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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07-01-2023 , and ending 06-30-2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HEIFER PROJECT INTERNATIONAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1 WORLD AVENUE

City or town, state or province, country, and ZIP or foreign postal code
LITTLE ROCK, AR 722022863

D Employer identification number
35-1019477

E Telephone number
(501) 907-2600

G Gross receipts $ 151,583,891

F Name and address of principal officer:
SURITA SANDOSHAM
1 WORLD AVENUE
LITTLE ROCK, AR 722022863

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.
H(c) Group exemption number

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

J Website: WWW.HEIFER.ORG

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

L Year of formation: 1953

M State of legal domicile: AR

Part I **Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SINCE 1944, HEIFER PROJECT INTERNATIONAL HAS HELPED MORE THAN 52 MILLION FAMILIES IN MORE THAN 125 COUNTRIES MOVE TOWARD GREATER SELF-RELIANCE THROUGH THE GIFTS OF LIVESTOCK, PLANTS AND TRAINING IN ENVIRONMENTALLY-SOUND AGRICULTURE.

2 Check this box ☐

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	314
6 Total number of volunteers (estimate if necessary)	6	469
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	146,987,700	146,775,776
	9 Program service revenue (Part VIII, line 2g)	843,152	765,858
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,161,898	1,589,671
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	632,548	557,840
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,625,298	149,689,145
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	64,845,209	64,480,389
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30,287,544	29,203,057
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,928,442	13,318,143
	b Total fundraising expenses (Part IX, column (D), line 25) 38,096,239		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,426,242	52,485,397
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	163,487,437	159,486,986
	19 Revenue less expenses. Subtract line 18 from line 12	-13,862,139	-9,797,841

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	287,748,580	302,101,190
	21 Total liabilities (Part X, line 26)	24,241,341	33,851,515
	22 Net assets or fund balances. Subtract line 21 from line 20	263,507,239	268,249,675

Part II **Signature Block**

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

Sign Here	Signature of officer	2024-11-15 Date
	MARCIA RASMUSSEN CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2024-11-15	Check ☐ if self-employed	PTIN P01310558
	Firm's name RSM US LLP			Firm's EIN 42-0714325	
	Firm's address 4622 PENNSYLVANIA AVE STE 1100 KANSAS CITY, MO 64112			Phone no. (816) 753-3000	

May the IRS discuss this return with the preparer shown above? See Instructions. . . . . ☑ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 75,509,635 including grants of $ 64,480,389) (Revenue $)

INTERNATIONAL DEVELOPMENT: SUSTAINABLE INCOMES: HEIFER INTERNATIONAL PROVIDES LIVESTOCK, AGRICULTURAL INPUTS, TRAINING AND TECHNICAL SUPPORT TO SMALLHOLDER FARMERS AS THEY SET UP AND SCALE SUSTAINABLE FARMING BUSINESSES. FARMERS PRACTICE INTEGRATED CROP AND LIVESTOCK MANAGEMENT TO PRODUCE HEALTHY, NUTRITIOUS FOOD, WHILE PROTECTING AND IMPROVING THE ENVIRONMENT. HEIFER WORKS THROUGH LOCAL STAFF AND ORGANIZATIONS, WITH EACH FAMILY EXPECTED TO PASS ON LIVESTOCK, KNOWLEDGE AND OTHER ASSETS TO FAMILIES LOCALLY, MULTIPLYING THE GIFT AND STRENGTHENING COMMUNITIES AND LOCAL MARKETS.

4b (Code:) (Expenses $ 33,410,118 including grants of $) (Revenue $ 765,858)

INTERNATIONAL DEVELOPMENT: EDUCATION AND AWARENESS: HEIFER INTERNATIONAL WORKS TO EDUCATE PEOPLE OF ALL AGES IN THE UNITED STATES AND GLOBALLY ABOUT THE ROOT CAUSES OF HUNGER AND POVERTY, AND HOW THEY CAN BE PART OF THE SOLUTION. ITS PROGRAMS INSPIRE PEOPLE TO TAKE ACTION AND RAISE AWARENESS OF THE IMPORTANCE OF HEALTHY, NUTRITIOUS, SUSTAINABLE PRODUCED LOCAL FOOD.

4c (Code:) (Expenses $ 4,091,342 including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** 113,011,095

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Part IV Checklist of Required Schedules

	Yes	**No**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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	Yes	
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	

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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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		No
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		No
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		No
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? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	105			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 314			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country: BG , CB , EC , ET , GM , GH , GT , HA , HO , IN , KE , MI , MX , NP , NU , NI , RW , SG , KS , TZ , UG , ZA , ZI 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?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
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.**				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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? If "Yes," see the instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No

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? . . If "Yes," complete Form 6069.	**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section 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** 17			
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 in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	**1b** 17			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6 Did the organization have members or stockholders?		**6**		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		**8a**	Yes	
b Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	**10a**		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13 Did the organization have a written whistleblower policy?	**13**	Yes	
14 Did the organization have a written document retention and destruction policy?	**14**	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b Other officers or key employees of the organization	**15b**		No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
MARCIA RASMUSSEN 1 WORLD AVENUE LITTLE ROCK, AR 722022863 (501) 907-2600

