Form 990 Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

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

C Name of organization
ENGENDERHEALTH INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
505 9TH STREET NW 601

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20004

D Employer identification number
13-1623838

E Telephone number
(202) 902-2000

G Gross receipts $ 30,126,993

F Name and address of principal officer:
TRACI L BAIRD
505 9TH STREET NW 601
WASHINGTON, DC 20004

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.ENGENDERHEALTH.ORG

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

L Year of formation: 1943

M State of legal domicile: NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO IMPLEMENT HIGH-QUALITY, GENDER-EQUITABLE PROGRAMS THAT ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	58
6	Total number of volunteers (estimate if necessary)	6	18
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)	33,728,447	26,068,633
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	135,501	171,078
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-160,995	-143,610
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,702,953	26,096,101
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,295,053	4,337,871
	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)	16,922,004	13,127,646
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶832,153		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,885,973	8,012,507
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	35,103,030	25,478,024
	19	Revenue less expenses. Subtract line 18 from line 12	-1,400,077	618,077

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,076,034	16,107,514
	21	Total liabilities (Part X, line 26)	7,673,901	7,059,802
	22	Net assets or fund balances. Subtract line 21 from line 20	8,402,133	9,047,712

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 — Date: 2023-05-12

ANTHONY MWANGI VP OF FINANCE & ADMIN.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2023-05-11		P00543254

Firm's name ▶ PKF O'CONNOR DAVIES ADVISORY LLC — Firm's EIN ▶ 87-3231666

Firm's address ▶ 500 MAMARONECK AVENUE SUITE 301
HARRISON, NY 105281633 — Phone no. (914) 381-8900

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ENGENDERHEALTH ENVISIONS A GENDER-EQUAL WORLD WHERE ALL PEOPLE ACHIEVE THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. WE BELIEVE THIS IS ESSENTIAL FOR ENSURING ALL PEOPLE CAN ACHIEVE THEIR FULL POTENTIAL. (CONTINUED ON SCHEDULE O).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . ☐ Yes ☑ 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 $ 18,562,262 including grants of $ 4,337,871) (Revenue $ 0)

