhibition Choing the search Description of thate generations Choing the year, did the organization solicit or receive donations of art, historial ressures, or other similar assets Description of the organization solicit or receive donations of art, historial ressures, or other similar assets Description of the organization and explain how they further the organization answered "Yes" on Form 990, Part X, Ine 21. Is the organization angent, furstee, custodial or other intermediaty for continuum or other assets not include on Form 990, Part X, Ine 21. Is the organization angent, furstee, custodial or other intermediaty for continuum or other assets not include on Form 990, Part X, Ine 21, for escrow or custodial account lability? Yes, explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Perive Endowment Fundal. Complete the organization and Part XIII. Det her organization include an amount on Form 990, Part X, Ine 21, for escrow or custodial account lability? Yes, explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Perive Endowment Fundal. Complete the organization answered 'Yes' on Form 990, Part XIII. Perive Endowment Fundal. Complete the organization answered 'Yes' on Form 990, Part XIII. Perive Endowment Fundal. Complete the organization has been provided on Part XIII.	Sche		PROJECT IN					35-1	019477	Page 2
collection lemis (check all that apply): Collection lemis (check all that apply): Scholarly research Collection levelsholds b Scholarly research Collections and explain how they further the organization's exempt purpose in Part XIII. colling the year, did the organization solitic or receive donations of art, historical treasures, or other similar assets ves No Part I Escholarly research Ves No Part I Escholar anomation for Pom 900, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII endocument intermediaty for contributions or other assets not included on form 900, Part X, line 21. Is the organization anomation of Pom 900, Part X, line 21. Amount c Beginning balance Iso Amount Iso Iso <td< th=""><th>Par</th><th>t III Organizations Maintaining C</th><th>collections of Ar</th><th>t, Historical Tre</th><th>easures, o</th><th>r Othe</th><th>r Simil</th><th>ar Asse</th><th>ts _{(continu}</th><th>ed)</th></td<>	Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tre	easures, o	r Othe	r Simil	ar Asse	ts _{(continu}	ed)
a Public exhibition d Lean or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	t make si	ignifican	t use of its	6	
b Scholary research e Other 4 Provide a description of the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization solic or receive donations of art, historical treasures, or other similar assets to may be a solic or receive donations collections and explain how they further the organization answered 'Yes' 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, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. 2 Bit friending balance Intermediation on Form 990, Part X, line 21. Intermediation on Form 990, Part X, line 21. Intermediation on Form 990, Part X, line 21. 2 Did the organization include an amount on Form 990, Part X, line 21. Intermediation on Form 990, Part X, line 21. Intermediation part A line 20. 3 If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Intermediation provided on Part XIII. 4 Beginning of year balance Intermediation part year balance. Intermediation part year balance. <th></th> <th>collection items (check all that apply):</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		collection items (check all that apply):								
c Preservation for future generations 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 neolve donations of art, historical treasures, or other similar assets 1 Description of the preservation solicit or neolve donations of art, historical treasures, or other similar assets 1 Description of form 590, Part X, line 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Dot the organization include an amount on Form 990, Part X, line 21, for escrow are custodial account liability? 4 Dot the organization include an amount on Form 990, Part X, line 10. 5 Detributions Completer if the organization maxweerd 'Yes' on Form 990, Part X line 10.	а	Public exhibition	c	d 🗌 Loan or exc	change progr	am				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maritained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization in the present line of the organization answered "Yes" on Form 990, Part X, line 21. Is diditions during the year Is diditions Is didition	b	Scholarly research	e	e 🗌 Other						
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to be sold to raise funds rather than to be maintained as part of the organization scalection? 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In the organization and the vertice of the organization answered "Yes" on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D 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 X, line 10. In the explaint he 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 X, line 10. In the explaint he arrangement in Part XIII. Check here if the explanation has been provided on Part XIII In the explaint he arrangement in Part XIII. Check here if the explanation has been provided on Part XIII In the part Part All All (Part Part Part Part Part Part Part Part	4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizatio	on's exer	npt purp	ose in Pa	t XIII.	
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 980, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete infermediary for contributions or other assets not included on Form 980, Part X, line 21, for escrow or custodial account tability? Yes No b If 'Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Image: Complete infermediary for escrow or custodial account tability? Yes No b If 'Yes," explain the arrangement in Part XII. Check here if the explanation tabs been provided on Part XII Image: Complete infermediary for escrow or custodial account tability? Yes No b If 'Yes, 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Image: Complete infermediary	5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or oth	er similar	assets			
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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1d 2 Both of the year 1a 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2 Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10. 2 Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a difficult for a stable										No
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on Form 990, Part X? Yes No b If "Yes," explain the arangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Dist 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 arangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Combine to the organization answered if the explanation has been provided on Part XIII. Provide the estimated percentage of the current year (b) Prior year (c) Two years back (e) Four years back if a Beginning of year balance (e) Current year (b) Prior year (c) Two years back if (e) Four years back if a drinin startile expenses. e Other expenditures for facilities and programs drinin startile expenses. drinin startile expenses. g End of year balance % Sacd designated or quasi-endowment % b Permisent endowment % Mere endowment funds on th the posses		reported an amount on Form 990, Pa	rt X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	is or other as	sets not i	included	_	_	
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c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountilability? Yes No b If 'Yes' vapilan the arrangement in Part XII. Check here if the explanation has been provided on Part XII Yes No b If 'Yes' vapilan the arrangement in Part XII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the explanation has been provided on Part XII If 'yes' vapilan the arrangement in Part XII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the explanation has been provided on Part XII If 'yes' vapilan the arrangement in Part XII. If the explanation has been provided on Part XII If a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back If administrative expenditures for facilities and programs a a a If Administrative expenses	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
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c Net investment earnings, gains, and losses	18									
d Grants or scholarships	D									
e Other expenditures for facilities and programs	C A									
and programs	a									
f Administrative expenses	е									
g End of year balance	f									
2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% mthe 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:										
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:	-			l e (line 1 a. column (s)) held as:					
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) Cost or other (c) Accumulated Image: Description of property (a) Cost or other (b) So start (c) Accumulate	2	· •	•		ij) neiu as.					
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Buildings	a h			70						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiiiii) Related organizations (iiiii) Related organizations (iiiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	, r									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization set organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (i) Cost or other basis (other) (c) Accoumulated depreciation (d) Book value (d) Book value (i) Acout organization answered (i) Acout organization answered (i) Acout organizat	U									
organization by: Yes No (i) Unrelated organizations 3a(i) 3a(i) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3b 3b 3b 3c(ii) 3b 3c(ii) 3b 3c(ii) 3b 3c(ii) 3b 3c(ii) 3b 3c(ii) 3b 3b 3c(ii) 3b 3b 3b 3b 3b 3b 3b 3c(ii) 3b 3b 3b 3c(ii) 3b 3b 3c(ii) 3b 3b 3c(ii) 3b 3b 3b 3b 3c(ii) 3c(ii) 3c(ii) 3b 3c(ii)	3a		•	ation that are held a	nd administe	red for th	ne -			
(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? 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 (other) (c) Accumulated depreciation 1a Land 111, 379, 429. b Buildings 466, 859, 334. 21, 886, 542. 24, 972, 792. c Leasehold improvements 27, 657, 843. 23, 656, 315. 4, 001, 528. e Other 1, 414, 230. 1, 414, 230.	04								Y	'es No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 1a Land 11, 379, 429. 11, 379, 429. b Buildings 46, 859, 334. 21, 886, 542. 24, 972, 792. c Leasehold improvements 27, 657, 843. 23, 656, 315. 4, 001, 528. e Other 1, 414, 230. 1, 414, 230. 1, 414, 230.		0 ,							3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 1a Land 11,379,429. 11,379,429. b Buildings 46,859,334. 21,886,542. 24,972,792. c Leasehold improvements 27,657,843. 23,656,315. 4,001,528. e Other 1,414,230. 1,414,230.										
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 1a Land 11,379,429. 11,379,429. b Buildings 46,859,334. 21,886,542. 24,972,792. c Leasehold improvements 27,657,843. 23,656,315. 4,001,528. e Other 11,414,230. 1,414,230. 1,414,230.	b									
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 1a Land 11,379,429. 11,379,429. b Buildings 46,859,334. 21,886,542. 24,972,792. c Leasehold improvements 27,657,843. 23,656,315. 4,001,528. e Other 1,414,230. 1,414,230.										•
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 11,379,429. 11,379,429. 11,379,429. b Buildings 46,859,334. 21,886,542. 24,972,792. c Leasehold improvements 27,657,843. 23,656,315. 4,001,528. e Other 1,414,230. 1,414,230.	Par									
basis (investment) basis (other) depreciation 1a Land 11,379,429. 11,379,429. b Buildings 46,859,334. 21,886,542. 24,972,792. c Leasehold improvements 27,657,843. 23,656,315. 4,001,528. e Other 1,414,230. 1,414,230. 1,414,230.		Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a. S	See Form 990), Part X,	line 10.			
b Buildings 46,859,334. 21,886,542. 24,972,792. c Leasehold improvements 27,657,843. 23,656,315. 4,001,528. e Other 1,414,230. 1,414,230.		Description of property				1			(d) Book	value
b Buildings 46,859,334. 21,886,542. 24,972,792. c Leasehold improvements 27,657,843. 23,656,315. 4,001,528. e Other 1,414,230. 1,414,230.	1a	Land		11,37	/9,429.				11,379	,429.
c Leasehold improvements 27,657,843. 23,656,315. 4,001,528. d Equipment 1,414,230. 1,414,230.						21,8	886,5			
d Equipment 27,657,843. 23,656,315. 4,001,528. e Other 1,414,230. 1,414,230.									, _	
e Other 1,414,230. 1,414,230.				27,65	57,843.	23,0	656,3	315.	4,001	,528.
									1,414	,230.
	-			X. column (B). line 1	0c.)	<u>.</u>				

(a) Description of security or category (including name of security)	on Form 990, Par (b) Book va					d-of-year market value
4) Elemental destructions	((-)			
2) Closely held equity interests						
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
iotal. (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, Pa	rt IV, line 1	1c. See Form 9	990, Part X, li	ne 13.	
(a) Description of investment	(b) Book va	alue	(c) Method	l of valuation	: Cost or en	d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets.						
Complete if the organization answered "Yes"						
-		rt IV, line 1	1d. See Form	990, Part X, I	ne 15.	
(a)	Description					(b) Book value
(a)						
(a)	Description					
(a) (1) INTEREST IN NET ASSETS OF	Description					
(a) (1) INTEREST IN NET ASSETS OF (2)	Description					
(a) (1) INTEREST IN NET ASSETS OF (2) (3)	Description					
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4)	Description					
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5)	Description					
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8)	Description					
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9)	Description HEIFER I	NTERN	ATIONAL	FOUNDA		186,470,212
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description HEIFER I	NTERN	ATIONAL	FOUNDA		
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212 186,470,212 186,470,212
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212 186,470,212 186,470,212 (b) Book value 2,615,017
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT (3) OPERATING LEASE OBLIGATION	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212 186,470,212 186,470,212 (b) Book value 2,615,017
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT (3) OPERATING LEASE OBLIGATION (4)	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212 186,470,212 186,470,212 (b) Book value 2,615,017
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) LINE OF CREDIT (3) OPERATING LEASE OBLIGATION (4) (5)	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212 186,470,212 186,470,212 (b) Book value 2,615,017
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT (3) OPERATING LEASE OBLIGATION (4)	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212 186,470,212 186,470,212 (b) Book value 2,615,017
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) LINE OF CREDIT (3) OPERATING LEASE OBLIGATION (4) (5)	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212 186,470,212 186,470,212 (b) Book value 2,615,017
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT (3) OPERATING LEASE OBLIGATION (4) (5) (6)	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT (3) OPERATING LEASE OBLIGATION (4) (5) (6) (7)	Description HEIFER I e 15.)	NTERN	ATIONAL	FOUNDA	TION	186,470,212 186,470,212 186,470,212 (b) Book value 2,615,017

I, p rga 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

X

HEIFER PROJECT INTERNATIONAL Schedule D (Form 990) 2022

(b) Book value	(c) Method of valuation: Cost or end-of-year market value

35-1019477 Page 3

Sche	edule D (Form 990) 2022 HEIFER PROJECT INTERNATIONAL	35-	1019477	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per			
	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	168,252	862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	J (
b	Donated services and use of facilities 2b 11,677,322	1.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)	7.		
е	Add lines 2a through 2d	. 2e	18,627	564.
3	Subtract line 2e from line 1	. 3	149,625	<u>,298.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	. 4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		149,625	,298.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	175,164	,758.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 11,677,322	1.		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			
е				
	Add lines 2a through 2d	. 2e	11,677	
3	Add lines 2a through 2d Subtract line 2e from line 1		11,677	
-				
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a			
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	3 . 4c	163,487	<u>437.</u> 0.
3 4 b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	3 . <u>4</u> c		<u>437.</u> 0.

