

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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.

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 F Name and address of principal officer: TRACI L. BAIRD SAME AS C ABOVE	D Employer identification number 13-1623838 E Telephone number 202-902-2000 G Gross receipts \$ 30,177,457. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ENGENDERHEALTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1943
		M State of legal domicile: NJ

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO IMPLEMENT PROGRAMS THAT ADVANCE SEXUAL & REPRODUCTIVE HEALTH & RIGHTS AND GENDER EQUALITY.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	67
	6	Total number of volunteers (estimate if necessary)	14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	593,090.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,734,452.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,991,111.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 666,593.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,161,213.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,024,563.
	19	Revenue less expenses. Subtract line 18 from line 12	-12,290,111.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	27,135,056.
	21	Total liabilities (Part X, line 26)	11,024,180.
	22	Net assets or fund balances. Subtract line 21 from line 20	16,110,876.

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 ROBERTO FLORES, CHIEF FINANCE & ADMIN. OFFICER Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS
	Date 04/29/21	Check if self-employed <input type="checkbox"/> PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	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 [X]

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

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

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

4a (Code:) (Expenses \$ 27,541,608. including grants of \$ 4,104,206.) (Revenue \$)
WE DELIVER OUR PROGRAMS BY WORKING IN COLLABORATION WITH NATIONAL GOVERNMENTS AND LOCAL ORGANIZATIONS, SUPPORTING INDIVIDUALS, COMMUNITIES, HEALTH SYSTEMS, AND NATIONAL POLICIES TO BE MORE RESPONSIVE TO THE REPRODUCTIVE HEALTH NEEDS OF WOMEN AND GIRLS. WE ACHIEVE OUR PROGRAM RESULTS THROUGH TRAINING, STRENGTHENING SERVICE DELIVERY, AND SUPPORTING POLICY DEVELOPMENT. (CONTINUED ON SCHEDULE O).

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

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

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

4e Total program service expenses 27,541,608.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ROBERTO FLORES, CHIEF FINANCE & ADMINISTRATIVE OFFICER - 202-902-2000 505 9TH STREET NW, NO. 601, WASHINGTON, DC 20004

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRACI BAIRD PRESIDENT AND CEO	40.00			X				454,479.	0.	39,635.
(2) MUSTAFA KUDRATI VICE PRESIDENT, PROGRAMS	40.00			X				238,637.	0.	54,292.
(3) MAXINE SOMERVILLE VICE PRESIDENT, HUMAN RESOURCES	40.00			X				212,696.	0.	49,329.
(4) CALEB TILLER VICE PRESIDENT, GLOBAL COMM. & MKTG.	40.00			X				215,790.	0.	38,064.
(5) VANDANA TRIPATHI PROGRAM DIRECTOR	40.00				X			174,720.	0.	45,085.
(6) LAURI ROMANZI PROGRAM DIRECTOR THRU 11/15/2019	40.00				X			189,131.	0.	25,670.
(7) TRACEY STEVENS CFAO THRU 11/6/19	40.00 1.00			X				180,227.	0.	11,648.
(8) KRISTIN SAUCIER DIRECTOR, BUSINESS DEVELOPMENT	40.00					X		154,643.	0.	33,844.
(9) ANTHONY MWANGI, SR. DIRECTOR GOVERNANCE & COMPLIANCE	40.00					X		164,108.	0.	20,304.
(10) KATHRYN O'CONNELL, SR. DIRECTOR PROGRAM IMPACT AND EVALUATION	40.00					X		161,690.	0.	15,345.
(11) NENE FOFANA, REGIONAL WEST CENTRAL AFRICA REPRE.	40.00					X		132,304.	0.	35,951.
(12) GARY CAMUS FORMER CFO	0.00						X	146,662.	0.	4,936.
(13) CARRIE GHEEN, REGIONAL RESOURCE MOBILIZATION ADVISOR	40.00					X		137,938.	0.	10,904.
(14) VINCENT OKPALA, FORMER DIR. INTERNAL AUDIT THRU 2/15/19	0.00						X	120,098.	0.	24,032.
(15) ROSEMARY ELLIS, SECRETARY FORMER INTERIM PRES&CEO THRU SEP2018	2.00	X		X				40,000.	0.	0.
(16) ROBERTO FLORES CFAO AS OF NOV 2019	40.00 1.00			X				38,633.	0.	155.
(17) ROBERT D. PETTY CHAIR	2.00	X		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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LINDA ROSENSTOCK, MD, PH.D CHAIR, EXECUTIVE COMMITTEE	2.00	X		X				0.	0.	0.
(19) ANDREW L. SOMMER TREASURER	2.00	X		X				0.	0.	0.
(20) CONSTANCE A. CARRINO ASSISTANT SECRETARY	2.00	X						0.	0.	0.
(21) RUBY AGGARWAL DIRECTOR	1.00	X						0.	0.	0.
(22) SARAH CAIRNS-SMITH DIRECTOR	1.00	X						0.	0.	0.
(23) DENISE DUNNING DIRECTOR	1.00	X						0.	0.	0.
(24) TOM GEORGIS DIRECTOR	1.00	X						0.	0.	0.
(25) RYAN HAWKE DIRECTOR	1.00	X						0.	0.	0.
(26) RUTH KATZ DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,761,756.	0.	409,194.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,761,756.	0.	409,194.