WE DELIVER OUR PROGRAMS BY WORKING IN COLLABORATION WITH INDIVIDUALS, COMMUNITIES, LOCAL ORGANIZATIONS, HEALTH SYSTEMS, AND NATIONAL GOVERNMENTS TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND GENDER EQUALITY. WE ACHIEVE OUR PROGRAM RESULTS THROUGH TRAINING, COMMUNITY ENGAGEMENT, STRENGTHENING SERVICE DELIVERY, AND SUPPORTING POLICY DEVELOPMENT, AND WE APPLY A GENDER, YOUTH, AND SOCIAL INCLUSION (GYSI) LENS ACROSS ALL OUR ACTIVITIES. IN FY22, ENGENDERHEALTH CONTINUED ITS TRADITION OF PROVIDING HIGH-QUALITY COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES. WE GENERATED AN ESTIMATED 3,255,700 COUPLE YEARS OF PROTECTION (CYPS), AND PREVENTED 2,100 MATERNAL DEATHS, 29,700 CHILD DEATHS, AND 363,700 UNSAFE ABORTIONS AS A RESULT OF OUR WORK IN FY22. ENGENDERHEALTH PROVIDED CONTRACEPTIVE CARE TO AN ESTIMATED 1,114,200 CLIENTS. OUR WORK RESULTED IN AN ESTIMATED $132,727,500 OF SAVINGS IN DIRECT HEALTH CARE COSTS THAT WOULD HAVE BEEN INCURRED BY FAMILIES OR THE HEALTHCARE SYSTEM IF CONTRACEPTIVE SERVICES AND POSTABORTION/ABORTION CARE SERVICES HAD NOT BEEN PROVIDED. IN ADDITION TO CONTRACEPTIVE CARE, ENGENDERHEALTH PROVIDED A TOTAL OF 33,000 COMPREHENSIVE ABORTION CARE (CAC) AND POSTABORTION CARE (PAC) SERVICES AND 590 FISTULA REPAIR SURGERIES TO WOMEN AND GIRLS. ENGENDERHEALTH ALSO SUPPORTED SERVICES FOR SURVIVORS OF 91,161 GENDER-BASED VIOLENCE (GBV) INCIDENTS.ENGENDERHEALTH REACHED OVER 1.2 MILLION PEOPLE DIRECTLY WITH INFORMATION ON SRH AND RIGHTS (SRHR) IN FY22, INCLUDING MESSAGING ON CONTRACEPTION, FISTULA, CAC, SGBV, AND OTHER ELEMENTS OF SRHR.IN FY22, ENGENDERHEALTH TRAINED MORE THAN 29,100 STAFF (E.G., SURGEONS, DOCTORS, NURSES, AND MIDWIVES) AND COMMUNITY HEALTH WORKERS (CHWS) ACROSS 13 PROJECTS. AMONG THESE GROUPS, MORE THAN TWO-THIRDS OF TRAINEES WERE WOMEN. TRAINING AREAS FOR CLINICAL STAFF INCLUDED MODERN CONTRACEPTIVE METHOD SERVICE PROVISION, CAC, SGBV, AND/OR PROVISION OF MALE AND YOUTH-FRIENDLY SERVICES. IN ADDITION TO HEALTHCARE PERSONNEL, ENGENDERHEALTH TRAINED 8,000 INFLUENTIAL COMMUNITY MEMBERS INCLUDING ADOLESCENT CHAMPIONS, YOUNG PEOPLE, RELIGIOUS AND COMMUNITY LEADERS, AND POLICE IN SGBV PREVENTION; GENDER, YOUTH, AND SOCIAL INCLUSION (GYSI); SRHR ADVOCACY; AND DISABILITY INCLUSION.IN FY22, ENGENDERHEALTH HAD ACTIVE PROGRAMS IN BENIN, BURKINA FASO, BURUNDI, COTE D'IVOIRE, THE DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA, INDIA, MALI, MOZAMBIQUE, NIGER, NIGERIA, RWANDA, SENEGAL, AND TANZANIA.ILLUSTRATIVE PROGRAM UPDATESBELOW, WE PROVIDE PROJECT EXAMPLES ORGANIZED BY OUR CORE IMPACT AREAS: SRHR (INCLUDING CONTRACEPTION AND CAC), SGBV, AND MATERNAL HEALTH (MH). SRHR: ENGENDERHEALTH EMPLOYS A RIGHTS-BASED APPROACH THAT EMPHASIZES CLIENTS' FULL, FREE, AND INFORMED CHOICE OF CONTRACEPTIVE METHODS AND EXPANDS ACCESS TO HIGH-QUALITY SRHR INFORMATION AND SERVICES, INCLUDING COMPREHENSIVE ABORTION CARE. DURING 2022, IN ADDITION TO OUR ONGOING SUPPORT TO SERVICE PROVISION AND SYSTEMS STRENGTHENING WORK, WE EXPANDED THE EVIDENCE BASE FOR SRHR BEST PRACTICES. FOR EXAMPLE, WE LAUNCHED THE FAMILY PLANNING INTEGRATION INTO THE PRIMARY HEALTH CARE SYSTEM PROJECT IN ETHIOPIA AND ARE COLLABORATING WITH UNIVERSITIES TO IMPLEMENT A NATIONALLY REPRESENTATIVE ASSESSMENT TO UNDERSTAND THE EFFECTIVENESS OF FAMILY PLANNING (FP) INTEGRATION WITHIN PRIMARY HEALTHCARE FACILITIES. WE ALSO CONTINUED OUR EXTENSIVE PROGRAMMING SUPPORTING SERVICE PROVISION FOR SRHR, INCLUDING STRENGTHENING HEALTH SYSTEMS. FOR EXAMPLE, AFTER 14 YEARS OF IMPLEMENTING PROJECT ACTIVITIES TO STRENGTHEN LOCAL CAPACITY TO INCREASE ADOLESCENT ACCESS TO SRHR INFORMATION AND SERVICES, THE TARUNYA PROJECT IN INDIA TRANSITIONED HEALTH FACILITY SUPPORT TO GOVERNMENT MANAGEMENT TO PROMOTE LOCAL OWNERSHIP AND ACCOUNTABILITY FOR SUSTAINING DELIVERY OF HIGH-QUALITY SERVICES FOR ADOLESCENTS. DURING 2022, WE CONTINUED TO SUPPORT 17 ADOLESCENT-FRIENDLY HEALTH CENTERS (AFHCS) IN SITAMARHI DISTRICT AND BEGAN SUPPORTING 35 AFHCS IN GAYA AND JAMUI DISTRICTS TO SERVE AS FUNCTIONAL AND RESPONSIVE SPACES FOR ADOLESCENTS. THE PROJECT CONDUCTED A GAP ASSESSMENT OF THE FACILITIES AND ADVOCATED WITH PUBLIC HEALTH CENTER OFFICIALS TO FILL THE GAPS AND TO START SERVING ADOLESCENT CLIENTS AT THE AFHCS. WE FOCUSED ON ENSURING THE SUSTAINABILITY OF THE AFHCS BEYOND THE LIFE OF PROJECT BY TRAINING NURSE MIDWIVES ON ADOLESCENT HEALTH ISSUES; GENDER, YOUTH, AND SOCIAL INCLUSION (GYSI); AND COUNSELING SKILLS. AS A RESULT, 48 FACILITIES (92% OF ALL SUPPORTED FACILITIES) HAVE STARTED PROVIDING ADOLESCENT-FRIENDLY SERVICES THROUGH TRAINED HEALTH PROVIDERS AND ARE NOW PRIMARILY SUPPORTED BY GOVERNMENT STAFF INSTEAD OF PROJECT-FUNDED STAFF.GBV:PREVENTING AND ADDRESSING GBV AND SUPPORTING SURVIVORS ARE ESSENTIAL TO IMPROVING THE HEALTH OF ALL PEOPLE. IN MAY 2022, ENGENDERHEALTH LAUNCHED ENSEMBLE, AN INITIATIVE FOCUSED ON PREVENTING AND RESPONDING TO GBV IN WEST AFRICA. THE SURVIVOR-CENTERED, MULTI-SECTORAL GBV PREVENTION AND RESPONSE INITIATIVE AIMS TO RAISE FUNDS TO ADDRESS GBV IN THE REGION AND WE WILL BE CODESIGNING PROGRAMMING IN COLLABORATION WITH GOVERNMENTS, CIVIL SOCIETY ORGANIZATIONS, AND OTHER NATIONAL AND REGIONAL STAKEHOLDERS. ENGENDERHEALTH ALSO CONTINUED TO IMPLEMENT GBV AND SRHR INTEGRATION ACTIVITIES IN MULTIPLE PROJECTS IN 2022. IN BENIN, BURKINA FASO, AND CTE D'IVOIRE, WE BUILT EQUITABLE PARTNERSHIPS WITH YOUTH-LED ORGANIZATIONS (YLOS) IN WEST AND CENTRAL AFRICA TO ADVANCE SRHR AND ELIMINATE GBV. IN BURUNDI, WE CONTINUED TO WORK WITH LOCAL PARTNER SWAA-BURUNDI ON THE GIR'ITEKA PROJECT TO INTEGRATE GBV AND FP INTO HIV PROGRAMMING, INCLUDING SUPPORTING INTEGRATED SERVICES IN 160 SITES.MH: IN 2022, ENGENDERHEALTH CONTINUED TO EXPAND PATIENT-CENTERED, SAFE, AFFORDABLE, AND RESPECTFUL MATERNAL AND OBSTETRIC CARE. THE MOMENTUM SAFE SURGERY IN FAMILY PLANNING AND OBSTETRICS PROJECT ENABLES FACILITIES AND PROVIDERS TO OFFER HIGH-QUALITY MATERNAL HEALTHCARE, INCLUDING ANTENATAL CARE, ESSENTIAL AND EMERGENCY OBSTETRIC CARE, FISTULA PREVENTION AND TREATMENT, SAFE SURGICAL OBSTETRIC CARE, AND POSTNATAL CARE. WITH 20 GLOBAL, REGIONAL, AND LOCAL PARTNERS, THE PROJECT SUPPORTED 868 HEALTH FACILITIES IN NINE COUNTRIES AND IS PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY HEALTH WORKERS (CHWS) AND COMMUNITY-BASED ORGANIZATIONS. THE PROJECT CONDUCTED A LITERATURE REVIEW ON COUNSELING AND CONSENT IN CESAREAN DELIVERY AND THE LANDSCAPE OF PERIPARTUM HYSTERECTOMY IN LOW- AND MIDDLE-INCOME COUNTRIES AND USED FINDINGS TO INFORM THE DESIGN OF RESEARCH BEGINNING IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC), INDIA, AND NIGERIA. THE PROJECT ALSO INITIATED AGREEMENTS WITH KEY GLOBAL PARTNERS, SUCH AS THE WHO, TO ENABLE FUTURE COLLABORATIVE ACTIVITIES. THROUGH THE KENEYA NIETA PROJECT IN MALI, WHICH AIMS TO REDUCE MATERNAL, NEWBORN, AND CHILD MORTALITIES, WE INTEGRATED A GENDER LENS INTO A COMMUNICATIONS CAMPAIGN FOCUSED ON SHARING FP, MATERNAL AND CHILD HEALTH, AND NUTRITION INFORMATION TO IMPROVE KNOWLEDGE, TRANSFORM GENDER NORMS, AND INCREASE DEMAND FOR SERVICES. THROUGH THIS CAMPAIGN, WE SENSITIZED HOUSEHOLDS ACROSS 4,000 VILLAGES ON GENDER EQUITY IN HEALTH DECISION-MAKING AND ON THE IMPORTANT ROLE THAT MEN CAN PLAY IN THE CARE OF PREGNANT AND LACTATING WOMEN AND IN THE CARE AND NUTRITION OF CHILDREN.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses** ▶ 18,562,262