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, 2023 AND 2022. 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	Supplen	nental Information	(continued)

FOUNDATION

7,172,897.

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.

Open to Public Inspection Employer identification number

35-1019477

Name of the organization

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

HEIFER PROJECT INTERNATIONAL

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

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

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

3	Activities per Region.	(The following Part I,	, line 3 table can be du	plicated if additional s	pace 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, pro- gram 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 -					
ANGOLA, BENIN,				PROVIDE LIVESTOCK AND	
BOTSWANA, BURKINA				AGRICULTURE TRAINING TO	
FASO,	18	208	PROGRAM SERVICES	IMPROVE LIVES.	24,097,904.
CENTRAL AMERICA AND					
THE CARIBBEAN -				PROVIDE LIVESTOCK AND	
ANTIGUA & BARBUDA,				AGRICULTURE TRAINING TO	
ARUBA, BAHAMAS,	3	157	PROGRAM SERVICES	IMPROVE LIVES.	8,718,600.
NORTH AMERICA -					
CANADA AND MEXICO,				PROVIDE LIVESTOCK AND	
BUT NOT THE UNITED				AGRICULTURE TRAINING TO	
STATES	1	58	PROGRAM SERVICES	IMPROVE LIVES.	5,323,646.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,				PROVIDE LIVESTOCK AND	
BRAZIL, CHILE,				AGRICULTURE TRAINING TO	
COLUMBIA, ECUADOR,	1	54	PROGRAM SERVICES	IMPROVE LIVES.	993,364.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	GRANTMAKING		2,693,299.
SOUTH ASIA -					
AFGHANISTAN,				PROVIDE LIVESTOCK AND	
BANGLADESH, BHUTAN,				AGRICULTURE TRAINING TO	
INDIA, MALDIVES,	8	49	PROGRAM SERVICES	IMPROVE LIVES.	3,656,877.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	GRANTMAKING		669.
EUROPE (INCLUDING					
ICELAND & GREENLAND)				PROVIDE LIVESTOCK AND	
- ALBANIA, ANDORRA,				AGRICULTURE TRAINING TO	
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	IMPROVE LIVES.	807.
3 a Subtotal	31	526			45,485,166.
b Total from continuation					
sheets to Part I	11	122			16,143,656.
c Totals (add lines 3a					
and 3b)	42	648			61,628,822.

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



Schedule F (Form 990) Part I Continuatio	HEIFER P	ROJECT I	NTERNATIONAL I• (Schedule F (Form 990), Part I, line 3	<u>35-10194</u>	77 Page
(a) Region	(b) Number of offices in the 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)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING		556,586
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,				PROVIDE LIVESTOCK AND	
BRUNEI, BURMA, CAMBODIA,	11	122	PROGRAM SERVICES	AGRICULTURE TRAINING TO IMPROVE LIVES.	11,022,198
EAST ASIA AND THE		122	PROGRAM SERVICES	IMPROVE LIVES.	11,022,198
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	GRANTMAKING		4,564,872
Fotals	11	122			16,143,656

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					
		ALBANIA, ANDORRA,	STRENGTHENING GRANT	556,586.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	PROVIDE LIVESTOCK AND					
		AUSTRALIA,	AGRICULTURE TRAINING					
		BRUNEI, BURMA,	TO IMPROVE LIVES.	4564872.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	PROVIDE LIVESTOCK AND					
		BOLIVIA, BRAZIL,	AGRICULTURE TRAINING					
		CHILE, COLUMBIA,	TO IMPROVE LIVES.	2693299.	WIRE TRANSFER	٥.		
			recognized as charities by the		-			
			or counsel has provided a sect			🕨 .		
3 Enter total number of	other organizations of	or entities				<u></u>		

HEIFER PROJECT INT	FERNATIONAL
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35-1019477

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 Form	S		
Schedule F	(Form 990) 2022	HEIFER	PROJECT	INTERNATIONAL

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

HEIFER PROJECT INTERNATIONAL Schedule F (Form 990) 2022 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	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties o	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19, (or if the	2022
Department of the Treasury		Attach to Form 990 o	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		Inspection						
Name of the organization								ntification number
		PROJECT INTERNATIO					35-1019	
	complete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-EZ	filers are not
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o red in Form 990, P		tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
compensated at le	east \$5,000 by the	organization.		-				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
LAUTMAN MASKA NEIL	L & COMPANY	CONSULTS WITH IN-HOUSE	Yes	No				
- 1730 RHODE ISLAN	D AVENUE NW	MARKETING STAFF ON DIRECT		x	36,076,381.		852,320.	35,224,061.
EIDOLON - 15 MAIDE	N LANE, STE	CONSULTS WITH IN-HOUSE						
1401, NEW YORK, NY	10038	MARKETING STAFF ON DIRECT		x	32,737,450.		198,720.	32,538,730.
MDS COMMUNICATIONS	- 545 W	CONSULTS WITH IN-HOUSE						
JUANITA AVENUE, ME	•	MARKETING STAFF ON DIRECT		X	2,128,217.		1,908,765.	219,452.
GIVEBRIDGE - 525 W		CONSULTS WITH IN-HOUSE						
STREET STE 900, CH	-	MARKETING STAFF ON DIRECT		X	1,701,283.		7,751,723.	-6,050,440.
ASCENTA - 138 SOUT	H 1ST	CONSULTS WITH IN-HOUSE						4 550 000
STREET SUITE 110, SYNERGY DIRECT MAR	ZDETNO	MARKETING STAFF ON DIRECT		X	402,603.		1,972,902.	-1,570,299.
SULUTIONS - 480 W		CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT		x	127 364		52,869.	74 495
THRESHOLD - 1475 W		CONSULTS WITH IN-HOUSE		^	127,364.		52,009.	74,495.
STREET, OFFICE 11,		MARKETING STAFF ON DIRECT		x	32,879.		191,143.	-158,264.
					73,206,177.	1	2,928,442.	60,277,735.
3 List all states in wh or licensing.	ich the organizatic	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

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.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
¢۵			(event type)	(event type)	(total number)	coi. (c))
Revenue						
leve	1	Gross receipts				
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cash prizos				
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
sct	7	Food and beverages				
Dir						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	()			
Pa	<u> 11</u> art	Net income summary. Subtract line 10 from li Gaming. Complete if the organization		n 990 Part IV line 19 or	roported more than	
		\$15,000 on Form 990-EZ, line 6a.	answered res on Fon	11 990, Fait IV, iiile 19, 01	reported more than	
		••••••••••••••••••••••••••••••••••••••		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
evel						
£	1	Gross revenue				
ŝ	2	Cash prizes				
ense						
Expenses	3	Noncash prizes				
ŠČTE		Dept/facility costs				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
-	_					
		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming ad				Yes No
L	,	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
		Yes," explain:				

Sch	edule G (Form 990) 2022	HEIFER	PROJECT	INTERNATIONAL	35-10)19477	Page 3
11	Does the organization conduct ga	ming activities	with nonmembe	rs?		Yes	No No
12	Is the organization a grantor, bene	eficiary or truste	ee 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	g activity condu	icted in:		1		
						13a	%
						13b	%
14	Enter the name and address of the	e person who p	prepares the orga	anization's gaming/special events books and reco	ords:		
	Name						
	Address						
15a	Does the organization have a cont	tract with a thir	d party from who	om the organization receives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gam	ing revenue rec	eived by the org	anization \$ and the a	amount		
	of gaming revenue retained by the		\$				
c	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee	e 🗌	Independent contractor			
17	Mandatory distributions:						
â				stributions from the gaming proceeds to			
						Yes	 ∣ NO
Ľ	organization's own exempt activiti	•		listributed to other exempt organizations or spen	t in the		
Pa				ions required by Part I, line 2b, columns (iii) and (v): and Part	III. lines 9.	9b. 10b.
_				dditional information. See instructions.	,,	, , ,	
sc	HEDULE G, PART I,	LINE 2B	, LIST O	F TEN HIGHEST PAID FUNDRA	AISERS:	:	
<u>(</u>]) NAME OF FUNDRAIS	SER: LAU	TMAN MAS	KA NEILL & COMPANY			
<u>(</u>]) ADDRESS OF FUNDE	RAISER:					
17	30 RHODE ISLAND AV	VENUE NW	STE 301	, WASHINGTON, DC 20036			
(I	I) ACTIVITY: CONSU	JLTS WIT	H IN-HOU	SE MARKETING STAFF ON DIE	LECT RE	SPONS	E
			~~ ~~~				

Part IV Supplemental Information (continued)

(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: 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: 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: SYNERGY DIRECT MARKETING SOLUTIONS

(I) ADDRESS OF FUNDRAISER:

480 W TUSCARAWAS AVE, 3RD FLOOR, BARBERTON, OH 44203

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

(I) NAME OF FUNDRAISER: THRESHOLD

(I) ADDRESS OF FUNDRAISER:

1475 WALNUT STREET, OFFICE 11, KANSAS CITY, MO 64106

(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

Part IV Supplemental Information (continued)

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)	Gov	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047
Department of the Treasury	Compre		Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization HEIFER PR	OJECT INTI	ERNATIONAL					Employer identification number $35 - 1019477$
Part I General Information on Grants a	nd Assistance					•	
 Does the organization maintain records t criteria used to award the grants or assis <u>2</u> Describe in Part IV the organization's pro- 	stance?				for the grants or assis		on XYes No
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	′es" on Form 990, Part	: IV, line 21, for any
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)	3,007,611.	0.			TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN
RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530	23-7206884	501(C)(3)	60,000.	0.			TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING
CYPRESS VALLEY MEAT COMPANY 1 LLC PO BOX 1060 VILONIA, AR 72173	81-2942872		62,400.	0.			TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING
NATURAL STATE PROCESSING LLC 245 QUALITY DRIVE CLINTON, AR 72031	81-2680489		86,376.	0.			TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 	0 0						<u> </u>

3 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) 2022

Schedule I (Form 990) 2022

HEIFER	PROJECT	INTERNATIONAL
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35-1019477

Page 2

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 Brouide the informatio					

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

PART I, LINE 2:

HEIFER PROJECT INTERNATIONAL MONITORS THE USE OF GRANTS IN ACCORDANCE WITH

THE LETTER OR AGREEMENT BETWEEN HEIFER PROJECT INTERNATIONAL AND THE

GRANTEE. THE GRANTEE IS REQUIRED TO SUBMIT FINANCIAL AND PROGRESS REPORTS

EVERY YEAR IN ACCORDING TO A FORMAT PROVIDED BY HEIFER PROJECT

INTERNATIONAL. THE GRANTEE SHALL MAINTAIN SEPARATE FINANCIAL STATEMENTS AND

RECORDS FOR THE ACTIVITIES KEPT IN ACCORDANCE WITH GENERALLY ACCEPTED

ACCOUNTING PRINCIPALS. WRITTEN RECEIPTS FOR ALL EXPENSES AND OTHER

SUPPORTING DOCUMENTS ARE REQUIRED TO BE KEPT ON FILE FOR AT LEAST SIX YEARS

AFTER THE END OF THE GRANT PERIOD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ARKANSAS SUSTAINABLE LIVESTOCK COOPERATIVE (C-CORP)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE COMMUNITY FOOD ENTERPRISES

FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN COMMUNITIES

LINKING SMALL-SCALE FARMERS TO LARGER AND DIVERSE MARKETS.