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 **19**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVE, HARRISON, NY 10528	ACCOUNTING	270,650.
STEPTOE & JOHNSON LLP, 1330 CONNECTICUT AVE NW, WASHINGTON, DC 20036	LEGAL SERVICES	132,751.

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	20,444,559.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,291,839.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 37,301.			
	h	Total. Add lines 1a-1f		27,736,398.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		112,700.		112,700.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	53,322.			
			(ii) Personal				
			6a	53,322.			
	b	Less: rental expenses ...	6b	53,322.			
	c	Rental income or (loss)	6c	0.			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,275,037.			
			(ii) Other				
			7a	2,275,037.			
	b	Less: cost or other basis and sales expenses	7b	2,093,527.			
	c	Gain or (loss)	7c	181,510.			
d	Net gain or (loss)		181,510.		181,510.		
8 a	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						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		28,030,608.	0.	0.	294,210.	

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 ...	230,700.	230,700.		
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	3,873,506.	3,873,506.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,883,337.	433,017.	1,450,320.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,882,685.	10,640,065.	1,949,171.	293,449.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,146,063.	932,001.	188,403.	25,659.
9 Other employee benefits	1,268,223.	997,162.	246,010.	25,051.
10 Payroll taxes	501,686.	379,849.	111,716.	10,121.
11 Fees for services (nonemployees):				
a Management				
b Legal	53,375.	9,869.	43,506.	
c Accounting	283,910.	36,242.	247,668.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,413.		32,413.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,730,648.	1,184,124.	464,937.	81,587.
12 Advertising and promotion	8,891.	4,891.		4,000.
13 Office expenses	2,204,350.	1,994,255.	104,965.	105,130.
14 Information technology	394,589.	160,004.	174,887.	59,698.
15 Royalties				
16 Occupancy	1,404,533.	1,073,723.	295,093.	35,717.
17 Travel	1,548,880.	1,407,497.	138,760.	2,623.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,105,037.	3,092,949.	12,033.	55.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	421,529.	298,582.	122,947.	
23 Insurance	247,976.	33,168.	214,808.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT & MAINTENANCE	608,702.	577,714.	30,988.	
b RECRUITMENT	151,439.	66,894.	84,545.	
c VALUE ADDED TAXES	61,053.	60,096.	910.	47.
d OTHER DIRECT OPERATING	50,428.	24,886.	2,086.	23,456.
e All other expenses	33,904.	30,414.	3,490.	
25 Total functional expenses. Add lines 1 through 24e	34,127,857.	27,541,608.	5,919,656.	666,593.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	24,590.	1	112,492.
	2 Savings and temporary cash investments	8,645,408.	2	8,728,635.
	3 Pledges and grants receivable, net	8,759,402.	3	3,478,515.
	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	387,256.	8	728,453.
	9 Prepaid expenses and deferred charges	510,899.	9	544,949.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,622,941.		
	b Less: accumulated depreciation	10b 4,281,117.	10c	1,341,824.
	11 Investments - publicly traded securities	3,475,580.	11	2,219,657.
	12 Investments - other securities. See Part IV, line 11	46,614.	12	0.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,551,135.	15	2,192,140.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,135,056.	16	19,346,665.	
Liabilities	17 Accounts payable and accrued expenses	10,797,514.	17	7,366,080.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	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	226,666.	25	1,836,121.
	26 Total liabilities. Add lines 17 through 25	11,024,180.	26	9,506,897.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,060.	27	1,059,061.
	28 Net assets with donor restrictions	16,082,816.	28	8,780,707.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,110,876.	32	9,839,768.
	33 Total liabilities and net assets/fund balances	27,135,056.	33	19,346,665.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,030,608.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,127,857.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,097,249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,110,876.
5	Net unrealized gains (losses) on investments	5	-273,017.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	99,158.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,839,768.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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