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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	Yes	
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	Yes	
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		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
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	37		
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		

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			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: ▶IN, ET, BY, TZ, UV, IV, CG, MZ, GV, KE, SF, NI 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, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 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. 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.	1a 18			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18			
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	Yes	
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	Yes	
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 ▶ AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OR,PA,RI,SC,TN,UT,VA,WV,WI

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:
▶ANTHONY MWANGI VP OF FINANCE AND ADMINISTRATION 505 9TH STREET NW 601 WASHINGTON, DC 20004 (202) 902-2000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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: 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
(1) LINDA ROSENSTOCK MD PHD CHAIR	2.50	X		X				0	0	0
(2) ANDREW L SOMMER CHAIR, EXECUTIVE COMMITTEE	2.50	X		X				0	0	0
(3) ROBERT D PETTY TREASURER	2.50	X		X				0	0	0
(4) ROSEMARY ELLIS SECRETARY	2.50	X		X				0	0	0
(5) KAREN KOH ASSISTANT SECRETARY	2.50	X						0	0	0
(6) RUBY AGGARWAL DIRECTOR	2.50	X						0	0	0
(7) AKUDO ANYANWU DIRECTOR	2.50	X						0	0	0
(8) SARAH CAIRNS-SMITH DIRECTOR	2.50	X						0	0	0
(9) CONSTANCE A CARRINO DIRECTOR	2.50	X						0	0	0
(10) SHEENA DE BOISGELIN DIRECTOR	2.50	X						0	0	0
(11) DENISE DUNNING DIRECTOR	2.50	X						0	0	0
(12) TOM GEORGIS DIRECTOR	2.50	X						0	0	0
(13) KIMBERLY GREGORY DIRECTOR	2.50	X						0	0	0
(14) RYAN HAWKE DIRECTOR	2.50	X						0	0	0
(15) RUTH KATZ DIRECTOR	2.50	X						0	0	0
(16) THOMAS KISIMBI DIRECTOR	2.50	X						0	0	0
(17) JUAN CARLOS NEGRETTE DIRECTOR	2.50	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: 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) MARK SIMMONDS DIRECTOR	2.50	X						0	0	0
(19) ROBERT S MURPHY CFAO, THRU 2/2022	40.00			X				76,494	0	10,375
(20) TRACI L BAIRD PRESIDENT & CEO	40.00			X				472,111	0	35,467
(21) ANTHONY MWANGI - SR DIR THRU 1/22, VP OF FINANCE/ADMIN EFF 2/22	40.00			X				176,490	0	17,960
(22) MUSTAFA KUDRATI VP, PROGRAMS	40.00				X			275,060	0	35,595
(23) MAXINE SOMMERVILLE VP, HUMAN RESOURCES	40.00				X			246,184	0	29,909
(24) VANDANA TRIPATHI PROGRAM DIRECTOR	40.00				X			228,733	0	27,286
(25) KAREN JILL LEVIN DIRECTOR MOMENTUM SAFE SURG. IN FAMILY PLAN	40.00					X		157,224	0	13,653
(26) KRISTIN SAUCIER DIRECTOR, BUSINESS DEVELOPMENT	40.00					X		175,469	0	22,941
(27) IYEME EFEM SR. MGR., GLOBAL FISTULA PROGRAMS	40.00					X		171,690	0	26,503
(28) KATHRYN O'CONNELL SR DIRECTOR, IMPACT, RESEARCH & EVAL	40.00					X		180,012	0	15,135
(29) RENAE STAFFORD DEPUTY PROGRAM DIRECTOR	40.00					X		178,010	0	12,491
(30) ROBERTO FLORES CFO THRU 521 CONSULTANT THRU 7/21	2.00						X	130,168	0	14,646
(31) CALEB TILLER FORMER VP GLOBAL COMMUNICATIONS & MARKETING	0.00						X	157,089	0	11,067