NAME OF ORGANIZATION OR GOVERNMENT: RODALE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE COMMUNITY FOOD ENTERPRISES

FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING

SMALL-SCALE FARMERS TO LARGER AND DIVERSE MARKETS.

NAME OF ORGANIZATION OR GOVERNMENT: CYPRESS VALLEY MEAT COMPANY 1 LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE COMMUNITY FOOD ENTERPRISES

FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING

SMALL-SCALE FARMERS TO LARGER AND DIVERSE MARKETS.

NAME OF ORGANIZATION OR GOVERNMENT: NATURAL STATE PROCESSING LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE COMMUNITY FOOD ENTERPRISES

FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING

SMALL-SCALE FARMERS TO LARGER AND DIVERSE MARKETS.

SCI	HEDULE J	Compensat	tion Information	1	OMB No. 1	545-004	17
(Fo	rm 990)				20	7 7)
					20	_	•
Depar	tment of the Treasury				Open to	Publi	ic
	P990) For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Image: Second Se			Inspe	ction		
Nam	e of the organizatior			Employer id			nber
			NATIONAL	35-1	01947	7	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of th	ne following to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevan	t information regarding these items.				
	_		Housing allowance or residence for person	nal use			
	_		Health or social club dues or initiation fees	3			
	Discretionary s	pending account	Personal services (such as maid, chauffeu	r, chef)			
b	•						
	•	•			1b	_	<u> </u>
	•						
	trustees, and office	s, including the CEO/Executive Director, regard	ling the items checked on line 1a?		2		
•							
3	,	,, o o	i v				
			, ,	on to			
		· · · ·	_				
		her organizations	Approval by the board or compensation c	ommittee			
4	During the year did	any norman listed on Form 900 Dart VII. Soction	n A line 1a with respect to the filing				
4			in A, line Ta, with respect to the hing				
~	-				4a		x
							X
					X		
C	•		•		+C		
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations m	ust complete lines 5-9.				
5				n			
-							
а	0				5a		х
							X
6			organization pay or accrue any compensatio	n			
а	•	5			. 6a		Х
							X
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization provide any nonfixed payments				
					7		Х
8							
					8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable pre	esumption procedure described in				
				<u></u>	9		
LHA	For Paperwork Re				ule J (Form	n 990)	2022

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.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PIERRE FERRARI	(i)	420,694.	123,750.	6,104.	28,507.	17,284.	596,339.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIA MAKAR	(i)	220,968.	0.	1,104.	15,978.	21,288.	259,338.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HILARY HADDIGAN	(i)	227,612.	0.	2,064.	15,248.	14,072.	258,996.	0.
CHIEF OF MISSION EFFECTIVENESS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRINA EIFFERT	(i)	229,999.	0.	3,168.	11,721.	13,813.	258,701.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TERRY WYER	(i)	214,167.	0.	2,009.	15,533.	21,723.	253,432.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARCIA RASMUSSEN	(i)	211,154.	0.	1,022.	14,623.	21,382.	248,181.	0.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTY MOORE	(i)	204,427.	0.	975.	14,483.	19,359.	239,244.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAHENDRA LOHANI	(i)	199,501.	0.	5,503.	11,521.	16,865.	233,390.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHELLE CANGELOSI	(i)	204,118.	0.	1,006.	11,619.	8,659.	225,402.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) OSCAR CASTANEDA	(i)	191,957.	0.	2,766.	13,706.	16,846.	225,275.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHAD AVERY	(i)	166,053.	0.	804.	11,982.	19,263.	198,102.	0.
GENERAL COUNSEL/BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MATTHEW KRAUSE	(i)	163,776.	0.	790.	11,812.	19,002.	195,380.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MUTALE CHILANGWA	(i)	165,913.	0.	799.	11,922.	13,816.	192,450.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MICHELLE DUSEK-IZAGUIRRE	(i)	165,386.	0.	1,482.	10,744.	13,403.	191,015.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHAEL HEALD	(i)	157,115.	0.	2,192.	11,544.	16,368.	187,219.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) SURITA SANDOSHAM	(i)	174,992.	0.	731.	6,542.	3,725.	185,990.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) STEPHANIE CHESHER	(i)	151,913.	0.	1,352.	10,111.	19,144.	182,520.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) BENJAMIN WOOD	(i)	166,584.	0.	331.	11,674.	714.	179,303.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MARLEEN NEW	(i)	145,898.	0.	3,948.	10,995.	16,689.	177,530.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) KIMBERLY AHLGRIM	(i)	161,881.	0.	2,172.	10,552.	1,695.	176,300.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) FRANCINE HILL	(i)	150,286.	0.	702.	9,971.	7,485.	168,444.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 35-1019477

HEIFER PROJECT INTERNATIONAL

Pa	rt I Jypes of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ation amo	ounts	,
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	X	105	1 500 8/5	FMV AT RECE	тот		
9	Securities - Publicly traded	Δ	105	1,390,043.	FMV AI KECE	161		
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 (SUPPLIES)	Х	4	26,962.	FAIR MARKET	VALU	JE	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize	ation during	the tax year for co					
20	for which the organization completed Form 828		, ,				0	
	for which the organization completed i official	0, 1 art v, D	onee / torthownedg			v	'es	No
302	During the year, did the organization receive by	contributio	n any property rep	orted in Part L lines 1 throug	nh 28 that it			
504	must hold for at least 3 years from the date of the							
	-					20-		х
	exempt purposes for the entire holding period?					30a		<u></u>
	If "Yes," describe the arrangement in Part II.	oliov that so	quiros the review of	of any ponstandard contribut	tions?	24	x	
31	Does the organization have a gift acceptance p					31 .	^	
32a	Does the organization hire or use third parties of		-					v
	contributions?					32a		<u> </u>
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r tor which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990).	Schedule N	/I (Form §	990)	2022

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

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.



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:

ALL CONTRIBUTE TO 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,

GERMANY, GHANA, GUATEMALA, HAITI,

HONDURAS, INDIA, KENYA, MALAWI,

MEXICO, NEPAL, NICARAGUA, NIGERIA,

RWANDA, SENEGAL, SOUTH KOREA, TANZANIA,

UGANDA, ZAMBIA, ZIMBABWE

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

Name of the organization

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 BONUSES ARE CONSIDERED AS PART OF THAT REVIEW AND MONITORING PROCESS. THE HEIFER BOARD OF DIRECTORS UTILIZES AN INDEPENDENT ANALYSIS CONDUCTED BY AN OUTSIDE CONSULTING FIRM TO ASSIST IN THE ANALYSIS AND SUBSEQUENT RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS. THE APPROACH USED BY THE CONSULTING FIRM UTILIZES MARKET DATA OBTAINED FROM TWO HIGHLY REGARDED NATIONAL COMPENSATION SURVEYS OF NOT FOR PROFIT ORGANIZATIONS AND DATA ON TOTAL CASH COMPENSATION FOR CEOS OF NINE ORGANIZATIONS WITH COMPARABLE MISSION, SCOPE AND OPERATING BUDGET BASED ON INFORMATION OBTAINED FROM IRS FORM 990S. EACH MEMBER OF THE HEIFER BOARD OF DIRECTORS HAS THE OPPORTUNITY TO COMPLETE AND SUBMIT A PERFORMANCE EVALUATION FORM 20212 10-28-22

HEIFER PROJECT INTERNATIONAL 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

DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION AT HEIFER PROJECT INTERNATIONAL

Schedule O (Form 990) 2022

Name of the organization

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 35 - 1019477

Department of the Treasury Internal Revenue Service

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

Name of the organization

HEIFER PROJECT INTERNATIONAL

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	SOCIAL IMPACT FOR SMALL				HEIFER PROJECT
LITTLE ROCK, AR 72202	SCALE FARMERS	ARKANSAS	935,565.	5,679,093.	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	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
HEIFER PROJECT NEPAL	PROVIDE LIVESTOCK AND						
HATTIBAN LALITPUR - 15 GPO BOX 6034	AGRICULTURE TRAINING TO				HEIFER PROJECT		
KATHMANDU, NEPAL	IMPROVE LIVES.	NEPAL			INTERNATIONAL	Х	
ADHARSHILA FOR SUSTAINABLE SOCIO-ECONOMIC	PROVIDE LIVESTOCK AND						
TRANSFORMATION AND WELFARE, P-5, 208 OCEAN	AGRICULTURE TRAINING TO				HEIFER PROJECT		
PLAZA, SECTOR - 17, NOIDA, U.P., INDIA	IMPROVE LIVES.	INDIA			INTERNATIONAL	X	
KUNDAMLAY ORGANIZATION	PROVIDE LIVESTOCK AND						
6 8A ST 502 PHNOM PANH SAGKAT PHSAR DOEN	AGRICULTURE TRAINING TO				HEIFER PROJECT		
KHAN CHAMKAR MORN, CAMBODIA	IMPROVE LIVES.	CAMBODIA			INTERNATIONAL	X	
FUNDACION HEIFER ECUADOR	PROVIDE LIVESTOCK AND						
CALLE JOSE LUIS TAMAYO N24 587 Y CALLE SALAZ	AGRICULTURE TRAINING TO				HEIFER PROJECT		1
QUITO, ECUADOR	IMPROVE LIVES.	ECUADOR			INTERNATIONAL	X	

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

Schedule R (Form 990) 2022

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	Section 5 contr organiz	rolled zation?
HEIFER DEUTSCHLAND, GGMBH	PROVIDE LIVESTOCK AND			301(0)(3))		Yes	No
· · · · · ·	AGRICULTURE TRAINING TO				HEIFER PROJECT		
FRANKFURT AM MAIN, GERMANY	IMPROVE LIVES.	GERMANY			INTERNATIONAL	x	
NUEVA KERALA, SA							
	1				HEIFER PROJECT		
	SPICE PROCESSING	GUATEMALA			INTERNATIONAL	x	
•	PROVIDE LIVESTOCK AND						
PO BOX 76478-00508	AGRICULTURE TRAINING TO				HEIFER PROJECT		
NAIROBI, KENYA	IMPROVE LIVES.	KENYA			INTERNATIONAL	x	
HEIFER NIGERIA LTD/GTE	PROVIDE LIVESTOCK AND						
4TH FL, BLDG 2, RIVERS HOUSE, PLOT 83, RALPH	AGRICULTURE TRAINING TO				HEIFER PROJECT		
CENTRAL BUSINESS DISTRICT, NIGERIA ABUKA 83	IMPROVE LIVES.	NIGERIA			INTERNATIONAL	x	
HEIFER KOREA	PROVIDE LIVESTOCK AND						
10TH FL KYOBO SECURITIES BLDG, 97 UISADANG-D	AGRICULTURE TRAINING TO				HEIFER PROJECT		
YEONGDEUNGPO-GU, SEOUL, SOUTH KOREA	IMPROVE LIVES.	SOUTH KOREA			INTERNATIONAL	x	
	-						
	-						
	-						
	-						