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDI HEDIN CHAIR	1.00 0.00	X		X				0	0	0
(2) ESTHER COHEN VICE CHAIR	1.00 0.00	X		X				0	0	0
(3) MARIANELLA BAEZ JOST BOARD MEMBER	1.00 0.00	X						0	0	0
(4) MARTHA BRANTLEY BOARD MEMBER	1.00 0.00	X						0	0	0
(5) SMRITI CANAKAPALLI BOARD MEMBER	1.00 0.00	X						0	0	0
(6) NOMSA DANIELS BOARD MEMBER	1.00 0.00	X						0	0	0
(7) BRANDI DECARLI BOARD MEMBER	1.00 0.00	X						0	0	0
(8) DOUG GALEN BOARD MEMBER	1.00 0.00	X						0	0	0
(9) SUSAN GRANT BOARD MEMBER	1.00 0.00	X						0	0	0

(A) Name and title	(B) Average hours per week	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D)	(E)	(F)
(10) TOM HADFIELD BOARD MEMBER	1.00 0.00	X						0	0	0
(11) TANJA HAVEMANN BOARD MEMBER	1.00 0.00	X						0	0	0
(12) NATHAN HOSLER BOARD MEMBER	1.00 0.00	X						0	0	0
(13) ALBERTO IREZABAL BOARD MEMBER	1.00 0.00	X						0	0	0
(14) DAREN JOFFE BOARD MEMBER	1.00 0.00	X						0	0	0
(15) PATRICIA KISARE BOARD MEMBER	1.00 0.00	X						0	0	0
(16) JOSEPHINE OGUTA BOARD MEMBER	1.00 0.00	X						0	0	0
(17) MARY RENWICK BOARD MEMBER	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ATUL SATIJA BOARD MEMBER	1.00 0.00	X						0	0	0
(19) RAMESH SINGH BOARD MEMBER	1.00 0.00	X						0	0	0
(20) CHUCK WARTA BOARD MEMBER	1.00 0.00	X						0	0	0
(21) SURITA SANDOSHAM PRESIDENT & CHIEF EXECUTIVE OFFICER	50.00 0.00			X				457,634	0	32,582
(22) TERRY WYER SENIOR VICE PRESIDENT OF INVESTMENT PROGRAMS	50.00 0.00			X				270,367	0	35,206
(23) HILARY HADDIGAN CHIEF OF MISSION EFFECTIVENESS	50.00 0.00			X				239,538	0	28,359
(24) ELIA MAKAR CHIEF PEOPLE OFFICER	50.00 0.00			X				228,413	0	32,611
(25) OSCAR CASTANEDA SAMAYOA SENIOR VP FOR THE AMERICAS	50.00 0.00			X				223,503	0	27,922
(26) MARCIA RASMUSSEN CHIEF FINANCIAL OFFICER	50.00 0.00			X				222,336	0	32,726
(27) MICHELLE CANGELOSI VP OF TRANSFORMATIONAL PHILANTHROPY	50.00 0.00			X				212,519	0	16,718
(28) PATRICK BRYSKI SENIOR VP OF BUSINESS DEVELOPMENT AND	50.00 0.00			X				212,133	0	26,839

(29) CHRISTY MOORE SENIOR VP MARKETING & PHILANTHROPY	50.00 0.00			X				206,989	0	30,869
(30) PETER GOLDSTEIN VICE PRESIDENT OF COMMUNICATIONS	50.00 0.00			X				198,296	0	27,205
(31) KIMBERLY AHLGRIM VP OF RISK MANAGEMENT & ASSURANCE	50.00 0.00			X				182,537	0	13,400
(32) MICHELLE DUSEK IZAGUIRRE VP OF RESOURCE DEVELOPMENT OPS	50.00 0.00			X				181,814	0	18,540
(33) CHAD AVERY GENERAL COUNSEL	50.00 0.00			X				181,189	0	28,965
(34) MICHAEL HEALD VICE PRESIDENT OF INVESTMENT PROGRAMS	50.00 0.00			X				166,564	0	23,683
(35) FRANCINE HILL VP OF GLOBAL FINANCE OPS & COMPLIANCE	50.00 0.00			X				164,696	0	17,028
(36) MARLEEN NEW VP OF GLOBAL PARTNERSHIPS	50.00 0.00			X				157,958	0	24,974
(37) CAMILA RODRIGUEZ CAMPO VICE PRESIDENT	50.00 0.00			X				0	0	0
(38) TRACY BEENE ASSISTANT SECRETARY	50.00 0.00			X				86,363	0	17,165
(39) BRYAN BORLAND ASSISTANT SECRETARY	50.00 0.00			X				71,747	0	16,409
(40) BENJAMIN WOOD MANAGING DIR, MONITORING, EVALUATION , RESEARC	50.00 0.00				X			184,391	0	13,970
(41) MUTALE CHILANGWA SNR DIRECTOR, USAID BUSINESS DEVELOPMENT	50.00 0.00				X			182,384	0	24,030
(42) MATTHEW KRAUSE MANAGING DIR, INSTITUTIONAL PARTNERSHIPS	50.00 0.00				X			182,248	0	29,031
(43) HERVIL CHERUBIN SENIOR COUNTRY DIRECTOR	50.00 0.00				X			181,797	0	25,651
(44) KIMBERLY HAYES-PERROW SENIOR DIRECTOR OF DIRECT MARKETING	50.00 0.00				X			167,263	0	17,962
(45) STEPHANIE CHESHER SNR DIRECTOR OF DONOR & COMMUNITY MARKETING E	50.00 0.00				X			165,090	0	26,965
(46) NOEL MACE SENIOR DIRECTOR AFRICA PROGRAMS-OPS	50.00 0.00				X			158,098	0	13,247
(47) MELANIE AUGER SENIOR DIRECTOR OF PHILANTHROPY	50.00 0.00				X			155,379	0	27,738
(48) MIMI EVANS DIRECTOR OF PHILANTHROPY - NEW YORK	50.00 0.00				X			155,171	0	7,519
(49) JACQUELINE FINCH SENIOR DIRECTOR OF PHILANTHROPY & FOUNDATION REL	50.00 0.00				X			152,239	0	15,813
(50) VESSELIN NATCHEV GLOBAL SOLUTIONS, HEIFER LABS	50.00 0.00				X			152,239	0	26,838
(51) JAIME SCHILLING DIRECTOR OF PHILANTHROPY	50.00 0.00				X			150,454	0	15,831
(52) DEVONA BELL DIR OF PROGRAMS & BUSINESS DEVELOPMENT - ASIA	50.00 0.00					X		144,406	0	20,471
(53) SHELLY SUTHERLAND SNR DIRECTOR OF ENTERPRISE ACCOUNTING AND DEPUT	50.00 0.00					X		144,182	0	16,643
(54) DILIP BHANDARI SNR DIRECTOR OF PROGRAMS-LIVESTOCK TECHNOLOGY	50.00 0.00					X		141,797	0	26,838
(55) MEREDITH ROLF SNR DIRECTOR OF STRATEGY AND TRANSFORMATION	50.00 0.00					X		138,981	0	14,809
(56) DAVID SIEWERT	50.00					[illegible]		[illegible]	[illegible]	[illegible]