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	2,624,734	0	273,028

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 ▶ 23

		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
GABRIEL GROUP 3190 RODER TRAIL SOUTH EARTH CITY, MO 63045	MARKETING SERVICES	154,799
MOLLOY CONSULTANTS 3637 BESUDEN CT CINCINNATI, OH 45208	STRATEGIC PROGRAM MANAGEMENT	126,565
FSI STRATEGIES 1133 19TH ST NW 10TH FLOOR WASHINGTON, DC 20036	INFORMATION TECHNOLOGY SERVICES	118,133
PKF O'CONNOR DAVIES LLP 500 MAMARONECK AVE SUITE 301 HARRISON, NY 10528	ACCOUNTING SERVICES	109,350
VIAMO INC 1701 RHODE ISLAND AVENUE WASHINGTON, DC 20036	DIGITAL TECHNOLOGY SERVICES	106,951

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 ▶ 5

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 OtherAmt Similar Amounts	**1a** Federated campaigns . . .	**1a**				
	b Membership dues . . .	**1b**				
	c Fundraising events . . .	**1c**				
	d Related organizations	**1d**				
	e Government grants (contributions)	**1e**	17,962,369			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f**	8,106,264			
	g Noncash contributions included in lines 1a - 1f:$	**1g**	2,034,993			
	h Total. Add lines 1a-1f . . . . ▶		26,068,633			

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a–2f. . . . . ▶					

Other Revenue		(i) Real / (i) Securities	(ii) Personal / (ii) Other	(A)	(B)	(C)	(D)
	3 Investment income (including dividends, interest, and other similar amounts) . . . ▶			66,009			66,009
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties . . . . ▶						
		(i) Real	(ii) Personal				
	6a Gross rents **6a**	1,004,753					
	b Less: rental expenses **6b**	1,151,343					
	c Rental income or (loss) **6c**	-146,590					
	d Net rental income or (loss) . . . . ▶			-146,590			-146,590
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory **7a**	2,984,618					
	b Less: cost or other basis and sales expenses **7b**	2,879,549					
	c Gain or (loss) **7c**	105,069					
	d Net gain or (loss) . . . . ▶			105,069			105,069
	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**						
	b Less: cost of goods sold . . **10b**						
	c Net income or (loss) from sales of inventory . . ▶						

	Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
	11a MISCELLANEOUS INCOME	900099	2,980			2,980
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d . . . . ▶		2,980			
	12 Total revenue. See instructions . . . . . . ▶		26,096,101	0	0	27,468

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	2,663,051	2,663,051		
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.	1,674,820	1,674,820		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,660,066	435,026	967,255	257,785
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,440		4,440	
7 Other salaries and wages	9,149,423	6,649,052	2,384,476	115,895
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	815,344	578,419	223,007	13,918
9 Other employee benefits	1,098,130	758,193	305,951	33,986
10 Payroll taxes	400,243	264,631	122,352	13,260
11 Fees for services (non-employees):				
a Management				
b Legal	61,958		61,958	
c Accounting	335,547		335,547	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,635		21,635	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,581,356	829,574	724,594	27,188
12 Advertising and promotion	14,115	6,324	6,207	1,584
13 Office expenses	796,705	480,362	81,147	235,196
14 Information technology	282,301	237,064	29,588	15,649
15 Royalties . .				
16 Occupancy	994,745	591,434	362,061	41,250
17 Travel	860,070	814,665	35,552	9,853
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,966,322	1,914,097	50,810	1,415
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	261,581	111,205	150,376	
23 Insurance . . .	199,867	97,682	83,541	18,644
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 PROGRAM SUPPLIES	350,922	294,689	36,780	19,453
b EQUIPMENT / MAINTENANCE	87,052	73,102	9,124	4,826
c VALUE ADDED TAXES	55,133	24,704	24,243	6,186
d RECRUITMENT	49,781	22,306	21,890	5,585
e All other expenses	93,417	41,862	41,075	10,480
25 **Total functional expenses.** Add lines 1 through 24e	25,478,024	18,562,262	6,083,609	832,153
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).				

Part X Balance Sheet

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

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			7,639,102	1	7,991,047
	2	Savings and temporary cash investments			269,596	2	141,642
	3	Pledges and grants receivable, net			2,852,592	3	2,639,727
	4	Accounts receivable, net				4	
	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			623,850	8	539,483
	9	Prepaid expenses and deferred charges			583,130	9	364,539
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,662,738			
	b	Less: accumulated depreciation	10b	3,876,872	1,047,447	10c	785,866
	11	Investments—publicly traded securities			2,645,862	11	2,116,515
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			3,096	14	3,096
	15	Other assets. See Part IV, line 11			411,359	15	1,525,599
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			16,076,034	16	16,107,514
Liabilities	17	Accounts payable and accrued expenses			6,624,329	17	4,315,253
	18	Grants payable			194,904	18	1,929,958
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			304,696	21	304,696
	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			549,972	25	509,895
	26	**Total liabilities.** Add lines 17 through 25			7,673,901	26	7,059,802
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			3,357,743	27	3,419,578
	28	Net assets with donor restrictions			5,044,390	28	5,628,134
		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	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			8,402,133	32	9,047,712
	33	Total liabilities and net assets/fund balances			16,076,034	33	16,107,514

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	26,096,101
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,478,024
3	Revenue less expenses. Subtract line 2 from line 1	3	618,077
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,402,133
5	Net unrealized gains (losses) on investments	5	-470,710
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	498,212
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	9,047,712

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 Single Audit Act and OMB Circular A-133?	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	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
ENGENDERHEALTH INC

Employer identification number
13-1623838

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 (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	50,119,876	28,141,362	27,736,398	33,728,447	26,068,633	165,794,716
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	50,119,876	28,141,362	27,736,398	33,728,447	26,068,633	165,794,716
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) . .						16,966,090
6 **Public support.** Subtract line 5 from line 4.						148,828,626

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	50,119,876	28,141,362	27,736,398	33,728,447	26,068,633	165,794,716
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	223,960	127,057	166,022	1,131,709	1,070,762	2,719,510
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.). .					2,980	2,980
11 **Total support.** Add lines 7 through 10						168,517,206

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

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 2021 (line 6, column (f) divided by line 11, column (f)) . . . . **14** 88.320 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . **15** 82.620 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶☐

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

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

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME - 2021 AMOUNT: $ 2,980.