HEIFER PROJECT INTERNATIONAL Schedule R (Form 990) 2022

35-1019477 Page 2

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. Part III

	······································											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F ging her?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
]											
	1											
	1											
	1											
	1	1	1	1		1	I	I	1	1		

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	512(b contr	tion b)(13) rolled tity?
		country)		,				Yes	No
PASSING GIFTS PRIVATE LIMITED									
P-5, 208 OCEAN PLAZA, SECTOR 17	PROVIDE SERVICE FOR		HEIFER PROJECT						
, NOIDA, U.P., INDIA	FEES	INDIA	INTERNATIONAL	C CORP	6,735.	6,576.	100%	X	
	-								

Schedule R (Form 990) 2022 HEIFER PROJECT INTERNATIONAL

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.		Yes	S N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)			2
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			1
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	1 p		
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEIFER PROJECT NEPAL	В	4,564,872.	CASH VALUE
(2) KUNDAMLAY ORGANIZATION	В	669.	CASH VALUE
(3) FUNDACION HEIFER ECUADOR	В	2,693,299.	CASH VALUE
(4) NUEVA KERALA	D	650,000.	CASH VALUE
(5) PASSING GIFTS PRIVATE LIMITED	В	82,794.	CASH VALUE
<u>(6)</u>			

Schedule R (Form 990) 2022 HEIFER PROJECT INTERNATIONAL

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)	Are partner 501(r org Yes	rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 HEIF Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHE (Form	DULE E 5471)		Inc	cor	ne, V	Var Profi	ts, and	Exc	ess	; F	Profits	Tax	xes Pai	id or <i>l</i>	Accrued				
(Rev. Dec Departm	cember 2021) ent of the Treasury Revenue Service					► Go to www.i		Attac				ne lat	est informa	tion.			OME	No. 1545-0123	
	person filing Form 5471															Identify	ying number		
HEIF	ER PROJECT	INTI	ERNATI	ON	AL											35-	10194	77	
Name of	foreign corporation												EIN (if any)		Refere	nce ID num	per (see instructions)	
NUEV	A KERALA, S	.A.														1547	/50		
a S	eparate Category (Ente	r code	e - see instr	uctio	ns.)											►	GEN		
	code 901j is entered o															►			
-	one of the RBT codes							ountry (s	ee ins	truc	ctions)					►			
Part																			
Sectio	n 1 - Taxes Paid or	Accr	ued Direc	ctly b	by Fore	ign Corporatio						(4)			(-)			(0)	
		Nam	(a) ne of Payor	Entity	у		(b) EIN or Ref ID Numb	erence per of	(c Unsuspe	ended	d to Wh (Enter code	ch Tax - see	Possession x Is Paid instructions.	Entity	(e) gn Tax Year of Pa to Which Tax Rel		to Whi	(f) ear of Payor Entity ch Tax Relates	
		~ ~	a b				Payor E		Taxe		·		ne for each.)		Year/Month/Day)			/Month/Day)	
-	NUEVA KERALZ	A, i	S.A.				154750			-	G	T.		4	022/12/3	L	202	2/12/31	
2									╞┝═	╡									
<u>3</u> 4										╡									
4	(g)			(h)		(i)			· - (j)			(14)		(1)			(m)	
	Income Subject to T in the Foreign Jurisdic (see instructions)	ction	If taxes a U.S. sou	are pa	ncome,	Local Curre Which Tax Is (enter code - see	Payable	(in loca	Paid o al curre	or A enc	Accrued cy in which ayable)	С	(k) Conversion R U.S. Dolla			In U.S. Dollars Solumn (j) by column (k) In Functional Curren			
1						GTQ							7.56	50450000				0.	
2																			
3																			
4																			
5	Total (combine lines 1	throug	gh 4 of colu	umn (l)). Also ı	report amount on	n Schedule E	-1, line 4	1					🕨					
	Total (combine lines 1		-													🕨			
Sectio	n 2 - Taxes Deemeo	d Paio	d by Fore	ign (Corpora	ation													
	Name of Lowe	er-Tier	(a) Distributing	g Fore	eign Cor	poration	(b) EIN or Refer Number of Lo Distributing Corpora	wer-Tier Foreign			Pai	d (Ente	(c) E. Possession t er code-see ins eparate line fo	structions.	x Is	PTEP	d) Group r code)	(e) Annual PTEP Account (enter year)	
1																			
2																			
3																			
4																	(;)		
	(enter amount in functional currency) in the PTEP Gr							(g) Amount of PTEP oup (in functional currency)					(h) PTEP Group ⁻ PTEP Group (L		Respect	(i) Income Taxes Properly Attributable to and not Previously Deemed Paid olumn (f)/column (g)) x column (h)) (USE		eemed Paid	
1										\square									
_2										-									
3										\dashv									
5 To	otal (combine lines 1 th	rough	4 of colum	าท (i)).	Also rep	port amount on S	Schedule E-1	, line 6											

Schedule E (Form 5471) (Rev. 12-2021)		Page 2
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
NUEVA KERALA, S.A.		154750
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 y	years beginning after December 31, 200			ection 986(a)(1)(D) to	translate taxes usir	ng the exchange ra	te on the date of pa	iyment?	
Part I		state date of election n Tax Credit Is D	▶ Pisallowed (Er	nter in functiona	l currency of for	reign corporatio	on.)		
	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d)	(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	e exchange rate, as de	efined in section 9	989(b)(3) and related	regulations (see ins	structions))		L	
Schee	dule E-1 Taxes Paid, Accr	ued, or Deemed	Paid on Earni	ngs and Profits	s (E&P) of Forei	<u> </u>			
							Taxes related to:		1
	RTANT: Enter amounts in U.S. dollars.				(a) Subpart F Income	(b) Tested Incom	ne Resid	(c) lual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as repor	ted in prior year Scheo	dule E-1)						
b	Beginning balance adjustments (attac	h statement)							
C	Adjusted beginning balance (combine	lines 1a and 1b)							
2	Adjustment for foreign tax redetermin	ation							
3a	Taxes unsuspended under anti-splitte	r rules							
b	Taxes suspended under anti-splitter ru	ıles							
_4	Taxes reported on Schedule E, Part I,	Section 1, line 5, colu	mn (l)						
_5	Taxes carried over in nonrecognition t								
6	Taxes reported on Schedule E, Part I,	Section 2, line 5, colu	mn (i)						
_7	Other adjustments (attach statement)								
8	Taxes paid or accrued on current inco								
	1c through 7)								
9	Taxes deemed paid with respect to in								
10	Taxes deemed paid with respect to ac								
	Taxes on amounts reclassified to sect								
12	Other (attach statement)								
13	Balance of taxes paid or accrued (con								
14	Reserved for future use								
15	Reduction for other taxes not deemed	paid							

Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b),

16

Schedule	E (Form 5471) (Rev. 1	2-2021)								Page 3
Name of	foreign corporation						EIN (if any)			nber (see instructions)
NUEV	A KERALA,	S.A.							154750	
а	Separate Category	(Enter code - see ins	tructions.)						E GEN	
b	If code 901j is enter	red on line a, enter th	ne country code for th						•	
с	If one of the RBT co	odes is entered on lin	ne a, enter the country	y code for the treaty	country (see instruc	tions)			•	
Sche	dule E-1 Ta	xes Paid, Accru	led, or Deemed	Paid on Accum	ulated Earnings	and Profits (E&P) of Foreig	n Corporation	(continued)	
				(e) Taxes related	l to previously tax	ced E&P (see i	nstructions)			
	(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
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_2										
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Schedule E (Form 5471) (Rev. 12-2021)

SCHE (Form	DULE E 5471)		Inc	come	e, War Prof	its, and	I Exc	ess	Ρ	rofits	Tax	es Pai	d or /	Accrued		OME	No. 1545 0100
Departme	cember 2021) ent of the Treasury Revenue Service				Go to www		Attac n5471 fc				ne late:	st informat	tion.			OME	3 No. 1545-0123
Name of	person filing Form 5471														Identify	ing number	
HEIF	ER PROJECT	INT	ERNATI	ONAL											35-	10194	77
	foreign corporation											EIN (if any))				ber (see instructions)
HEIF	ER NIGERIA 1	LTD,	/GTE												NIGE	RIA01	
a Se	eparate Category (Ente	er code	e - see instru	uctions.)											🕨	GEN	
b If	code 901j is entered o	n line :	a, enter the	country	code for the sanctio	ned country	(see inst	tructior	ns)						►		
	one of the RBT codes i					,	ountry (s	see inst	truct	tions)					🕨		
Part					Credit Is Allowe												
Sectio	n 1 - Taxes Paid or	Accr	ued Direc	tly by F	oreign Corporat	on (b)		1		1	(d)			(e)			(f)
			(a)			EIN or Ref		(c)	-	Country o	r U.S. P ch Tax I	ossession	Foreig	gn Tax Year of Pa	yor I		ear of Payor Entity
		Nam	e of Payor	Entity		ID Numb		Unsuspe Taxe		(Enter code	- see in	nstructions.		to Which Tax Rel	ates		ch Tax Relates
	HEIFER NIGE	ΔΤ λ		יידיבי		Payor E	-		,,, 	Use a sepa		e for each.)		<pre>/ear/Month/Day) 023/06/30</pre>	<u> </u>	· ·	r/Month/Day) 3 / 0 6 / 3 0
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3																	
4									-								
<u> </u>	(g)			(h)	(i)				j)			(k)		(1)			(m)
	Income Subject to T in the Foreign Jurisdie		If taxes a U.S. sour							ccrued	Co	nversion R		In U.S. Do			nctional Currency
	(see instructions)			ce incor ck box	(enter code - see	,		e tax is				U.S. Dolla	rs	(divide column (j) b	/ column (k	x)) of Fo	reign Corporation
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2																	
3																	
4																	
	Total (combine lines 1												🕨				
	Total (combine lines 1														🕨		
Sectio	n 2 - Taxes Deemeo	d Paie	d by Forei	ign Cor	poration									T			
	Name of Lowe	er-Tier	(a) Distributing	ı Foreign	Corporation	(b) EIN or Refer Number of Lo Distributing Corpora	ower-Tier Foreign			Pai	d (Enter	(c) Possession to code-see ins parate line fo	tructions.	x Is	(c PTEP (enter		(e) Annual PTEP Account (enter year)
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_2																	
3																	
4					1											(1)	
	(f) PTEP Distributed Total Am (enter amount in functional currency) in the PTEP Group							ency)	Тс	otal Amount		(h) PTEP Group T EP Group (U		Respect	and not P	reviously D	Attributable to PTEP eemed Paid olumn (h)) (USD)
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_2																	
3																	
				(1)													
5 To	otal (combine lines 1 th	rough	4 of colum	n (i)). Als	o report amount on	Schedule E-1	I, line 6										

Schedule E (Form 5471) (Rev. 12-2021)		Page 2
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
HEIFER NIGERIA LTD/GTE		NIGERIA01
a Separate Category (Enter code - see instructions.)		► <u>GEN</u>
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?