2019

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 or 990-EZ).)
- 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 **section 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 in 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60161608.	71250115.	50119876.	28141362.	27736398.	237409359
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	60161608.	71250115.	50119876.	28141362.	27736398.	237409359
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)						43353429.
6 Public support. Subtract line 5 from line 4.						194055930

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	60161608.	71250115.	50119876.	28141362.	27736398.	237409359
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	136,896.	126,490.	223,960.	127,057.	166,022.	780,425.
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.)						
11 Total support. Add lines 7 through 10						238189784
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	81.47 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	78.95 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 five 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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

ENGENDERHEALTH, INC.

Employer identification number

13-1623838

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>8,023,785.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>6,442,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>3,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>3,228,328.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,630,909.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>931,490.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2019
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax 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?

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)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,994,091.	4,002,716.	5,892,220.	5,488,942.	5,891,960.
b Contributions					
c Net investment earnings, gains, and losses	17,181.	142,159.	552,383.	713,155.	-91,829.
d Grants or scholarships					
e Other expenditures for facilities and programs	59,572.	2,150,784.	2,441,887.	309,877.	311,189.
f Administrative expenses					
g End of year balance	1,951,700.	1,994,091.	4,002,716.	5,892,220.	5,488,942.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment .00 %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		2,216,898.	1,629,262.	587,636.
d Equipment		2,685,186.	1,936,920.	748,266.
e Other		720,857.	714,935.	5,922.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,341,824.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	172,533.
(2) ADVANCES	2,016,378.
(3) DUE FROM SUBTENANT	3,229.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,192,140.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	216,483.
(3) POSTRETIREMENT HEALTH BENEFITS	604,520.
(4) PAYCHECK PROTECTION PROGRAM LOAN	944,582.
(5) DUE TO USAID	70,536.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,836,121.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	27,725,178.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-273,017.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-273,017.
3	Subtract line 2e from line 1	3	27,998,195.
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	32,413.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	32,413.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,030,608.

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	34,214,669.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	207,749.
e	Add lines 2a through 2d	2e	207,749.
3	Subtract line 2e from line 1	3	34,006,920.
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	32,413.
b	Other (Describe in Part XIII.)	4b	88,524.
c	Add lines 4a and 4b	4c	120,937.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	34,127,857.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

ESCROW ARRANGEMENT INCLUDES 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 IN LINE WITH RESPECTIVE AGREEMENTS.

PART V, LINE 4:

THE INCOME GENERATED FROM THE ENDOWMENT FUND IS INTENDED TO BE USED 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 XIII Supplemental Information (continued)

FOLLOWING ADJUSTMENTS ARE MADE TO THE ENDOWMENT FUNDS:

- ADJUSTED OTHER EXPENDITURES FOR 2015 TO REFLECT THE CHANGES TO THE BEGINNING OF YEAR ENDOWMENT NET ASSETS FOR 2015 IN THE AMOUNT OF \$220.

- ADJUSTED OTHER EXPENDITURES FOR 2017 TO REFLECT THE CHANGES TO THE BEGINNING OF YEAR ENDOWMENT NET ASSETS FOR 2017 IN THE AMOUNT OF \$36,811.