DIRECTOR OF PHILANTHROPY	0.00					X		138,350	0	26,025
(57) MAHENDRA LOHANI FRMR SNR VICE PRESIDENT OF PROGRAMS	50.00 0.00						X	236,675	0	17,498

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,595,740	0	818,080

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 34

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

Section B. Independent Contractors

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

(A) Name and business address	**(B)** Description of services	**(C)** Compensation
GIVEBRIDGE INC 525 W MONROE STREET SUITE 900 CHICAGO, IL 606613793	FUNDRAISING SERVICES	5,556,663
THE TEACHING SOURCE LLC 525 W MONROE STREET SUITE 990 CHICAGO, IL 60661	FUNDRAISING SERVICES	3,559,276
MDS COMMUNICATIONS CORPORATION 545 WEST JUANITA AVENUE MEZA, AZ 85210	TELEMARKETING SERVICES	2,006,937
ASCENTA SOLUTIONS US INC 138 SOUTH 1ST ST SUITE 110 LINDENHURST, NY 11757	FUNDRAISING SERVICES	1,600,716
ASCENTA GROUP US INC 138 SOUTH 1ST ST SUITE 110 LINDENHURST, NY 11757	FUNDRAISING SERVICES	1,067,144

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 22

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Part VIII Statement of Revenue

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

			(A) Total revenue	**(B)** Related or exempt function revenue	**(C)** Unrelated business revenue	**(D)** Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns	656,182				
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	2,319,370				
	f All other contributions, gifts, grants, and similar amounts not included above	143,820,224				

g Noncash contributions included in lines 1a - 1f:$	1g	1,927,713
h **Total.** Add lines 1a-1f		146,775,776

Program Service Revenue

	Business Code				
2a LIVESTOCK	900099	612,979	612,979		
b FIELD VISITS	611710	85,848	85,848		
c EDUCATION REVENUE	611710	67,031	67,031		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f.		765,858			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)			1,562,803		1,562,803
4 Income from investment of tax-exempt bond proceeds					
5 Royalties			41,337		41,337

		(i) Real	(ii) Personal
6a Gross rents	6a	156,130	
b Less: rental expenses	6b	0	
c Rental income or (loss)	6c	156,130	

d Net rental income or (loss)	156,130			156,130

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a	1,921,614	
b Less: cost or other basis and sales expenses	7b	1,894,746	
c Gain or (loss)	7c	26,868	

d Net gain or (loss)	26,868			26,868

8a Gross income from fundraising events (not including $ ____________ of contributions reported on line 1c). See Part IV, line 18	8a	
b Less: direct expenses . . .	8b	

c Net income or (loss) from fundraising events . .				

9a Gross income from gaming activities. See Part IV, line 19 . . .	9a	
b Less: direct expenses . . .	9b	

c Net income or (loss) from gaming activities . .				