(a) Name of Payor Entity (b) ElN 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 1		 n.)	eign corporation	currency of fore	ter in functional	► isallowed (En	tate date of election Tax Credit Is D	Yes X No If "Yes," s Taxes for Which a Foreigr	Part I			
3 In functional currency (combine lines 1 and 2) 4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation IMPORTANT: Enter amounts in U.S. dollars. (a) (b) (c) Subpart F Income Tested Income Residual Income	(i) Total	Suspended					EIN or Reference ID					
3 In functional currency (combine lines 1 and 2) 4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation IMPORTANT: Enter amounts in U.S. dollars. (a) (b) (c) Residual Income Residual Income Residual Income									1			
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. Image: Comparison of the comparison of									2			
IMPORTANT: Enter amounts in U.S. dollars. (a) (b) (c) Subpart F Income Tested Income Residual Income	•						exchange rate, as de	I.S. dollars (translated at the average	4			
(a) (b) (c) Subpart F Income Tested Income Residual Income		Taxes related to:	Та									
1a Balance at beginning of year (as reported in prior year Schedule E-1)	(d) Suspended Taxes				s	IMPORTANT: Enter amounts in U.S. dollars.						
						a Balance at beginning of year (as reported in prior year Schedule E-1)						
b Beginning balance adjustments (attach statement)						Beginning balance adjustments (attach statement)						
c Adjusted beginning balance (combine lines 1a and 1b)							noo 10 and 1b)	iveted beninging belower (equalsion 1				

<u> </u>	Beginning balance adjustments (attach statement)			
с	Adjusted beginning balance (combine lines 1a and 1b)			
2	Adjustment for foreign tax redetermination			
<u>3a</u>	Taxes unsuspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (I)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)			
7	Other adjustments (attach statement)			
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines			
	1c through 7)			
9	Taxes deemed paid with respect to inclusions (see instructions)			
10	Taxes deemed paid with respect to actual distributions			
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
12	Other (attach statement)			
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))			
14	Reserved for future use			
15	Reduction for other taxes not deemed paid			
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b),			
	and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of			
	columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to			
	zero. For the remaining columns, combine lines 8 through 12			
212446 04	H-01-22		Schedule E (Eo	rm 5471) (Rev. 12-2021)

Schedule	e E (Form 5471) (Rev.	12-2021)								Page 3
Name of	foreign corporation						EIN (if any)		Reference ID nur	nber (see instructions)
HEIF	ER NIGERIA	A LTD/GTE							NIGERIA01	L
а	Separate Category	(Enter code - see ins	tructions.)						GEN	
		red on line a, enter th							•	
	If one of the RBT c	odes is entered on lin	e a, enter the countr	y code for the treaty	country (see instruc	tions)			►	
Sche	dule E-1 Ta	axes Paid, Accru	ed, or Deemed	Paid on Accum	ulated Earnings	and Profits (E&P) of Foreig	n Corporation	(continued)	
				(e) Taxes related	to previously tax	ed E&P (see i	nstructions)			
	(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
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Schedule E (Form 5471) (Rev. 12-2021)

	DULE E 5471)		Inc	come, '	War Profi	ts, and	Exc	ess	P	rofits	Tax	es Pai	d or A	Accrued		0.40	
	cember 2021) ent of the Treasury Revenue Service				► Go to www.i		Attac				he lates	st informa	tion.			OMB	No. 1545-0123
	person filing Form 5471														-	ng number	
	ER PROJECT	INTI	ERNATI	ONAL												10194	
	foreign corporation	aa.		T T 200			1000					EIN (if any))				per (see instructions)
-	RSHILA FOR														INDI	GEN	
a S b If	eparate Category (Ente code 901j is entered o	er code n lino (e - see instri	uctions.)	la far tha canatia	nod country	(coo inct	ruction	201						💽	GEN	
	one of the RBT codes			-		-	-										
Part					dit Is Allowed							<u></u>					
Sectio	n 1 - Taxes Paid or	Accri	ued Direc	tly by Fore	ign Corporatio	on											
		Nam	(a) le of Payor I	Entity		(b) EIN or Ref ID Numb	erence per of	(C) Unsuspe	nded	(Enter code	ich Tax I: e - see in:	s Paid structions.	Entity	(e) on Tax Year of Pay to Which Tax Rela		to Whi	(f) ear of Payor Entity ch Tax Relates
<u> </u>	ADHARSHILA :		attam y			Payor E	ntity	Taxe		Úse a sepa	arate line	e for each.)	()	/ear/Month/Day)		(Year	/Month/Day)
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3							<u> </u>		╡┤					025/05/51	·	202	5/05/51
4									††								
	(g) Income Subject to in the Foreign Jurisdi (see instructions)	ction	If taxes a U.S. sour	(h) are paid on ce income, ck box	(i) Local Curr Which Tax Is (enter code - see	Payable	(in loca	Paid c	ency	in which	Со	(k) nversion R U.S. Dolla		(I) In U.S. Dol (divide column (j) by			(m) nctional Currency reign Corporation
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2	3,352,0	00.			INR	-						80.22	1300000				0.
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	Total (combine lines 1				report amount or	n Schedule E	-1, line 4	1					🕨				
6 Soctio	Total (combine lines 1 n 2 - Taxes Deeme	v		<i>, ,,</i>	ation							<u></u>			🕨		
00000	Name of Lowe		(a)			(b) EIN or Refer Number of Lo Distributing Corpora	wer-Tier Foreign			Pai	d (Enter o	(c) Possession to code-see ins parate line fo	tructions.	x Is	(d PTEP ((enter	Group	(e) Annual PTEP Account (enter year)
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	I otal (combine lines 1 th	Irouah	4 of colum	n (i)). Also re	port amount on 9	Schedule F-1	line 6										

Schedule	e (Form 5471) (Rev. 12-2021)								Page 2
	foreign corporation RSHILA FOR SUSTAINAB	LE SOCT-ECC	NOMIC TRA	NSFORM		EIN (if any)		Reference ID nu INDIA01	Imber (see instructions)
-	Separate Category (Enter code - see inst								Г
u b	If code 901j is entered on line a, enter th	e country code for th	e sanctioned cou	ntry (see instruction				······ • <u>····</u>	•
	If one of the RBT codes is entered on lin							•	
Part									
For tax y	years beginning after December 31, 2004	4 has an election be	en made under se	ction 986(a)(1)(D) to	translate taxes us	ing the exchange ra	te on the date of p	avment?	
i or tux :		tate date of election				ing the exchange ra		aymont:	
Part I		n Tax Credit Is D	isallowed (Er	ter in functiona	l currency of fo	reign corporatio	n.)		
		(b)	_		,		(g)		
	(a) Name of Payor Entity	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	(9) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 a	ind 2)						►	
4	In U.S. dollars (translated at the average	exchange rate, as de	efined in section 9	89(b)(3) and related	regulations (see ir	nstructions))			
Sche	dule E-1 Taxes Paid, Accru	ed, or Deemed	Paid on Earnii	ngs and Profits	(E&P) of Fore				
							Taxes related to):	
INPO	RTANT: Enter amounts in U.S. dollars.				(a) Subpart F Income	(b) Tested Incom	e Resi	(c) dual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported	ed in prior year Sche	dule E-1)						
b	Beginning balance adjustments (attach	statement)							
с	Adjusted beginning balance (combine li	ines 1a and 1b)							
2	Adjustment for foreign tax redeterminat	tion							
3a	Taxes unsuspended under anti-splitter	rules							
b	Taxes suspended under anti-splitter rule	es							
4	Taxes reported on Schedule E, Part I, S	Section 1, line 5, colu	mn (l)						
5	Taxes carried over in nonrecognition tra	ansactions							
6	Taxes reported on Schedule E, Part I, S	Section 2, line 5, colu	mn (i)						
7	Other adjustments (attach statement)								ļ
8	Taxes paid or accrued on current incon	ne/E&P or accumulat	ed E&P (combine	lines					
	1c through 7)								
9	Taxes deemed paid with respect to incl								
10	Taxes deemed paid with respect to act								ļ
	Taxes on amounts reclassified to section								
12	Other (attach statement)								
13	Balance of taxes paid or accrued (comb	oine lines 8 through 1	2 in columns (a),	b), and (c))					
14	Reserved for future use								
15	Reduction for other taxes not deemed								
16	Balance of taxes paid or accrued at the								
	and (c) must always equal zero. So, if n								
	columns (a), (b), and (c) in amounts suff								
	zero. For the remaining columns, comb	ine lines 8 through 1	2						

Schedul	e E (Form 5471) (Rev. 1:	2-2021)								Page 3
Name of	foreign corporation						EIN (if any)		Reference ID nun	nber (see instructions)
ADHA	RSHILA FOR	SUSTAINAB	LE SOCI-ECO	NOMIC TRAN	ISFORM				INDIA01	
а	Separate Category	(Enter code - see inst	tructions.)						► GEN	
b	If code 901j is enter	ed on line a, enter th	e country code for th	ne sanctioned counti	y (see instructions)					
с	If one of the RBT co	des is entered on lin	e a, enter the country	y code for the treaty	country (see instruc	tions)			►	
Sche	dule E-1 Ta	xes Paid, Accru	ie a, enter the country ied, or Deemed	Paid on Accum	ulated Earnings	and Profits (E&P) of Foreig	n Corporation	(continued)	
				(e) Taxes related	<u> </u>	ed E&P (see in	nstructions)	•		
	(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
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Schedule E (Form 5471) (Rev. 12-2021)

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Name of Payor Entry Ell (f any) Interesting concerns and the country code for the sanction of the contry code for the test code contry (see instructions) Gen Part Taxes for Which a Foreign Tax Credit Is Allowed Environment (see instructions) If any of the foreign Corporation (a) (a) (b) Environment (see instructions) (c) (c) (c) (a) (a) (c) (c) (c) (c) (c) (c) (a) (c) (c) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Identif</td><td>ying numbe</td><td>er</td></td<>																Identif	ying numbe	er
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Separate Category (Enter code: see instructions) bit doed 801) is entered on line a, enter the country code for the treaty country (see instructions) Country or use the country code for the treaty country (see instructions) Country or use the country code for the treaty country (see instructions) Country or use comparison Country or use comparison Country or use instructions) Country or use comparison Country or use		-											EIN (if any))				. ,
b I code 901 jis entered on line a, enter the courty code for the senctioned outry (see instructions)																		2
c. If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) Image: Country of the treats of Which as Foreign Corporation Section 1 - Taxes For Which as Foreign Carporation (a) (b) (c)	a Se	eparate Category (Ente	er code	e - see instru	uctions.) .											►	GEN	
Partin Taxes for Which a Foreign Tax Credit is Allowed Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation (a)																🕨	•	
Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation (a) Name of Payor Entity (b) ElN or Reference Payor Entity (c) ElN or Reference (c) ElN or Referenc							,	ountry (s	ee insi	truct						🕨	•	
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Name of Payor Entity D Number of Payor Entity D Number of	Section		ACCI			eigii Corporati						(d)			(e)			(f)
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3 (a) (b) (c)										╡┤		-			022/0//2			
4 (9) (1)										1								
Income Subject to Tax If taxes are paid on the Foreign Jurisdiction (see instructions) If taxes are paid on U.S. source income check box In control Currency in Which Tax Is Payable (inter code: see instructions) Conversion Rate to U.S. Dollars In U.S. Dollars In Functional U.S. Dollars 1 Image: Conversion Rate to (see instructions) Image: Conversion Rate to U.S. Dollars Image: Conversi	4																	
2		Income Subject to in the Foreign Jurisdi	ction	If taxes a U.S. sour	are paid or ce income	Local Curr Which Tax Is	rency in s Payable	(in loca	Paid c al curre	or Ac ency	in which	Co	nversion R		In U.S. Do			unctional Currency
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5 Total (combine lines 1 through 4 of column (li)). Also report amount on Schedule E-1, line 4 • </td <td>3</td> <td></td>	3																	
6 Total (combine lines 1 through 4 of column (m)) Image: Column (m) Image: Column (m) <td>4</td> <td></td> <td>_</td> <td></td>	4																_	
Section 2 - Taxes Deemed Paid by Foreign Corporation (a) (b) (c) (c) (d) Annual PTEP Name of Lower-Tier Distributing Foreign Corporation Distributing Foreign Corporation Distributing Foreign Corporation (c) Country or U.S. Possession to Which Tax is Paid (Enter codese instructions. Use a separate line for each.) (d) Annual PTEP Account (enter code) 1		-		-		o report amount o	n Schedule E	E-1, line 4	4					🕨				
(a) Name of Lower-Tier Distributing Foreign Corporation (b) Number of Lower-Tier Distributing Foreign Corporation (c) Distributing Foreign Corporation (c) Distributing Foreign 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	-		Ň		<u>, ,, ,</u>		<u></u>						<u></u>	<u></u>		🕨		
Name of Lower-Tier Distributing Foreign Corporation Number of Lower-Tier Distributing Foreign Corporation Number of Lower-Tier Distributing Foreign Corporation Number of Lower-Tier Distributing Foreign Corporation PTEP Group (enter code-see instructions) PTEP Group (enter code) Addresse 1	Section	n 2 - Taxes Deeme	d Paid	d by Forei	ign Corp	ration	(b)		1				(c)					(a)
2 Image: Constraint of the provided strength of the provided stren		Name of Lowe	er-Tier I		ı Foreign C	orporation	Number of Lo Distributing	ower-Tier Foreign			Pai	d (Enter o	Possession to code-see ins	tructions.	x Is	PTEP	Group	Annual PTEP Account
3 4 5 4 6 1 1 2 1 3 1 4 1	1																	
4 (f) (g) (h) (i) PTEP Distributed (enter amount in functional currency) Total Amount of PTEP in the PTEP Group (in functional currency) Total Amount of the PTEP Group (USD) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD) 1	_2																	
(f) PTEP Distributed (enter amount in functional currency) (g) Total Amount of PTEP in the PTEP Group (in functional currency) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD) 1	3																	
(f) PTEP Distributed (enter amount in functional currency) (g) Total Amount of PTEP in the PTEP Group (Infunctional currency) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD) 1	4																(i)	
2			Distrib		icy)		Amount of P		ency)	Тс	otal Amount		TEP Group 7		Respect	and not	ixes Properl Previously I	Deemed Paid
3 4										_								
4																		
		tal (aomhina linas 1 th	rough	1 of colum		anait amount and		line 6										