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, 2017.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION GAIN 207,749.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REVERSAL OF PRIOR YEAR ACCRUED GRANT EXPENSES 88,524.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	14	298	PROGRAM SERVICES	SEE PART V	20,033,024.
SOUTH ASIA	3	114	PROGRAM SERVICES	SEE PART V	3,574,172.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		3,751,925.
SOUTH ASIA	0	0	GRANTMAKING		121,580.
3 a Subtotal	17	412			27,480,701.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	17	412			27,480,701.

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

Schedule F (Form 990) 2019

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)
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	34,194.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	40,466.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	1364321.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	36,500.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	9,854.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	69,636.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	14,986.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	62,998.	CHECK/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 **31**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	232,364.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	31,612.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	46,033.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	12,327.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	11,351.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	43,843.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	69,335.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	53,391.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	36,537.	CHECK/WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	201,255.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	210,826.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	58,093.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	233,065.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	36,237.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	10,802.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	72,894.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	129,491.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	83,491.	CHECK/WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	50,648.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	451,710.	CHECK/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FAMILY PLANNING AND MATERNAL HEALTH	43,665.	CHECK/WIRE TRANSFER	0.		
		SOUTH ASIA	FAMILY PLANNING AND MATERNAL HEALTH	100,350.	CHECK/WIRE TRANSFER	0.		
		SOUTH ASIA	FAMILY PLANNING AND MATERNAL HEALTH	14,668.	CHECK/WIRE TRANSFER	0.		

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

Schedule F (Form 990) 2019

Part V Supplemental Information

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

PART I, LINE 2:

ENGENDERHEALTH HAS AN ESTABLISHED SUBAWARD MANAGEMENT SYSTEM AND CORRESPONDING STANDARD OPERATING PROCEDURES (SOPS). THESE SOPS ARE DEVELOPED AND IMPLEMENTED TO ENSURE STANDARDIZATION OF THE PREAWARD, POST-AWARD AND CLOSE-OUT MANAGEMENT PROCESS FOR SUBAWARDS THROUGHOUT ENGENDERHEALTH PROGRAMS. TRAINING IS PROVIDED TO ENGENDERHEALTH STAFF BY A TEAM OF COUNTRY-BASED GRANTS & CONTRACTS AND FINANCE COORDINATORS. IN ADDITION, THEY TRAIN SUBRECIPIENTS TO MANAGE THE COMPLIANCE AND PREPARE NARRATIVE AND FINANCIAL REPORTS WHICH ENABLES THE PROJECT TEAM TO MONITOR PERFORMANCE. TECHNICAL ASSISTANCE IS PROVIDED BY THE FINANCE AND GRANTS AND CONTRACTS UNITS IN WASHINGTON D.C. ADDITIONALLY, FINANCIAL RECORD MANAGEMENT, DONOR REPORTING AND AUDITS ARE COORDINATED, THROUGH THE USE OF SOPS, BETWEEN THE FIELD OFFICES AND ENGENDERHEALTH'S HEADQUARTERS.

PART I, LINE 3:

THE ACCRUAL BASIS OF ACCOUNTING METHOD IS USED TO ACCOUNT FOR EXPENDITURES.

SCHEDULE F, PART I & II: PURPOSE OF PROGRAM SERVICE EXPENSES AND GRANTS INTERNATIONAL DEVELOPMENT: FAMILY PLANNING, MATERNAL HEALTH, HIV & AIDS AWARENESS AND PREVENTION, REPRODUCTIVE HEALTH AND GENDER EQUALITY.

**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

2019

**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.

1 (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
CHILD TRENDS 7315 WISCONSIN AVE, SUITE 1200W BETHESDA, MD 20814	13-2982969	501(C)(3)	205,736.	0.			SEE PART IV
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	13-1687001	501(C)(3)	24,964.	0.			SEE PART IV