10a Gross sales of inventory, less returns and allowances . .	10a	85,765
b Less: cost of goods sold . .	10b	0

c Net income or (loss) from sales of inventory . .	85,765			85,765

	Business Code				
11a OTHER INCOME	900099	274,608			274,608
b					
c					

OtherRevenueMiscAmt

		(A)	(B)	(C)	(D)
d All other revenue					
e Total. Add lines 11a–11d		274,608			
12 Total revenue. See instructions		149,689,145	765,858	0	2,147,511

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,301,000	3,301,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	61,179,389	61,179,389		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,483,542	4,507,798	1,227,060	1,748,684
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	16,910,776	9,907,428	2,402,404	4,600,944
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,064,832	584,914	162,779	317,139
9 Other employee benefits	1,998,508	1,175,923	293,150	529,435
10 Payroll taxes	1,745,399	1,018,639	244,149	482,611
11 Fees for services (non-employees):				
a Management				
b Legal	298,489	119,885	149,579	29,025
c Accounting	410,455	112,965	297,289	201
d Lobbying				
e Professional fundraising services. See Part IV, line 17	13,318,143			13,318,143
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,464,805	11,241,174	634,376	589,255
12 Advertising and promotion	5,687,722	3,702,441	224,701	1,760,580
13 Office expenses	1,071,482	640,027	202,884	228,571
14 Information technology	4,449,402	1,641,358	1,215,780	1,592,264
15 Royalties				
16 Occupancy	1,197,464	788,583	154,352	254,529
17 Travel	2,324,966	1,691,664	220,825	412,477
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	566,455	473,569	22,108	70,778
20 Interest	268	144	102	22
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,465,056	1,892,328	216,344	356,384
23 Insurance	569,889	174,137	380,673	15,079
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & OTHER MEDIA	9,243,501	3,435,310	618	5,807,573
b POSTAGE, SHIPPING & FRE	7,108,552	2,637,138	12,441	4,458,973

c FULFILLMENT SERVICES	1,211,181	335,329	51	875,801
d OTHER PERSONNEL	950,487	755,040	16,721	178,726
e All other expenses	2,465,223	1,694,912	301,266	469,045
25 **Total functional expenses.** Add lines 1 through 24e	159,486,986	113,011,095	8,379,652	38,096,239
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here ☑ if following SOP 98-2 (ASC 958-720).	12,203,460	4,761,943	0	7,441,517

Part X **Balance Sheet**

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

			(A) Beginning of year		**(B)** End of year
Assets	1	Cash–non-interest-bearing	33,267,190	1	26,350,232
	2	Savings and temporary cash investments	10,287,562	2	16,018,627
	3	Pledges and grants receivable, net	2,213,443	3	1,008,969
	4	Accounts receivable, net	8,645,747	4	9,890,878
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	66,758	8	74,273
	9	Prepaid expenses and deferred charges	1,928,719	9	3,916,473
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — **10a** 89,920,572			
	b	Less: accumulated depreciation — **10b** 47,344,758	41,767,979	10c	42,575,814
	11	Investments—publicly traded securities	227,026	11	242,610
	12	Investments—other securities. See Part IV, line 11	2,314,955	12	2,999,660
	13	Investments—program-related. See Part IV, line 11	558,989	13	547,752
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	186,470,212	15	198,475,902
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	287,748,580	16	302,101,190
Liabilities	17	Accounts payable and accrued expenses	12,453,361	17	14,676,188
	18	Grants payable		18	
	19	Deferred revenue	6,335,750	19	11,745,869
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,452,230	25	7,429,458
	26	**Total liabilities.** Add lines 17 through 25	24,241,341	26	33,851,515
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	70,912,424	27	66,612,751
	28	Net assets with donor restrictions	192,594,815	28	201,636,924
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	

Net Asset	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	263,507,239	32	268,249,675
	33	Total liabilities and net assets/fund balances	287,748,580	33	302,101,190

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	149,689,145
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,486,986
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,797,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	263,507,239
5	Net unrealized gains (losses) on investments	5	709,471
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 in Schedule O)	9	13,830,806
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	268,249,675

Part 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 ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . .

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	123,181,218	139,540,339	160,384,966	146,987,700	146,775,776	716,869,999
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	123,181,218	139,540,339	160,384,966	146,987,700	146,775,776	716,869,999
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.						716,869,999

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4. .	123,181,218	139,540,339	160,384,966	146,987,700	146,775,776	716,869,999
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	586,713	1,100,884	630,229	1,365,183	1,760,270	5,443,279
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.). .	73,362	54,602	321,707	305,067	274,608	1,029,346
11 **Total support.** Add lines 7 through 10						723,342,624

12 Gross receipts from related activities, etc. (see instructions) **12** 3,866,281

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . **14** 99.110 %

15 Public support percentage for 2022 Schedule A, Part II, line 14 . . . . **15** 99.110 %

16a **33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are [illegible]						

not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** 2023	**(f)** Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	**15**	
16	Public support percentage from 2022 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f))	**17**	
18	Investment income percentage from **2022** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	**No**
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	**1**		
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).*	**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.*	**3a**		
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. 3b

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.* 3c

4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* 4a

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.* 4b

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.* 4c

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).* 5a

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? 5b

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control? 5c

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

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .* 7

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).* 8

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.*** 9a

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.*** 9b

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

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.* 10a

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).* 10b

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the 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.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	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 in 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 government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
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.*	2a		
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.*	2b		
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.***	3a		
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.*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		

d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*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		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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)

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

	Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (*prior IRS approval required - provide details in **Part VI***)	5	
6	Other distributions (*describe in **Part VI***). See instructions	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2023**	**(iii)** **Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in **Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			

a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in **Part VI***. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in **Part VI***. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2019 AMOUNT: $ 73,362. 2020 AMOUNT: $ 54,602. 2021 AMOUNT: $ 321,707. 2022 AMOUNT: $ 305,067. 2023 AMOUNT: $ 274,608.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