Schedule E (Form 5471) (Rev. 12-2021)		Page 2
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
HEIFER PROJECT INTERNATIONAL NEPAL		302273432
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 usir	ng the exchange rate or	the date of payment?
Yes X No If "Yes," state date of election		
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of for	reign 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

			Taxes	related to:	
IMPC	PRTANT: Enter amounts in U.S. dollars.	(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 unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (I)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)				
7	Other adjustments (attach statement)				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines				
	1c through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement)				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b),				
	and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of				
	columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to				
	zero. For the remaining columns, combine lines 8 through 12				

Schedul	e E (Form 5471) (Rev. 1	2-2021)								Page 3
Name of	foreign corporation						EIN (if any)		Reference ID nur	nber (see instructions)
HEIF	ER PROJECT	INTERNATI	ONAL NEPAL						302273432	2
а	Separate Category	(Enter code - see ins	tructions.)						E GEN	
b	If code 901j is enter	ed on line a, enter th	ne country code for th	ne sanctioned countr	ry (see instructions)				►	
	If one of the RBT co	des is entered on lin	ne a, enter the country	y code for the treaty	country (see instruc	tions)			►	
Sche	dule E-1 Ta	xes Paid, Accru	ie a, enter the country ied, or Deemed	Paid on Accum	ulated Earnings	and Profits (E&P) of Foreig	n Corporation	(continued)	
				(e) Taxes related		ed E&P (see in	nstructions)	1	T	
	(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										
<u>3a</u>										
b										
4										
<u>5</u> 6										
7										
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Schedule E (Form 5471) (Rev. 12-2021)

SCHE (Form	DULE E 5471)		Inc	con	ne, V	Var Profi	ts, and	Exc	ess	s F	Profits	Tax	xes Pai	id or <i>l</i>	Accrued			
(Rev. Deo Departm	cember 2021) ent of the Treasury Revenue Service					► Go to www.i		Attac				ne lat	est informa	tion.			OMB	No. 1545-0123
	person filing Form 5471															Identifyi	ng number	
	ER PROJECT	INT	ERNATI	ONA	۲T											-	10194	
	foreign corporation		-										EIN (if any)				per (see instructions)
HEIF	ER KOREA															49282	2002	
a S	eparate Category (Ente	er code	e - see instri	uction	าร.)								•			•	GEN	
b lf	code 901j is entered of	n line	a, enter the	coun	try code	e for the sanctior	ned country	(see inst	ructio	ns)								
c If	one of the RBT codes	is ente	ered on line	a, en	ter the o	country code for	the treaty co	ountry (s	ee ins	truc	ctions)					►		
Part																		
Sectio	n 1 - Taxes Paid or	Accr	ued Direc	tly b	y Forei	ign Corporatio												
		Nam	(a) ne of Payor	Entity	,		(b) EIN or Ref ID Numb Payor E	erence ber of	(c Unsuspe Taxe	ended	to Wh (Enter code	ch Tax - see	Possession x Is Paid instructions. ne for each.)	Entity	(e) gn Tax Year of Pay to Which Tax Rela (ear/Month/Day)		to Whi	(f) fear of Payor Entity ch Tax Relates r/Month/Day)
1	HEIFER KORE	Δ					492820			7	K		ne ior each.)		023/06/30		· · ·	3/06/30
2							192020	02		╡		<u> </u>			023700730	<u> </u>	202	5/00/50
3										╡								
4										7								
	(g)	_		(h)		(i)		_		(j)			(k)		(I)			(m)
	Income Subject to T in the Foreign Jurisdi (see instructions)	ction	If taxes a U.S. sour chee		come,	Local Curr Which Tax Is (enter code - see	Payable	(in loca	al curre	enc	Accrued sy in which ayable)	С	Conversion R U.S. Dolla		In U.S. Dol (divide column (j) by			nctional Currency reign Corporation
1	105,534,0	00.				KRW							1321.90	0000000				0.
_ 2																		
3																		
4																		
	Total (combine lines 1					report amount or	n Schedule E	-1, line 4	۹					🕨				
	Total (combine lines 1		-					<u></u>						<u></u>		🕨		
Sectio	n 2 - Taxes Deemee	d Pai	d by Fore	ign C	corpora	ation	(b)						(c)					(e)
	Name of Lowe	er-Tier	(a) Distributing	g Fore	ign Cor	poration	(b) EIN or Refer Number of Lo Distributing Corporat	wer-Tier Foreign			Pai	d (Ente	. Possession t er code-see ins eparate line fo	tructions.	x Is	(d PTEP ((enter (Group	Annual PTEP Account (enter year)
1																		
_2																		
3																		
4																	(;)	
	PTEP I (enter amount in			ісу)	i	Total A n the PTEP Grou	(g) mount of PT up (in functio		ency)	1	Total Amount		(h) PTEP Group ⁻ PTEP Group (U		Respect	and not Pr	reviously De	Attributable to PTEP eemed Paid olumn (h)) (USD)
_1																		
_2																		
3										-								
5 To	otal (combine lines 1 th	rough	4 of colum	n (i)). /	Also rep	port amount on S	Schedule E-1	, line 6										

Schedule E (Form 5471) (Rev. 12-2021)		Page
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
HEIFER KOREA		49282002
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?

For tax y	/ears beginning after December 31, 2004	I, has an election been tate date of election		ction 986(a)(1)(D) to	o translate taxes us	ng the exchange rat	e on the date of pay	yment?	
Part I		Tax Credit Is D	isallowed (Er	nter in functiona	al currency of fo	reign corporatio	n.)		
	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and	(e)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 a	nd 2)						►	
	In U.S. dollars (translated at the average	exchange rate, as de	efined in section 9	89(b)(3) and related	d regulations (see in	structions))		►	
Schee	dule E-1 Taxes Paid, Accru	ed, or Deemed	Paid on Earnii	ngs and Profits	s (E&P) of Fore				
	DTANT. F. C. M. S. M. S. M. O. J. W.					1	axes related to:		1
IMPO	RTANT: Enter amounts in U.S. dollars.				(a) Subpart F Income	(b) Tested Income	e Residu	(c) ual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported	ed in prior year Scheo	dule E-1)						
b	Beginning balance adjustments (attach	statement)							
с	Adjusted beginning balance (combine li	nes 1a and 1b)							
2	Adjustment for foreign tax redeterminat	ion							
3a	Taxes unsuspended under anti-splitter	rules							
b	Taxes suspended under anti-splitter rule								
4	Taxes reported on Schedule E, Part I, S	ection 1, line 5, colu	mn (l)						
5	Taxes carried over in nonrecognition tra	insactions							
6	Taxes reported on Schedule E, Part I, S	ection 2, line 5, colu	mn (i)						
7									
8	Taxes paid or accrued on current incom	ne/E&P or accumulat	ed E&P (combine	lines					
	1c through 7)								
9	Taxes deemed paid with respect to incl	usions (see instructio	ons)						
10	Taxes deemed paid with respect to actu	ual distributions							
11	Taxes on amounts reclassified to section	on 959(c)(1) E&P from	section 959(c)(2)	E&P					

Other (attach statement)

Reserved for future use

Reduction for other taxes not deemed paid

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

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

12

<u>13</u> 14

15

16

Schedul	e E (Form 5471) (Rev.	12-2021)								Page 3			
	foreign corporation				EIN (if any)		Reference ID number (see instructions)						
HEIF	'ER KOREA		49282002										
а	Separate Category) <u>GEN</u>										
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)(viii)SectionSection965(b) PTEP951A PTEP		(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP			
<u>1a</u>													
b													
C													
2		_	-										
<u> </u>													
b													
<u>5</u> 6													
7													
8													
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13													
14													
15													
16													

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

SCHEDULE E (Form 5471)		Income, War Profits, and Excess Profits Taxes Paid or Accrued																
(Rev. December 2021) Department of the Treasury Internal Revenue Service				 Attach to Form 5471. Go to www.irs.gov/Form5471 for instructions and the latest information. 												3 No. 1545-0123		
	Name of person filing Form 5471														·			
HEIFER PROJECT INTERNATIONAL 35-101947													77					
														nce ID number (see instructions)				
PASSING GIFTS PRIVATE LIMITED U80900UP2021FTC15													021FTC1503					
 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 I Taxes for Which a Foreign Tax Credit Is Allowed																		
Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation (b) (c) (d) (e) (f)																		
	(a)					EIN or Ref	(c)		(d) Country or U.S. Po to Which Tax Is		Possession		ign Tax Year of Payor		U.S. Tax Year of Payor Ent			
	Name of Payor Entity					ID Number of Payor Entity		Unsuspei Taxe:	(Enter code		e - see instructions. arate line for each.)		Entity to Which Tax Rela (Year/Month/Day)		ates		to Which Tax Relates (Year/Month/Day)	
1											arate line for each.)		(Year/Wonth/Day)				l/Wonth/Day)	
	PASSING GIF	TS	ΓͲΕϽ	U80900 21FTC1		-	IN		2		2023/03/31		2023/03/31					
3		10				211101		-					020700701					
4									1									
	(g)										(k)			(1)		(m)		
	Income Subject to Tax If taxes are paid or in the Foreign Jurisdiction U.S. source income				Local Curr Which Tax Is			Tax Paid of (in local current			Conversion Ra		ate to In U.S. Dolla				nctional Currency	
					(enter code - see		e tax is payable)			U.S. Dollars		ars	(divide column (j) b	y column (n (k)) of Foreign Corporation			
1																		
2				INF	INR						80.22				0.			
3																		
4																		
5	Total (combine lines 1	throug	gh 4 of colu	mn (l)). Alse	o report amount o	n Schedule E	E-1, line 4	۱					🕨					
	Total (combine lines 1			<u>, ,,</u>							<u></u>				🕨			
Section	n 2 - Taxes Deemeo	d Paie	d by Forei	gn Corpo	ration	1 (1-)											(-)	
	(a) Name of Lower-Tier Distributing Foreign Corporation					(b) EIN or Reference Number of Lo	wer-Tier						(C) Possession to Which Tax Is code-see instructions.			d) Group	(e) Annual PTEP Account	
						Distributing Corporat						eparate line fo			(enter code)		(enter year)	
1																		
2																		
3																		
4												(i)						
	(f) PTEP Distributed Total A (enter amount in functional currency) in the PTEP Grou							ency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)					Respect	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 To	otal (combine lines 1 th	rough	4 of colum	n (i)). Also ı	eport amount on S	Schedule E-1	, line 6											

Schedule E (Form 5471) (Rev. 12-2021)		Page 2
Name of foreign corporation	EIN (if any)	₲₱₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽
PASSING GIFTS PRIVATE LIMITED		88
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?