Additional Data

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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

2021

Open to Public Inspection

Name of the organization
ENGENDERHEALTH INC

Employer identification number
13-1623838

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 7/25/06, 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	2,232,961	1,951,700	1,994,091	4,002,716	5,892,220
b Contributions					
c Net investment earnings, gains, and losses	-279,809	417,066	17,181	142,159	552,383
d Grants or scholarships					
e Other expenditures for facilities and programs	122,819	135,805	59,572	2,150,784	2,441,887
f Administrative expenses					
g End of year balance	1,830,333	2,232,961	1,951,700	1,994,091	4,002,716

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ 0 %
b Permanent endowment ▶ 100.000 %
c Term endowment ▶ 0 %
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)**		No
(ii) Related organizations	**3a(ii)**		No
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				
b Buildings				
c Leasehold improvements		2,210,174	1,867,760	342,414
d Equipment		1,428,720	1,335,059	93,661
e Other		1,023,844	674,053	349,791

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ 785,866

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)SECURITY DEPOSIT	125,567
(2)ADVANCES	1,219,038
(3)DUE FROM SUBTENANT	131,822
(4)CASH-IN-TRANSIT - COUNTRY GRANTS	49,172
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	1,525,599

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	509,895

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	26,306,203
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-470,710		
b	Donated services and use of facilities	2b	204,235		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	512,511		
e	Add lines **2a** through **2d**			2e	246,036
3	Subtract line **2e** from line **1**			3	26,060,167
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	21,635		
b	Other (Describe in Part XIII.)	4b	14,299		
c	Add lines **4a** and **4b**			4c	35,934
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	26,096,101

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	25,660,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	204,235		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	204,235
3	Subtract line **2e** from line **1**			3	25,456,389
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	21,635		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	21,635
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	25,478,024

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 IV, LINE 2B:	THE ESCROW ARRANGEMENT IS A SUBTENANT DEPOSIT OF $304,696, WHICH IS PAYABLE TO THE TENANT UPON EXPIRATION OF THE LEASE, AND MAY BE USED TO SETTLE OUTSTANDING BALANCES ON ACCOUNT.
PART V, LINE 4:	THE INCOME GENERATED FROM THE ENDOWMENT FUND IS INTENDED TO PROVIDE ENGENDERHEALTH WITH THE RESOURCES TO ENSURE THE CONTINUITY OF ITS ONGOING PROGRAMS AROUND THE WORLD, THEREBY ALLOWING THE ORGANIZATION TO BRIDGE FUNDING GAPS AND TO MEET OTHER EMERGENT NEEDS WHEN FUNDING IS NOT AVAILABLE.
PART X, LINE 2:	ENGENDERHEALTH RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT ENGENDERHEALTH HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2019.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	GAIN ON FOREIGN CURRENCY TRANSLATION 460,560. PENSION-RELATED & POST RETIREMENT HELATHCARE BENEFITS CHANGES 51,951.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 14,299.

Additional Data

Return to Form

Software ID:

Software Version:

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

2021

Open to Public Inspection

Name of the organization
ENGENDERHEALTH INC

Employer identification number
13-1623838

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
(1)	SUB-SAHARAN AFRICA	18	156	PROGRAM SERVICES	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	14,669,687
(2)	SOUTH ASIA	1	40	PROGRAM SERVICES	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	1,357,701
(3)	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,128,709
(4)	SOUTH ASIA	0	0	GRANTMAKING		424,811
(5)	EUROPE	0	0	GRANTMAKING		121,300
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	19	196			17,702,208
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	19	196			17,702,208

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)
(1)		EUROPE (INCLUDING ICELAND & GREENLAND)	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	121,300	WIRE TRANSFER	0		
(2)		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	84,255	WIRE TRANSFER	0		
(3)		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	60,285	WIRE TRANSFER	0		
(4)		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	245,903	WIRE TRANSFER	0		
(5)		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	34,368	WIRE TRANSFER	0		
(6)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	13,666	WIRE TRANSFER	0		
(7)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	311,061	WIRE TRANSFER	0		
(8)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	46,971	WIRE TRANSFER	0		
(9)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	13,275	WIRE TRANSFER	0		
(10)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	6,532	WIRE TRANSFER	0		
(11)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	90,167	WIRE TRANSFER	0		
(12)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	37,281	WIRE TRANSFER	0		
(13)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	155,596	WIRE TRANSFER	0		
(14)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	17,502	WIRE TRANSFER	0		
(15)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	10,195	WIRE TRANSFER	0		
(16)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	6,528	WIRE TRANSFER	0		
(17)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	9,051	WIRE TRANSFER	0		
(18)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	7,478	WIRE TRANSFER	0		
(19)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	89,058	WIRE TRANSFER	0		
(20)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	12,300	WIRE TRANSFER	0		
(21)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	143,932	WIRE TRANSFER	0		
(22)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	69,898	WIRE TRANSFER	0		
(23)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	20,163	WIRE TRANSFER	0		
(24)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	47,072	WIRE TRANSFER	0		
(25)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	11,018	WIRE TRANSFER	0		
(26)		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	9,963	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 . . . . ▶ 26