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

		(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	**3a(i)**		
(ii) Related organizations	**3a(ii)**		
b If "Yes" on 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	**(d)** Book value
1a Land		11,387,446		11,387,446
b Buildings		49,075,541	22,795,305	26,280,236
c Leasehold improvements				
d Equipment		28,815,996	24,549,453	4,266,543
e Other		641,589		641,589
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				42,575,814

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	**(b)** Book value
(1)INTEREST IN NET ASSETS OF HEIFER INTERNATIONAL FOUNDATION	195,943,610
(2)RIGHT OF USE ASSET	2,532,292
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	198,475,902

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

1. **(a)** Description of liability	**(b)** Book value
(1) Federal income taxes	

(1) Federal income taxes

LINE OF CREDIT	4,540,183
OPERATING LEASE OBLIGATIONS	2,889,275
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	7,429,458

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	170,916,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	709,471		
b	Donated services and use of facilities	2b	5,869,987		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	14,647,842		
e	Add lines **2a** through **2d**			2e	21,227,300
3	Subtract line **2e** from line **1**			3	149,689,145
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	149,689,145

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	165,356,973
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	5,869,987		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	5,869,987
3	Subtract line **2e** from line **1**			3	159,486,986
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	159,486,986

Part XIII Supplemental Information

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

Return Reference	Explanation
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, 2024 AND 2023. CERTAIN COUNTRIES IN WHICH HEIFER OPERATES DO NOT EXEMPT CHARITABLE COMPANIES FROM TAXES; THEREFORE, HEIFER MAY BE SUBJECT TO TAXES IN THOSE COUNTRIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN INTEREST IN NET ASSETS OF HEIFER INTERNATIONAL FOUNDATION 14,647,842.

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectId: 202433209349325318 - Submission: 2024-11-15	TIN: 35-1019477

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	14	248	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	26,881,866
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	13	176	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	9,021,320
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	6	50	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	2,500,719
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	7	54	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	1,404,635
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		2,585,517
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	7	55	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	4,340,141
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	0	0	GRANTMAKING		11,682
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	804
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		557,231
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	4	91	PROGRAM SERVICES	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	9,353,721
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTMAKING		4,521,754
3a Sub-total	47	583			46,746,684
b Total from continuation sheets to Part I . . .	4	91			14,432,706
c **Totals** (add lines 3a and 3b)	51	674			61,179,390

Page 2

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) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	INSTITUTIONAL STRENGTHENING GRANT	557,231	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	4,521,754	WIRE TRANSFER	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	2,693,299	WIRE TRANSFER	0		

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

3 Enter total number of other organizations or entities . . . . ▶ 0

Page 3

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)

Page 4

Part IV Foreign Forms

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

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

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

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a*

Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) . ☐ Yes ☑ No

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

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

Part V Supplemental Information

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

ReturnReference	Explanation
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.

Additional Data

Software ID:
Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
LAUTMAN MASKA NEILL & COMPANY 1730 RHODE ISLAND AVENUE NW STE 301 WASHINGTON, DC 20036	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE		No	63,932,788	1,016,400	62,916,388
GIVEBRIDGE 525 W MONROE STREET STE 900 CHICAGO, IL 60661	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE		No	2,324,226	8,503,310	0
MDS COMMUNICATIONS 545 W JUANITA AVENUE MESA, AZ 85210	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE		No	1,817,242	1,822,577	0
SYNERGY DIRECT MARKETING SOLUTIONS 480 W TUSCARAWAS AVE 3RD FLOOR BARBERTON, OH 44203	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE		No	573,506	238,802	334,704
ASCENTA 138 SOUTH 1ST STREET SUITE 110 LINDENHURST, NY 11757	CONSULTS WITH IN-HOUSE MARKETING STAFF ON DIRECT RESPONSE		No	422,550	1,737,054	0

Total . . . . ▶	69,070,312	13,318,143	63,251,092

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

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

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

		(a) Event #1 (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col. **(a)** through col.**(c)**)
Revenue	**1** Gross revenue				
Direct Expenses	**2** Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				

8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . ▶

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

a Is the organization licensed to conduct gaming activities in each of these states? . . . . ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	FIGURES REPORTED FOR GIVEBRIDGE REFLECT INITIAL REVENUE RESULTS AND NOT THE LIFETIME VALUE OF CONTRIBUTIONS AND BRAND AWARENESS GENERATED AS A RESULT OF FY24 CAMPAIGNS. FUTURE FUNDS WILL BE GENERATED AS A RESULT OF INVESTMENTS IN FY24 IN THE FORM OF MONTHLY DONATIONS.

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

Part I General Information on Grants and Assistance

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) ARKANSAS SUSTAINABLE LIVESTOCK COOPERATIVE (C-CORP) 4154 HWY 254 EAST LESLIE, AR 72645	46-5531892	501(C)(12)	2,801,000	0			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.
(2) MARICARMEN POWELL-ARNUDTS 3525 MYERS TERRY, MS 39170	92-1509131	501(C)(3)	60,000	0			TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING SMALL-SCALE FARMERS TO LARGER AND DIVERSE MARKETS.
(3) CYPRESS VALLEY MEAT COMPANY 1 LLC PO BOX 1060 VILONIA, AR 72173	81-2942872		400,000	0			TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING SMALL-SCALE FARMERS TO LARGER AND DIVERSE MARKETS.
(4) THE NATIONAL AUDUBON SOCIETY INC 225 VARICK ST 7TH FLOOR NEW YORK, NY 10014	13-1624102	501(C)(3)	40,000	0			TO CREATE COMMUNITY FOOD ENTERPRISES FOR HEALTHY, LOCAL, ORGANIC FOOD AND TO CREATE JOBS IN LINKING SMALL-SCALE FARMERS TO LARGER AND DIVERSE MARKETS.