Part		state date of election		ter in functional	currency of for	eian corporatio)		
	(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)	(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									

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

Schedule	e E (Form 5471) (Rev. 1	2-2021)								Page 3
Name of	foreign corporation						EIN (if any)		UR810-9-00.001720	362(1eFitsCit56)3
PASS	ING GIFTS	PRIVATE LI	MITED						88	
а	Separate Category	(Enter code - see ins	tructions.)						🕨 <u>GEN</u>	
b	If code 901j is enter	ed on line a, enter th	ne country code for th	ne sanctioned count	ry (see instructions)				►	
с	If one of the RBT co	des is entered on lin	ne a, enter the countr	y code for the treaty	country (see instruc	tions)			►	
Sche	dule E-1 Ta	xes Paid, Accru	ied, or Deemed	Paid on Accum	ulated Earnings	and Profits (E&P) of Foreig	n Corporation	(continued)	
				(e) Taxes related	l to previously tax	ed E&P (see i	nstructions)			
	(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
1 a										
b										
c										
2										
3a										
b										
4										
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16										

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SCHEDULE Q (Form 5471) (Rev. December 2022) Department of the Treasury Internal Revenue Service			Come by CFC Attach to Form ov/Form5471 for instruc	n 5471.	-		OMB No. 1545-0123
Name of person filing Form 5471						Identifying	number
HEIFER PROJECT INTERNATION	ONAL					35-1	019477
Name of foreign corporation					EIN (if any)	Reference	ID number (see instructions)
NUEVA KERALA, S.A.						15475	0
Complete a separate Schedule Q with respect to	each ap	plicable category of inco	ome (see instructions).		·		
A Enter separate category code with respe	ect to whi	ch this Schedule Q is be	eing completed (see inst	ructions for codes)			GEN
B If category code "PAS" is entered on line							
C If code "901j" is entered on line A, enter	the coun	try code for the sanction	ned country (see instruct	1			
Complete a separate Schedule Q for U.S. source	e income	and foreign source inco	me (see instructions for				
D Indicate whether this Schedule Q is bein	ng comple	ted for:	U.S. source income or	X Foreign so	ource income		
Complete a separate Schedule Q for FOGEI or F							
E If this Schedule Q is being completed fo	r FOGEI o	or FORI income, check t	his box				
Enter amounts in functional currency of the	(i)	(ii)	(iii)	(iv) Related Person	(v)	(vi) search & Experimer	(vii)
foreign corporation (unless otherwise noted).	Country Code	Gross Income	Definitely Related Expenses	Interest Expense	Other Interest Re Expense	Expenses	tal 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 Other							
(1) Unit name:							
(2) Unit name:							
ଷ୍ଟ୍ର g Foreign Base Company Sales ଅଧି Income (Total)							
돈 (1) Unit name:							
∾ (2) Unit name:							
Important: See Computer-Generated Sc	hedule (in instructions					

LHA 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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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(2)									
b							<u> </u>		
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(2)									
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e									
(1)							+++		
(2)								_	
f								-	
(1)							+++		
(2)									
g									
(1)							+++		
(2)			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							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other							
Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		2,053,040.	4,406,648.		453,650.		
(1) Unit name: NUEVA KERALA,	GT	2,053,040.	4,406,648.		453,650.		
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		2,053,040.	4,406,648.		453,650.		

	(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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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3				-2,807,258.		13,217,878.		-2807258.	
(1)				-2,807,258.		13,217,878.		-2807258.	0.
(2)									
4									
(1)									
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5				-2,807,258.				-2807258.	

Important: See Computer-Generated Schedule Q in instructions.

SCHEDULE Q (Form 5471) (Rev. December 2022) Department of the Treasury Internal Revenue Service			Come by CFC Attach to Forn ov/Form5471 for instruc	ı 5471.	-		OMB No. 1545-0123
Name of person filing Form 5471						Identifying	number
HEIFER PROJECT INTERNATION	ONAL					35-10)19477
Name of foreign corporation					EIN (if any)		ID number (see instructions)
HEIFER NIGERIA LTD/GTE						NIGERI	IA01
Complete a separate Schedule Q with respect to	each ap	plicable category of inco	ome (see instructions).				
A Enter separate category code with respe			· · · · · ·	uctions for codes)		(GEN
B If category code "PAS" is entered on line			•	,		-	
C If code "901j" is entered on line A, enter			,	:)			
Complete a separate Schedule Q for U.S. source	income	and foreign source inco	me (see instructions for a			-	
D Indicate whether this Schedule Q is bein	g comple	ted for:	U.S. source income or	X Foreign sc	ource income		
Complete a separate Schedule Q for FOGEI or F							
E If this Schedule Q is being completed for			his box				
Enter amounts in functional currency of the	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
foreign corporation (unless otherwise noted).	Country Code	Gross Income	Definitely Related Expenses	Related Person Interest Expense	Other Interest Re Expense	search & Experiment Expenses	tal 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 Other							
(1) Unit name:							
(2) Unit name:							
g Foreign Base Company Sales							
ଷ୍ପ୍ର g Foreign Base Company Sales ଅଧି Income (Total)							
(1) Unit name:							
(1) Unit name:							
Important: See Computer-Generated Scl	nedule (in instructions.			·		· ·

LHA 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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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(1)							+++		
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g									
(1)							+++		
(2)			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							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other							
Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		3734979057.	4095901734.				
(1) Unit name: <u>HEIFER NIGERIA</u>	NI	3734979057.	4095901734.				
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		3734979057.	4095901734.				

	(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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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3				-360922677.		829,394,845.		-360922677	
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(2)									
5				-360922677.				-360922677	

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

SCHEDULE Q (Form 5471)		CFC In	come by CFC		oups			
(Rev. December 2022) Department of the Treasury Internal Revenue Service		Go to www.irs.go	Attach to Forn ov/Form5471 for instruc		information.		O	MB No. 1545-0123
Name of person filing Form 5471						1	dentifying nun	nber
HEIFER PROJECT IN	TERNATIONAL						35-101	9477
Name of foreign corporation					EIN (if any)			umber (see instructions)
ADHARSHILA FOR SUS	STAINABLE SO	CI-ECONOMIC	TRANSFORM			Г	NDIA01	
Complete a separate Schedule Q v	with respect to each ap	plicable category of inc	ome (see instructions).					
A Enter separate category co	ode with respect to wh	ich this Schedule Q is b	eing completed (see inst	ructions for codes)			GEI	N
B If category code "PAS" is a								
C If code "901j" is entered or				• •				
Complete a separate Schedule Q f	or U.S. source income	and foreign source inco	me (see instructions for					
D Indicate whether this Sche	dule Q is being compl	eted for:	U.S. source income or	X Foreign sc	ource income			
Complete a separate Schedule Q f	or FOGEI or FORI inco	me.						_
E If this Schedule Q is being	completed for FOGEI	or FORI income, check t	his box					
Enter amounts in functional currer foreign corporation (unless otherw	Joounny	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	Research &	vi) Experimental enses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups					·			, <u> </u>
a Dividends, Interest, Rents, R	oyalties,							
& Annuities (Total)								
(1) Unit name:								
(2) Unit name:								
b Net Gain From Certain Prope	erty							
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 (
(1) Unit name:								
(2) Unit name:								
e Income Equivalent to Interes								
(1) Unit name:								
(2) Unit name:								
f Other								
(1) Unit name:								
(2) Unit name:								
명 Foreign Base Company Sale 이 Income (Total)								
P Income (Total)								
(1) Unit name:								
Important: See Computer-Ge	enerated 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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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(1)							+++		
(2)			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							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other							
Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		10,022,000.	6,657,000.		13,000.		
(1) Unit name: ADHARSHILA FOR	IN	10,022,000.	6,657,000.		13,000.		
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		10,022,000.	6,657,000.		13,000.		

	(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	(xν) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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3				3,352,000.		16,472,150.			3,352,000. 3,352,000.
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(2)				3,352,000.			-		2 252 000
5				3,354,000.					3,352,000.

Important: See Computer-Generated Schedule Q in instructions.

SCHEDULE Q (Form 5471)			CFC In	come by CFC	Income Gi	roups	Í	
(Rev. December 2022) Department of the Treasury Internal Revenue Service			Go to www.irs.go	Attach to Forr ov/Form5471 for instruc		t information.	O	MB No. 1545-0123
Name of person filing Form 5471							Identifying nun	nber
HEIFER PROJECT	INTERNATIO	ONAL					35-101	9477
Name of foreign corporation						EIN (if any)		umber (see instructions)
HEIFER PROJECT	INTERNATIO	ONAL 1	NEPAL				30227343	32
Complete a separate Schedule	Q with respect to	each app	blicable category of inc	ome (see instructions).				
A Enter separate categor	ry code with respe	ct to whic	ch this Schedule Q is b	eing completed (see inst	ructions for codes)		 GEI	N
C If code "901j" is entere					、			
Complete a separate Schedule	Q for U.S. source	income a	and foreign source inco	me (see instructions for				
D Indicate whether this S			т т	U.S. source income or	Foreign so	ource income		
Complete a separate Schedule		• .						
				his box			 	
Enter amounts in functional cu		(i) Country	(ii) Gross Income	(iii) Definitely Related	(iv) Related Person	(v) Other Interest	(vi) & Experimental	(vii) Other Expenses
foreign corporation (unless oth	herwise noted).	Code	Gloss income	Expenses	Interest Expense	Expense	penses	(attach schedule)
1 Subpart F Income Group	S							
a Dividends, Interest, Rent	s, Royalties,							
& Annuities (Total)	-							
(1) Unit name:								
(2) Unit name:								
b Net Gain From Certain P	roperty							
Transactions (Total)								
(1) Unit name:								
(2) Unit name:								
c Net Gain From Commod	ities							
Transactions (Total)								
(1) Unit name:								
(2) Unit name:								
d Net Foreign Currency Ga	ain (Total)							
(1) Unit name:								
(2) Unit name:								
e Income Equivalent to Int								
(1) Unit name:								
(2) Unit name:								
f Other								
(1) Unit name:								
(2) Unit name:								
g Foreign Base Company s								
P P Income (Total)								
(1) Unit name:								
a (2) Unit name:								
Important: See Computer	-Generated Sch	nedule G	in instructions.					