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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:	SUBAWARDS ARE ISSUED TO INTERNATIONAL AGENCIES FOR THE PURPOSE OF SUPPORTING AND IMPLEMENTING SPECIFIC ACTIVITIES RELATED TO THE OBJECTIVES OF THE PRIME AWARD. ENGENDERHEALTH HAS AN ESTABLISHED SUBAWARD MANAGEMENT SYSTEM AND CORRESPONDING STANDARD OPERATING PROCEDURES (SOPS) TO ENSURE STANDARDIZATION OF THE PRE-AWARD, POST-AWARD AND CLOSE-OUT MANAGEMENT PROCESS. DURING THE PROJECT DESIGN AND PROPOSAL DEVELOPMENT PHASE, ENGENDERHEALTH USES EITHER AN ADVERTISED COMPETITIVE SOLICITATION PROCESS OR A TARGETED SOLICITATION PROCESS TO IDENTIFY SUBRECIPIENTS FOR THE PROJECT. AN EVALUATION CRITERIA IS USED TO GUIDE THE SELECTION PROCESS, THE APPLICATIONS ARE REVIEWED FOR MERIT AND RISK, COVERING SUCH AREAS SUCH AS TECHNICAL MERIT, HISTORY OF PERFORMANCE, FINANCIAL STABILITY, BUSINESS CONTROLS, AND OTHER ISSUES SUCH AS POTENTIAL CONFLICTS OF INTERESTS. ENGENDERHEALTH ALSO CONDUCTS A CAPACITY ASSESSMENT OF THE SUBRECIPIENT TO IDENTIFY RISK OR CAPACITY GAPS THAT NEED TO BE ADDRESSED, AND COLLECTS SUBRECIPIENT REGISTRATION INFORMATION, LEGAL STATUS, AUDIT REPORTS, TAX IDENTIFICATION, ETC. THIS STAGE ALSO INCLUDES COLLECTING DETERMINATION OF RESPONSIBILITY STATEMENTS, AND OTHER RELATED CERTIFICATIONS. THE PRE-AWARD PHASE WILL ALSO INCLUDE VETTING OF THE SUBRECIPIENT ORGANIZATION AGAINST THE US GOVERNMENT EXCLUDED PARTIES LIST AND OFFICE OF FOREIGN ASSETS CONTROL (OFAC) LISTS. DURING THE IMPLEMENTATION PHASE, ENGENDERHEALTH IS RESPONSIBLE FOR PROVIDING OVERSIGHT OF BOTH TECHNICAL MANAGEMENT AND FINANCIAL MANAGEMENT ASPECTS OF SUB-GRANTEES THROUGH REVIEWS OF REPORTS, CORRESPONDENCE, SITE VISITS AND OTHER APPROPRIATE MEANS. FOR ALL SUBRECIPIENT AGREEMENTS, THERE IS A ROBUST AND FORMAL MONITORING PLAN WHICH SERVES AS A FOUNDATION FOR ALL MONITORING ACTIVITIES. TOGETHER WITH THE MONITORING PLAN THERE IS A REGULAR (AT LEAST QUARTERLY) REVIEW OF FINANCIAL AND PROGRAMMATIC REPORTS TO ENSURE FUNDS ARE USED FOR THE INTENDED PURPOSE AND ACHIEVEMENT OF OBJECTIVES.
PART III ACCOUNTING METHOD:	

Additional Data

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

2021

Open to Public Inspection

Name of the organization
ENGENDERHEALTH INC

Employer identification number
13-1623838

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) INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DRIVE SUITE 200 CHAPEL HILL,NC 27517	55-0825466	501(C)(3)	1,617,286	0			SEE PART IVTECHNICAL ASSISTANCE (TA) FOR CAPACITY BUILDING, SUSTAINABILITY FRAMEWORKS, SUPPLY CHAIN MANAGEMENT (SCM), AND HUMAN RESOURCES FOR HEALTH (HRH).
(2) JOHNS HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE,MD 21218	52-0595110	501(C)(3)	496,591	0			DESIGN AND CAPACITY BUILDING SUPPORT FOR HUMAN-CENTERED DESIGN (HCD)-BASED SOCIAL AND BEHAVIOR CHANGE (SBC) STRATEGIES.
(3) PATHFINDER INTERNATIONAL NINE GALEN STREET WATERTOWN,MA 02472	53-0235320	501(C)(3)	545,832	0			TECHNICAL SUPPORT ON REACHING YOUTH WITH INCLUSIVE QUALITY FAMILY PLANNING AND INTEGRATED SERVICES.