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

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

Additional Data

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Software Version:

efile Public Visual Render	ObjectId: 202433209349325318 - Submission: 2024-11-15	TIN: 35-1019477

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

Part I Questions Regarding Compensation

				Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.				
	☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				
a	Receive a severance payment or change-of-control payment?		**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
a	The organization?		**5a**		No
b	Any related organization?		**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:				
a	The organization?		**6a**		No
b	Any related organization?		**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		**9**		

Page 2

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 SURITA SANDOSHAM PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	451,538	0	6,096	22,834	9,748	490,216	0
	(ii)	0	0	0	0	0	0	0
2 TERRY WYER SENIOR VICE PRESIDENT OF INVESTMENT	(i)	210,401	0	59,966	15,256	19,950	305,573	0
	(ii)	0	0	0	0	0	0	0
3 HILARY HADDIGAN CHIEF OF MISSION EFFECTIVENESS	(i)	237,474	0	2,064	16,489	11,870	267,897	0
	(ii)	0	0	0	0	0	0	0
4 ELIA MAKAR CHIEF PEOPLE OFFICER	(i)	227,309	0	1,104	16,480	16,131	261,024	0
	(ii)	0	0	0	0	0	0	0
5 MARCIA RASMUSSEN CHIEF FINANCIAL OFFICER	(i)	221,232	0	1,104	16,012	16,714	255,062	0
	(ii)	0	0	0	0	0	0	0
6 MAHENDRA LOHANI FRMR SNR VICE PRESIDENT OF	(i)	127,112	53,239	56,324	11,504	5,994	254,173	0

PROGRAMS	(ii)	0	0	0	0	0	0	0
7 OSCAR CASTANEDA SAMAYOA SENIOR VP FOR THE AMERICAS	(i)	217,614	0	5,889	15,500	12,422	251,425	0
	(ii)	0	0	0	0	0	0	0
8 PATRICK BRYSKI SENIOR VP OF BUSINESS DEVELOPMENT	(i)	206,442	0	5,691	15,052	11,787	238,972	0
	(ii)	0	0	0	0	0	0	0
9 CHRISTY MOORE SENIOR VP MARKETING & PHILANTHROPY	(i)	205,963	0	1,026	14,807	16,062	237,858	0
	(ii)	0	0	0	0	0	0	0
10 MICHELLE CANGELOSI VP OF TRANSFORMATIONAL PHILANTHROPY	(i)	156,572	0	55,947	10,449	6,269	229,237	0
	(ii)	0	0	0	0	0	0	0
11 PETER GOLDSTEIN VICE PRESIDENT OF COMMUNICATIONS	(i)	195,498	0	2,798	14,230	12,975	225,501	0
	(ii)	0	0	0	0	0	0	0
12 MATTHEW KRAUSE MANAGING DIR, INSTITUTIONAL PARTNERS	(i)	181,358	0	890	13,070	15,961	211,279	0
	(ii)	0	0	0	0	0	0	0
13 CHAD AVERY GENERAL COUNSEL	(i)	180,305	0	884	13,005	15,960	210,154	0
	(ii)	0	0	0	0	0	0	0
14 HERVIL CHERUBIN SENIOR COUNTRY DIRECTOR	(i)	180,783	0	1,014	12,757	12,894	207,448	0
	(ii)	0	0	0	0	0	0	0
15 MUTALE CHILANGWA SNR DIRECTOR, USAID BUSINESS DEVELOP	(i)	181,496	0	888	13,062	10,968	206,414	0
	(ii)	0	0	0	0	0	0	0
16 MICHELLE DUSEK IZAGUIRRE VP OF RESOURCE DEVELOPMENT OPS	(i)	180,187	0	1,627	11,798	6,742	200,354	0
	(ii)	0	0	0	0	0	0	0
17 BENJAMIN WOOD MANAGING DIR, MONITORING, EVALUATION	(i)	184,010	0	381	12,896	1,074	198,361	0
	(ii)	0	0	0	0	0	0	0
18 KIMBERLY AHLGRIM VP OF RISK MANAGEMENT & ASSURANCE	(i)	180,077	0	2,460	11,729	1,671	195,937	0
	(ii)	0	0	0	0	0	0	0
19 STEPHANIE CHESHER SNR DIRECTOR OF DONOR & COMMUNITY	(i)	163,607	0	1,483	11,071	15,894	192,055	0
	(ii)	0	0	0	0	0	0	0
20 MICHAEL HEALD VICE PRESIDENT OF INVESTMENT PROGRAM	(i)	164,254	0	2,310	12,058	11,625	190,247	0
	(ii)	0	0	0	0	0	0	0
21 KIMBERLY HAYES-PERROW SENIOR DIRECTOR OF DIRECT MARKETING	(i)	165,780	0	1,483	11,875	6,087	185,225	0
	(ii)	0	0	0	0	0	0	0
22 MELANIE AUGER SENIOR DIRECTOR OF PHILANTHROPY	(i)	155,086	0	293	11,276	16,462	183,117	0
	(ii)	0	0	0	0	0	0	0
23 MARLEEN NEW VP OF GLOBAL PARTNERSHIPS	(i)	153,835	0	4,123	11,523	13,451	182,932	0
	(ii)	0	0	0	0	0	0	0
24 FRANCINE HILL VP OF GLOBAL FINANCE OPS & COMPLIANC	(i)	163,250	0	1,446	10,956	6,072	181,724	0
	(ii)	0	0	0	0	0	0	0
25 VESSELIN NATCHEV GLOBAL SOLUTIONS, HEIFER LABS	(i)	151,765	0	474	10,991	15,847	179,077	0
	(ii)	0	0	0	0	0	0	0
26 NOEL MACE SENIOR DIRECTOR AFRICA PROGRAMS-OPS	(i)	157,358	0	740	11,185	2,062	171,345	0
	(ii)	0	0	0	0	0	0	0
27 DILIP BHANDARI SNR DIRECTOR OF PROGRAMS-LIVESTOCK T	(i)	141,352	0	445	10,424	16,414	168,635	0
	(ii)	0	0	0	0	0	0	0
28 JACQUELINE FINCH SENIOR DIRECTOR OF PHILANTHROPY & FO	(i)	151,962	0	277	10,734	5,079	168,052	0
	(ii)	0	0	0	0	0	0	0
29 JAIME SCHILLING DIRECTOR OF PHILANTHROPY	(i)	150,146	0	308	10,751	5,080	166,285	0
	(ii)	0	0	0	0	0	0	0
30 DEVONA BELL DIR OF PROGRAMS & BUSINESS DEVELOPME	(i)	143,734	0	672	10,119	10,352	164,877	0
	(ii)	0	0	0	0	0	0	0
31 DAVID SIEWERT DIRECTOR OF PHILANTHROPY	(i)	137,685	0	665	10,223	15,802	164,375	0
	(ii)	0	0	0	0	0	0	0
32 MIMI EVANS DIRECTOR OF PHILANTHROPY - NEW YORK	(i)	150,982	0	4,189	6,259	1,260	162,690	0
	(ii)	0	0	0	0	0	0	0
33 SHELLY SUTHERLAND	(i)	142,288	0	1,894	10,052	6,591	160,825	0