LHA 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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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(1)							+++		
(2)			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							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other							
Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		638,410,576.					
(1) Unit name: <u>HEIFER PROJECT</u>	NP	638,410,576.	638,410,576.				
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total nportant: See Computer-Generated So		638,410,576.	638,410,576.				

	(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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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Important: See Computer-Generated Schedule Q in instructions.

SCHEDULE Q (Form 5471) (Rev. December 2022) Department of the Treasury Internal Revenue Service			Come by CFC Attach to Form ov/Form5471 for instruct	n 5471.	-		OMB No. 1545-0123
Name of person filing Form 5471						Identifyi	ng number
HEIFER PROJECT INTERNATI	ONAL					35-	1019477
Name of foreign corporation					EIN (if any)	Referen	ce ID number (see instructions)
HEIFER KOREA						4928	2002
Complete a separate Schedule Q with respect to	o each ap	plicable category of inco	ome (see instructions).		•	·	
A Enter separate category code with respe	ect to which	ch this Schedule Q is be	eing completed (see insti	ructions for codes)			GEN
B If category code "PAS" is entered on line							
C If code "901j" is entered on line A, enter	the count	ry code for the sanction	ned country (see instruct	·			
Complete a separate Schedule Q for U.S. source	e income a	and foreign source inco	me (see instructions for	an exc <u>e</u> ption).			
D Indicate whether this Schedule Q is beir	ng comple	ted for:	U.S. source income or	X Foreign so	ource income		
Complete a separate Schedule Q for FOGEI or F	ORI incor	ne.					_
E If this Schedule Q is being completed fo	r FOGEI d	r FORI income, check t	his box				
Enter amounts in functional currency of the	(i) Country	(ii) Gross Income	(iii)	(iv) Related Person	(v)	(vi)	(vii)
foreign corporation (unless otherwise noted).	Code	Gross income	Definitely Related Expenses	Interest Expense	Expense	esearch & Experim 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 Other							
(1) Unit name:							
(2) Unit name:							
ଷ୍ପ୍ର g Foreign Base Company Sales ଅଧି Income (Total)							
이 Income (Total)							
(1) Unit name:							
Important: See Computer-Generated Sc	hedule (in instructions					

LHA 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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
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b							<u> </u>		
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(1)							+++		
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g									
(1)							+++		
(2)			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							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other							
Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		879,708,000.					
(1) Unit name: HEIFER KOREA	KS	879,708,000.	774,174,000.				
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:	. 🖵 🗕						
(2) Unit name:	. 🖵 🗕						
5 Total		879,708,000.	774,174,000.				

213174 12-02-22

Schedule Q (Form 5471) (Rev. 12-2022)

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	(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 Electior	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
								-	
h									
(1)									
(2)									
								-	
i (1)									
(1)									
(<u>2)</u>									
(1)									
(1)									
/									
I								-	
m									
2									
3				105,534,000. 105,534,000.		1055877000.			105534000.
(1)				105,534,000.		1055877000.		0.	105534000.
(2)									
4									
(1)									
(2)								L	
5				105,534,000.					105534000.

Important: See Computer-Generated Schedule Q in instructions.

SCHEDULE Q (Form 5471)			CFC In	come by CFC		oups			MB No. 1545-0123
(Rev. December 2022) Department of the Treasury Internal Revenue Service			Go to www.irs.go	Attach to Forr ov/Form5471 for instruc		information.		0	ND NO. 1343-0123
Name of person filing Form 5471							la	lentifying nun	nber
HEIFER PROJECT I	NTERNATIO	ONAT.						35-101	
Name of foreign corporation						EIN (if any)			number (see instructions)
PASSING GIFTS PF	TVATE LT	NTTED							P2021FTC1503
Complete a separate Schedule				ome (see instructions)					
A Enter separate category					ructions for codes)			GEI	N
C If code "901j" is entere					1				
Complete a separate Schedule	-		•		,			······ <u> </u>	
D Indicate whether this S			т	U.S. source income or	Foreign sou	urce income			
Complete a separate Schedule		• ·							
E If this Schedule Q is be				this box					П
Enter amounts in functional cu foreign corporation (unless oth	rrency of the	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(v Research & E Expe	i) Experimental	(vii) Other Expenses (attach schedule)
1 Subpart F Income Group	,	COUC		Expenses		Expense		1303	
a Dividends, Interest, Rents									
& Annuities (Total)	, ,								
(1) Unit name:									
(2) Unit name:									
b Net Gain From Certain Pr									
Transactions (Total)									
(1) Unit name:									
(2) Unit name:									
c Net Gain From Commodi									
Transactions (Total)									
(1) Unit name:									
(2) Unit name:									
d Net Foreign Currency Ga									
(1) Unit name:									
(2) Unit name:									
e Income Equivalent to Inte									
(1) Unit name:									
(2) Unit name:									
f Other									
(1) Unit name:									
(2) Unit name:									
R Earoian Basa Company S									
kg Foreign Base Company 3									
(1) Unit name:									
(i) Unit name:									
Important: See Computer-	-Generated Scl	nedule (in instructions.	•	•	·	· ·	1	

	(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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
ı									
а								_	
(1)									
(2)									
b							<u> </u>		
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)							+++		
(2)									
e									
(1)							+++		
(2)								_	
f								-	
(1)							+++		
(2)									
g									
(1)							+++		
(2)			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							
h Foreign Base Company Services Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		540,300.	1,134,300.				
(1) Unit name: PASSING GIFTS	IN	540,300.	1,134,300.				
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		540,300.	1,134,300.				

	(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	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)									
(2)									
i									
(1)							\square		
(2)									
j									
(1)									
(2)									
k									
I									
m									
2									
3				-594,000.		277,500.		-594,000.	
(1)				-594,000.		277,500.		-594,000.	0.
(2)									
4									
(1)									
(2)									
5				-594,000.				-594,000.	

Important: See Computer-Generated Schedule Q in instructions.

(Form	5471)
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(December 2020)

Department of the Treasury Internal Revenue Service

Distributions From a Foreign Corporation

OMB No. 1545-0123

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

	of person filing Form 5471	Identifying number		
	FER PROJECT INTERNATIONAL		35-1019477	
	of foreign corporation	EIN (if any)	Reference ID number	(see instructions)
NUE	VA KERALA, S.A.		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	N/A	12/31/2022		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

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(December 2020)

Department of the Treasury Internal Revenue Service

Distributions From a Foreign Corporation

OMB No. 1545-0123

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

Name o	f person filing Form 5471		Identifying number		
	FER PROJECT INTERNATIONAL		35-1019477		
	f foreign corporation	EIN (if any)	Reference ID number	(see instructions)	
HEI	FER NIGERIA LTD/GTE		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	N/A	06/30/2023			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
22					
23					
24					

SCHEDULE	R
(Form 5471)	

Di	istril	butions	From	а	Foreign	Corp	oration

OMB No. 1545-0123

(December 2020) Department of the Treasury Internal Revenue Service

nal Revenue Service

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

Name of person filing Form 5471		Identifying number			
HEIFER PROJECT INTERNATIONAL		35-1019477			
Name of foreign corporation	EIN (if any)	Reference ID number	(see instructions)		
ADHARSHILA FOR SUSTAINABLE SOCI-ECONOMIC TRA		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		
1N/A	03/31/2023				
2					
3					
4					
5					
6					
7					
8					
9					
10					
12					
13					
14					
15					
16					
18					
19					
20					
21					
22					
24					

(Form 5471)	
(December 2020)	

Distributions From a Foreign Corporation

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Attach to Form 5471.
 Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471			Identifying number				
HEIFER PROJECT IN	35-1019477						
Name of foreign corporation		EIN (if any)	Reference ID number (see instructions) 302273432				
HEIFER PROJECT IN	TERNATIONAL NEPAL						
	(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			
1N/A		07/15/2022					
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
22							
23							
4 4		1	1				

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(December 2020)

Department of the Treasury Internal Revenue Service

Distributions From a Foreign Corporation

OMB No. 1545-0123

Attach to Form 5471.

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

	f person filing Form 5471	Identifying number			
	FER PROJECT INTERNATIONAL	35-1019477			
	f foreign corporation	EIN (if any)	Reference ID number	(see instructions)	
HEIH	FER KOREA		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	N/A	06/30/2023			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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21					
22					
23					
24					

(Form	5471)

(Form 5471) (December 2020)

Department of the Treasury Internal Revenue Service

Distributions From a Foreign Corporation

OMB No. 1545-0123

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

Name of	f person filing Form 5471	Identifying number				
HEIF	FER PROJECT INTERNATIONAL	35-1019477				
Name of	f foreign corporation	EIN (if any)	Reference ID number			
PASS	SING GIFTS PRIVATE LIMITED		U80900UP20	21FTC15038		
	(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	N/A	03/31/2023				
2						
3						
4						
5						
6						
7						
8						
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23						
24						

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

OMB No. 1545-0123

Attachment Sequence No. 992

Name of		nation.	Sequence No. 992
riunie of	f person filing this return	A Identifying	number
Ţ	HEIFER PROJECT INTERNATIONAL		35-1019477
	f U.S. shareholder	B Identifying	
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).	1	
	If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
	from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder.		
2	Sum of Pro Rata Share of Net Tested Loss		
	If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total		
	from Schedule A (Form 8992), line 1, column (f).		()
	If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
	from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.		
3	Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here		
Part	II Calculation of Global Intangible Low-Taxed Income (GILTI)		1
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).	2	
	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.		
Зa	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.		
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.		
С	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	<u>3c</u>	
	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 \int		
4	Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0-	4	
5	GILTI. Subtract line 4 from line 1. If zero or less, enter -0-	5	│ 0 • Form 8992 (Rev. 12-2022)

SCHEDULE A Schedule of Controlled Foreign Corporation (CFC) Information To Compute								ompute		OMB	No. 1545-0123	
(Form 8992) (Rev. December 2022) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form 8992 for instructions and the latest information.												hment ence No. 992A
Internal Revenue			Go to www	w.irs.gov/Form 899	2 for instruction	is and the latest in	formatio	n.			L	
Name of person f	iling this schedule									A Identifyi	ng number	
	JECT INTERNA	TIONAL)19477	
Name of U.S. sha	areholder									B Identifyi	ng number	
									L. L	(b)		
			(a) Name of C	ΈC						EIN or		
			Name of C							Reference	ID	
BEYOND LIVI												KENYA01
HEIFER NIGE												NIGERIA01
		BLE SOCI-ECONOMI	C TRANSFORM									INDIA01
HEIFER PROJ	ECT INTERNAT	IONAL NEPAL										<u>302273432</u> 49282002
	A SCHLAND, GGB	мц								D	FGTOWFDO	49282002 HEETHRB117414R
	TS PRIVATE L											P2021FTC150388
NUEVA KERAL											0009000	154750
			Calcula	ations for Net Test (see instructions							Tested Inc	ocated to come CFCs rructions)
	(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 QBAI Amount	Pro Ra	(i) (j) ata Share of of of I Interest come Expense		GILTI Rati Col. (e)	(k) Allocation o (Divide by Col. (e), 1 Total)	(I) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))
		0.(0)	0.	(0)		()					
		0.(792,001,	0.	(0,		()					
	41,78		0.	(0,		()					
		0.(0)	0.	(0,		()					
-	79,83		0.				2					
		0.(0) 0.(7.405)	0.				2					
-		0.(371,308	0.	7			/					
		<u> </u>	<u>.</u>	((5			+		
		Ì		Ì)	(Ś					
1. Totals (see instructions)	121,61	9.(1,170,714)	0.	(0)		()					
Totals on line	I should includ	le the totals from any	<pre>continuation shee</pre>	ets.								

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

Schedule A (Form 8992) (Rev. 12-2022)