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

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

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:	SUBAWARDS ARE ISSUED TO LOCAL AGENCIES FOR THE PURPOSE OF SUPPORTING AND IMPLEMENTING SPECIFIC ACTIVITIES RELATED TO THE OBJECTIVES OF THE PRIME AWARD. ENGENDERHEALTH HAS AN ESTABLISHED SUBAWARD MANAGEMENT SYSTEM AND CORRESPONDING STANDARD OPERATING PROCEDURES (SOPS) TO ENSURE STANDARDIZATION OF THE PRE-AWARD, POST-AWARD AND CLOSE-OUT MANAGEMENT PROCESS. DURING THE PROJECT DESIGN AND PROPOSAL DEVELOPMENT PHASE, ENGENDERHEALTH USES EITHER AN ADVERTISED COMPETITIVE SOLICITATION PROCESS OR A TARGETED SOLICITATION PROCESS TO IDENTIFY SUBRECIPIENTS FOR THE PROJECT. AN EVALUATION CRITERIA IS USED TO GUIDE THE SELECTION PROCESS, THE APPLICATIONS ARE REVIEWED FOR MERIT AND RISK, COVERING SUCH AREAS SUCH AS TECHNICAL MERIT, HISTORY OF PERFORMANCE, FINANCIAL STABILITY, BUSINESS CONTROLS, AND OTHER ISSUES SUCH AS POTENTIAL CONFLICTS OF INTERESTS. ENGENDERHEALTH ALSO CONDUCTS A CAPACITY ASSESSMENT OF THE SUBRECIPIENT TO IDENTIFY RISK OR CAPACITY GAPS THAT NEED TO BE ADDRESSED, AND COLLECTS SUBRECIPIENT REGISTRATION INFORMATION, LEGAL STATUS, AUDIT REPORTS, TAX IDENTIFICATION, ETC. THIS STAGE ALSO INCLUDES COLLECTING DETERMINATION OF RESPONSIBILITY STATEMENTS, AND OTHER RELATED CERTIFICATIONS. DURING THE IMPLEMENTATION PHASE, ENGENDERHEALTH IS RESPONSIBLE FOR PROVIDING OVERSIGHT OF BOTH TECHNICAL MANAGEMENT AND FINANCIAL MANAGEMENT ASPECTS OF SUB-GRANTEES THROUGH REVIEWS OF REPORTS, CORRESPONDENCE, SITE VISITS AND OTHER APPROPRIATE MEANS. FOR ALL SUBRECIPIENT AGREEMENTS, THERE IS A ROBUST AND FORMAL MONITORING PLAN WHICH SERVES AS A FOUNDATION FOR ALL MONITORING ACTIVITIES. TOGETHER WITH THE MONITORING PLAN THERE IS A REGULAR (AT LEAST QUARTERLY) REVIEW OF FINANCIAL AND PROGRAMMATIC REPORTS TO ENSURE FUNDS ARE USED FOR THE INTENDED PURPOSE AND ACHIEVEMENT OF OBJECTIVES.

Additional Data

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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

2021

Open to Public Inspection

Name of the organization
ENGENDERHEALTH INC

Employer identification number
13-1623838

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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	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? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
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? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
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**	Yes	
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**		

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 TRACI L BAIRD PRESIDENT & CEO	(i)	378,074	93,750	287	32,300	3,167	507,578	0
	(ii)	0	0	0	0	0	0	0
2 MUSTAFA KUDRATI VP, PROGRAMS	(i)	262,273	12,500	287	22,449	13,146	310,655	0
	(ii)	0	0	0	0	0	0	0
3 MAXINE SOMMERVILLE VP, HUMAN RESOURCES	(i)	233,148	12,500	536	19,834	10,075	276,093	0
	(ii)	0	0	0	0	0	0	0
4 VANDANA TRIPATHI PROGRAM DIRECTOR	(i)	210,426	18,113	194	17,905	9,381	256,019	0
	(ii)	0	0	0	0	0	0	0
5 KRISTIN SAUCIER DIRECTOR, BUSINESS DEVELOPMENT	(i)	175,353	0	116	14,820	8,121	198,410	0
	(ii)	0	0	0	0	0	0	0
6 IYEME EFEM SR. MGR., GLOBAL FISTULA PROGRAMS	(i)	170,868	0	822	14,524	11,979	198,193	0
	(ii)	0	0	0	0	0	0	0
7 KATHRYN O'CONNELL SR DIRECTOR, IMPACT, RESEARCH & EVAL	(i)	178,825	1,000	187	15,135	0	195,147	0
	(ii)	0	0	0	0	0	0	0
8 ANTHONY MWANGI - SR DIR THRU 1/22, VP OF FINANCE/ADMIN EFF 2/22	(i)	176,303	0	187	14,986	2,974	194,450	0
	(ii)	0	0	0	0	0	0	0
9 RENAE STAFFORD DEPUTY PROGRAM DIRECTOR	(i)	177,188	0	822	8,863	3,628	190,501	0
	(ii)	0	0	0	0	0	0	0
10 KAREN JILL LEVIN DIRECTOR MOMENTUM SAFE SURG. IN FAMILY PLAN	(i)	156,937	0	287	13,340	313	170,877	0
	(ii)	0	0	0	0	0	0	0
11 CALEB TILLER FORMER VP GLOBAL COMMUNICATIONS & MARKETING	(i)	143,982	0	13,107	9,584	1,483	168,156	0
	(ii)	0	0	0	0	0	0	0
12 ROBERTO FLORES CFO THRU 521 CONSULTANT THRU 7/21	(i)	129,805	0	363	8,697	5,949	144,814	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	CALEB TILLER, FORMER VP OF COMMUNICATIONS & MARKETING, RECEIVED A SEVERANCE PAYMENT OF $13,010 WHICH WAS INCLUDED IN HIS TAXABLE COMPENSATION.
PART I, LINE 7	THE ORGANIZATION PAID DISCRETIONARY BONUS COMPENSATION BASED ON INDIVIDUAL PERFORMANCE AND WITHIN THE APPROVED BUDGET OF THE ORGANIZATION. THE BONUS AMOUNTS WERE DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS AND WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION.

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

2021

Open to Public Inspection

Name of the organization
ENGENDERHEALTH INC

Employer identification number
13-1623838

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	15	2,034,993	AVG. SELLING PRICE
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 ▶ ( )				
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: 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	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		No
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):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B).