SNR DIRECTOR OF ENTERPRISE ACCOUNTIN	(ii)	0	0	0	0	0	0	0
34 MEREDITH ROLF SNR DIRECTOR OF STRATEGY AND TRANSFO	(i)	127,613	7,625	3,743	9,827	4,982	153,790	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
PART I, LINE 4A	MICHELLE CANGELOSI - SEVERANCE - $54,899 TERRY WYER - SEVERANCE - $57,163.47 MAHENDRA LOHANI - SEVERANCE - $53,239.08

Additional Data

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	124	1,921,614	FMV AT RECEIPT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	1	6,099	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, COLUMN (B):	REPORTING THE NUMBER OF CONTRIBUTIONS

Additional Data

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Software Version:

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

Return Reference	Explanation
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 CHANGES ARE MADE PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	HEIFER HAS HAD A CODE OF CONDUCT IN PLACE SINCE MARCH OF 2000 FOR ITS BOARD OF DIRECTORS, AND THE CODE OF CONDUCT CONTAINS A CONFLICT OF INTEREST SECTION. HEIFER HAS HAD A CONFLICT OF INTEREST POLICY IN PLACE FOR ITS EMPLOYEES SINCE DECEMBER OF 2001. BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. EMPLOYEES ARE ENCOURAGED TO REPORT SUSPECTED CONFLICTS OF INTEREST TO THEIR SUPERVISORS OR TO HUMAN RESOURCES. IN ADDITION, HEIFER PROVIDES AN ANONYMOUS CONFIDENTIAL REPORTING OUTLET FOR USE IN REPORTING BEHAVIOR OR ACTIVITIES THAT APPEAR TO VIOLATE HEIFER POLICIES. BOTH THE BOARD AND SENIOR MANAGEMENT ADDRESS CONFLICTS OF INTEREST ON A CASE-BY-CASE BASIS AS THEY ARISE.
FORM 990, PART VI, SECTION B, LINE 15A	IN ACCORDANCE WITH GOVERNANCE POLICIES AND PROCEDURES, THE PRESIDENT AND CEO'S PERFORMANCE IS REVIEWED ANNUALLY. MERIT INCREASES, BASE SALARY ADJUSTMENTS AND OR BONUSES ARE CONSIDERED AS PART OF THAT REVIEW AND MONITORING PROCESS. THE HEIFER BOARD OF DIRECTORS UTILIZES AN INDEPENDENT ANALYSIS CONDUCTED BY AN OUTSIDE CONSULTING FIRM TO ASSIST IN THE ANALYSIS AND SUBSEQUENT RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS. THE APPROACH USED BY THE CONSULTING FIRM UTILIZES MARKET DATA OBTAINED FROM TWO HIGHLY REGARDED NATIONAL COMPENSATION SURVEYS OF NOT FOR PROFIT ORGANIZATIONS AND DATA ON TOTAL CASH COMPENSATION FOR CEOS OF NINE ORGANIZATIONS WITH COMPARABLE MISSION, SCOPE AND OPERATING BUDGET BASED ON INFORMATION OBTAINED FROM IRS FORM 990S. EACH MEMBER OF THE HEIFER BOARD OF DIRECTORS HAS THE OPPORTUNITY TO COMPLETE AND SUBMIT A PERFORMANCE EVALUATION FORM FOR THE CEO. THE RESULTS ARE COMPILED AND REVIEWED WITH THE CEO BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE THEN PRESENTS, FOR APPROVAL, ITS FINDINGS AND RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS. THESE FINDINGS AND RECOMMENDATIONS INCLUDE ADJUSTMENTS TO COMPENSATION IF WARRANTED AND ARE SUPPORTED BY ORGANIZATIONAL FUNDING AVAILABILITY AND INDEPENDENT MARKET ANALYSIS.
FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST; OTHER SELECT DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION AT HEIFER PROJECT INTERNATIONAL HEADQUARTERS IN LITTLE ROCK, ARKANSAS.
FORM 990, PART XI, LINE 9:	FOREIGN CURRENCY TRANSLATION ADJUSTMENT -817,036. CHANGE IN INTEREST IN NET ASSETS OF HEIFER INTERNATIONAL FOUNDATION 14,647,842.

Additional Data

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Software ID:
Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
HEIFER PROJECT INTERNATIONAL

Employer identification number
35-1019477

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SHARED WEALTH VENTURES LLC 1 WORLD AVENUE LITTLE ROCK, AR 72202	SOCIAL IMPACT FOR SMALL SCALE FARMERS	AR	-305,126	7,660,828	HEIFER PROJECT INTERNATIONAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)HEIFER PROJECT NEPAL HATTIBAN LALITPUR - 15 GPO BOX 6034 KATHMANDU NP	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	NP			HEIFER PROJECT INTERNATIONAL	Yes	
(2)ADHARSHILA FOR SUSTAINABLE SOCIO-ECONOMIC TRANSFORMATION AND WELFARE P-5 208 OCEAN PLAZA SECTOR - 17 NOIDA UP IN	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	IN			HEIFER PROJECT INTERNATIONAL	Yes	
(3)KUNDAMLAY ORGANIZATION 6 8A ST 502 PHNOM PANH SAGKAT PHSAR KHAN CHAMKAR MORN CB	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	CB			HEIFER PROJECT INTERNATIONAL	Yes	
(4)FUNDACION HEIFER ECUADOR CALLE JOSE LUIS TAMAYO N24 587 Y CA QUITO EC	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	EC			HEIFER PROJECT INTERNATIONAL	Yes	
(5)HEIFER DEUTSCHLAND GGMBH TOWER 185 FRIEDRICH-EBERT-ANLAGE 3 FRANKFURT AM MAIN GM	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	GM			HEIFER PROJECT INTERNATIONAL	Yes	
(6)NUEVA KERALA SA 22 AVENIDA A 0-27 ZONA 15 VISTA HERMOSA II GT	SPICE PROCESSING	GT			HEIFER PROJECT INTERNATIONAL	Yes	
(7)BEYOND LIVING INCOME PO BOX 76478-00508 NAIROBI KE	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	KE			HEIFER PROJECT INTERNATIONAL	Yes	
(8)HEIFER NIGERIA LTDGTE 4TH FL BLDG 2 RIVERS HOUSE PLOT CENTRAL BUSINESS DISTRICT ABUKA 83 NI	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	NI			HEIFER PROJECT INTERNATIONAL	Yes	
(9)HEIFER KOREA 10TH FL KYOBO SECURITIES BLDG 97 U YEONGDEUNGPOGU SEOUL KS	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	KS			HEIFER PROJECT INTERNATIONAL	Yes	
(10)FUNDACION HEIFER MEXICO ASOCIACION CIVIL EMILIO CARRANZA 302 68050 OAXACA D OAXACA MX	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	MX			HEIFER PROJECT INTERNATIONAL	Yes	
(11)HEIFER KENYA KABARNET ROAD - OFF NGONG ROAD NDA NAIROBI KE	PROVIDE LIVESTOCK AND AGRICULTURE TRAINING TO IMPROVE LIVES.	KE			HEIFER PROJECT INTERNATIONAL	Yes	

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
(1)PASSING GIFTS PRIVATE LIMITED P-5 208 OCEAN PLAZA SECTOR 17 NOIDA, U.P. IN	PROVIDE SERVICE FOR FEES	IN	HEIFER PROJECT INTERNATIONAL	C	713,340	383,065	100.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

			Yes	No
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		**No**
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		**No**
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		**No**
o	Sharing of paid employees with related organization(s)	**1o**		**No**
p	Reimbursement paid to related organization(s) for expenses	**1p**		**No**
q	Reimbursement paid by related organization(s) for expenses	**1q**		**No**
r	Other transfer of cash or property to related organization(s)	**1r**		**No**
s	Other transfer of cash or property from related organization(s)	**1s**		**No**

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 NIGERIA	B	9,034,555	CASH VALUE
(2)HEIFER KOREA	B	453,883	CASH VALUE
(3)PASSING GIFTS PRIVATE LIMITED	B	713,279	CASH VALUE
(4)HEIFER PROJECT NEPAL	B	4,521,754	CASH VALUE
(5)FUNDACION HEIFER ECUADOR	B	2,585,517	CASH VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Return to Form