Additional Data

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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 2021 Open to Public Inspection

Name of the organization	Employer identification number
ENGENDERHEALTH INC	13-1623838

Return Reference	Explanation
FORM 990, PART III, LINE 1	ENGENDERHEALTH ENVISIONS A GENDER-EQUAL WORLD WHERE ALL PEOPLE ACHIEVE THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. WE BELIEVE THIS IS ESSENTIAL FOR ENSURING ALL PEOPLE CAN ACHIEVE THEIR FULL POTENTIALS. TO ACHIEVE THIS VISION, WE IMPLEMENT HIGH-QUALITY, GENDER-EQUITABLE PROGRAMS THAT ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. WE KNOW THAT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ARE COMPLETELY AND INEXTRICABLY INTERTWINED WITH GENDER EQUALITY. WE ALSO KNOW THAT MARGINALIZED GROUPS-SUCH AS GIRLS, WOMEN, AND GENDER MINORITIES; ADOLESCENTS AND YOUTH; PEOPLE WITH DISABILITIES; ECONOMICALLY DISADVANTAGED GROUPS; AND RURAL AND OTHER HARD-TO-REACH POPULATIONS-ARE PARTICULARLY VULNERABLE TO DISCRIMINATORY PRACTICES THAT CAN PREVENT THEM FROM LEADING HEALTHY LIVES. BUT THAT CAN CHANGE. ENGENDERHEALTH'S STRATEGY INCLUDES THE FOLLOWING THEORY OF CHANGE: IF ALL PEOPLE ARE EMPOWERED AND ENGAGED; AND IF THEY LIVE IN SUPPORTIVE COMMUNITIES WHERE SYSTEMS AND INSTITUTIONS PROVIDE HIGH-QUALITY, GENDER-EQUITABLE SEXUAL AND REPRODUCTIVE HEALTHCARE; AND IF POLICIES, LAWS, AND PROCESSES ARE SUPPORTIVE, THEN THEY WILL EXERCISE THEIR RIGHTS TO GENDER-EQUITABLE SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND PARTICIPATE AS EQUAL MEMBERS OF SOCIETY. OUR PROGRAMMATIC ACTIVITIES BUILD ON THE LESSONS LEARNED AND BEST PRACTICES GAINED THROUGH DECADES OF EXPERIENCE WORKING IN MORE THAN 100 COUNTRIES AROUND THE WORLD TO SUPPORT INDIVIDUALS, COMMUNITIES, AND HEALTHCARE SYSTEMS IN DELIVERING HIGH-QUALITY, GENDER-EQUITABLE PROGRAMS AND SERVICES THAT ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. ENGENDERHEALTH BRINGS EXPERTISE IN THE FOLLOWING TECHNICAL AREAS TO THE PROGRAMS WE IMPLEMENT IN COUNTRIES ACROSS ASIA AND AFRICA: - COMPREHENSIVE SEXUALITY EDUCATION - CONTRACEPTIVE COUNSELING AND SERVICE DELIVERY - COMPREHENSIVE ABORTION CARE AND POSTABORTION CARE - MATERNAL HEALTHCARE, INCLUDING FISTULA PREVENTION, CARE, AND TREATMENT - BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE, INCLUDING SAFE SURGERY - PREVENTION AND TREATMENT OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS - PREVENTION, DETECTION, AND TREATMENT OF CERVICAL CANCER - PREVENTION, SCREENING, COUNSELING, AND RELATED SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT. THE FINANCE DEPARTMENT REVIEWS AND PROVIDES COMMENTS ON THE RETURN TO THE ACCOUNTING FIRM. THE FORM IS APPROVED BY THE VP OF FINANCE AND ADMINISTRATION AND A COMPLETE COPY IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES NEAR THE END OF THE FISCAL YEAR. IT IS DISTRIBUTED ALONG WITH A LIST OF THE BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES AND A LIST OF VENDORS PAID MORE THAN $50,000 DURING THE FISCAL YEAR. THE QUESTIONNAIRE ASKS IF ANY THE FOLLOWING TYPES OF RELATIONSHIPS OR TRANSACTIONS EXISTED DURING THE YEAR: FAMILY, EMPLOYMENT, CONTRACTUAL, BUSINESS OWNERSHIP AND COMPENSATION. IF A "YES" IS INDICATED THEY ARE THEN ASKED TO DISCLOSE A BRIEF DESCRIPTION OF THE RELATIONSHIP OR TRANSACTION TO THE BOARD OF DIRECTORS WHO HAS RESPONSIBILITY FOR DETERMINING IF A CONFLICT OF INTEREST EXISTS, AND REVIEWING CONFLICTS ONCE DETERMINED. THE INTERESTED DIRECTOR REFRAINS FROM VOTING AND FROM PREJUDICING OR BIASING OTHER PERSONS INVOLVED IN THE DELIBERATIONS. DISCUSSIONS OF ANY POTENTIAL CONFLICT OF INTERESTS ARE RECORDED IN THE MINUTES OF THE BOARD OF TRUSTEE'S MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15A	LINE 15A: THE COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS, WHO REVIEW BENCHMARKING DATA OF SIMILAR ROLES, USING DATA FROM THIRD PARTY ORGANIZATIONS. THIS PROCESS WAS LAST UNDERTAKEN IN 2021. LINE 15B: THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS SET BY THE ORGANIZATION'S PRESIDENT & CEO AFTER REVIEWING BENCHMARKING DATA OF SIMILAR ROLES, USING DATA FROM THIRD PARTY ORGANIZATIONS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE SALARY INCREASE POOL FOR ALL ENGENDERHEALTH EMPLOYEES AS PART OF THE ANNUAL BUDGET PROCESS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS AVAILABLE ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE. IN ADDITION, THE CONFLICT OF INTEREST POLICY AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.
FORM 990, PART V, LINE 2A:	ENGENDERHEALTH INC. HAD 233 EMPLOYEES ACROSS THE ORGANIZATION WORLDWIDE IN CALENDAR YEAR 2021. EMPLOYEES REPORTED ON FORM W-3, TRANSMITTAL OF WAGES AND TAX STATEMENTS: 58 EMPLOYEES OUTSIDE OF THE UNITED STATES: 175
PART VII, SECTION A	ROBERTO FLORES LISTED IN PART VII WAS THE ORGANIZATION'S CFO THROUGH MAY, 2021. THE ORGANIZATION ENGAGED HIM AS A FINANCIAL CONSULTANT THROUGH AUGUST 2021.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -14,299. PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 51,951. FOREIGN CURRENCY TRANSLATION GAIN 460,560.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

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