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

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

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

ENGENDERHEALTH HAS AN ESTABLISHED SUB AWARD MANAGEMENT SYSTEM AND
 CORRESPONDING SOPS. THESE SOPS ARE DEVELOPED AND IMPLEMENTED TO ENSURE
 STANDARDIZATION OF THE PREAWARD, POST-AWARD AND CLOSE-OUT MANAGEMENT
 PROCESS FOR SUBAWARDS THROUGHOUT ENGENDERHEALTH PROGRAMS. TRAINING IS
 PROVIDED TO ENGENDERHEALTH STAFF. IN ADDITION, THEY TRAIN SUBRECIPIENTS TO
 MANAGE THE COMPLIANCE AND PREPARE NARRATIVE AND FINANCIAL REPORTS WHICH
 ENABLES THE PROJECT TEAM TO MONITOR PERFORMANCE. TECHNICAL ASSISTANCE IS
 PROVIDED BY THE FINANCE AND GRANTS AND CONTRACTS. ADDITIONALLY, FINANCIAL

Part IV Supplemental Information

RECORD MANAGEMENT, DONOR REPORTING AND AUDITS ARE COORDINATED, THROUGH THE USE OF SOPs.

SCHEDULE I, PART II, LINE 1, COLUMN (H): PURPOSE OF GRANT

FAMILY PLANNING, MATERNAL HEALTH, HIV & AIDS AWARENESS AND PREVENTION, REPRODUCTIVE HEALTH AND GENDER EQUALITY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **ENGENDERHEALTH, INC.**
 Employer identification number: **13-1623838**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TRACI BAIRD PRESIDENT AND CEO	(i)	371,042.	56,250.	27,187.	28,688.	10,947.	494,114.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MUSTAFA KUDRATI VICE PRESIDENT, PROGRAMS	(i)	238,361.	0.	276.	21,165.	33,127.	292,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAXINE SOMERVILLE VICE PRESIDENT, HUMAN RESOURCES	(i)	212,180.	0.	516.	18,700.	30,629.	262,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CALEB TILLER VICE PRESIDENT, GLOBAL COMM. & MKTG.	(i)	215,610.	0.	180.	17,142.	20,922.	253,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VANDANA TRIPATHI PROGRAM DIRECTOR	(i)	174,595.	0.	125.	15,897.	29,188.	219,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAURI ROMANZI PROGRAM DIRECTOR THRU 11/15/2019	(i)	181,594.	0.	7,537.	15,466.	10,204.	214,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TRACEY STEVENS CFAO THRU 11/6/19	(i)	167,677.	0.	12,550.	3,869.	7,779.	191,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KRISTIN SAUCIER DIRECTOR, BUSINESS DEVELOPMENT	(i)	154,530.	0.	113.	12,807.	21,037.	188,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANTHONY MWANGI, SR. DIRECTOR GOVERNANCE & COMPLIANCE	(i)	157,983.	6,000.	125.	13,504.	6,800.	184,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHRYN O'CONNELL, SR. DIRECTOR PROGRAM IMPACT AND EVALUATION	(i)	161,510.	0.	180.	13,855.	1,490.	177,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NENE FOFANA, REGIONAL WEST CENTRAL AFRICA REPRE.	(i)	132,191.	0.	113.	10,944.	25,007.	168,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GARY CAMUS FORMER CFO	(i)	84,830.	0.	61,832.	4,135.	801.	151,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) VINCENT OKPALA, FORMER DIR. INTERNAL AUDIT THRU 2/15/19	(i)	23,368.	0.	96,730.	3,031.	21,001.	144,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ROSEMARY ELLIS, SECRETARY FORMER INTERIM PRES&CEO THRU SEP2018	(i)	40,000.	0.	0.	0.	0.	40,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION PROVIDES A HOUSING ALLOWANCE TO MS. CARRIE GHEEN, AS REGIONAL RESOURCE MOBILIZATION ADVISOR. THIS AMOUNT IS TREATED AS TAXABLE COMPENSATION, AND IS INCLUDED IN THE AMOUNT REPORTED FOR HER IN PART II, COLUMN B(III).

PART I, LINE 4A:

PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MR. VINCENT OKPALA'S SEVERANCE AGREEMENT, THE ORGANIZATION PAID A SEVERANCE PAYMENT TO MR. VINCENT OKPALA IN THE AMOUNT OF \$85,183 IN 2019. THE PAYMENT IS INCLUDED ON SCHEDULE J, PART II, COLUMN B, III.

PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MR. GARY CAMUS'S SEVERANCE AGREEMENT, THE ORGANIZATION PAID A SEVERANCE PAYMENT TO MR. GARY CAMUS IN THE AMOUNT OF \$34,275 IN 2019. THE PAYMENT IS INCLUDED ON SCHEDULE J, PART II, COLUMN B, III.

PART I, LINE 7:

BONUSES ARE PAID BASED ON THE PERFORMANCE OF THE INDIVIDUALS AND ARE WITHIN

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.

THE APPROVED BUDGET OF THE ORGANIZATION. THE BOARD DETERMINED AND APPROVED

THE BONUS FOR THE PRESIDENT AND CEO. THE BONUS FOR THE SENIOR DIRECTOR OF

GOVERNANCE & COMPLIANCE WAS DETERMINED AND APPROVED BY THE ORGANIZATION'S

SENIOR MANAGEMENT. THESE AMOUNTS ARE REPORTED IN PART II, COLUMN B(II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **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	9	37,301.	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

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** X

b If "Yes," describe the arrangement in Part II.

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

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,
COLUMN (B) OF SCHEDULE M.

SCHEDULE O
(Form 990 or 990-EZ)

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

2019

Open to Public
Inspection

Name of the organization

ENGENDERHEALTH, INC.

Employer identification number

13-1623838

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

TO IMPLEMENT HIGH-QUALITY, GENDER-EQUITABLE PROGRAMS THAT ADVANCE
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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 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. WE BELIEVE THAT
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 PROCESS 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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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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
- MATERNAL HEALTHCARE, INCLUDING FISTULA PREVENTION, CARE, AND TREATMENT
- BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE
- 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 GENDER-BASED VIOLENCE SURVIVORS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 WE DELIVER OUR PROGRAMS BY WORKING IN COLLABORATION WITH NATIONAL GOVERNMENTS AND LOCAL ORGANIZATIONS, SUPPORTING INDIVIDUALS, COMMUNITIES, HEALTH SYSTEMS, AND NATIONAL POLICIES TO BE MORE RESPONSIVE TO THE REPRODUCTIVE HEALTH NEEDS OF WOMEN AND GIRLS. WE ACHIEVE OUR PROGRAM RESULTS THROUGH TRAINING, STRENGTHENING SERVICE DELIVERY, AND SUPPORTING POLICY DEVELOPMENT.

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IN FY20, ENGENDERHEALTH CONTINUED ITS TRADITION OF PROVIDING HIGH-QUALITY COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES. WE GENERATED AN ESTIMATED 8,967,000 COUPLE YEARS OF PROTECTION (CYPS), AND AVERTED 4,700 MATERNAL DEATHS, 59,100 CHILD DEATHS, AND 1,150,000 UNSAFE ABORTIONS AS A RESULT OF OUR WORK IN FY20. ENGENDERHEALTH PROVIDED CONTRACEPTIVE CARE TO AN ESTIMATED 2,535,760 CLIENTS. THE MAJORITY OF THESE CLIENTS RECEIVED A LONG-ACTING REVERSIBLE CONTRACEPTIVE (74%) AS THEIR METHOD OF CHOICE, PRIMARILY CONTRACEPTIVE IMPLANTS (55%) FOLLOWED BY INTRAUTERINE DEVICES (IUDS) (19%). OUR WORK RESULTED IN AN ESTIMATED \$276,385,500 OF SAVINGS IN DIRECT HEALTH CARE COSTS INCURRED BY FAMILIES OR THE HEALTHCARE SYSTEM IF FAMILY PLANNING AND POST-ABORTION CARE SERVICES WERE NOT PROVIDED.

IN FY20, ENGENDERHEALTH IMPROVED ITS REPORTING BY COLLECTING DATA ON MODERN CONTRACEPTIVE METHOD UPTAKE ACCORDING TO DIFFERENT SERVICE DELIVERY POINTS. MOST CLIENTS RECEIVED CONTRACEPTIVE SERVICES AS STANDALONE SERVICES (83%), FOLLOWED BY THOSE RECEIVED AS PART OF POSTPARTUM SERVICES (12%), INTEGRATED SERVICES (FOR EXAMPLE, HIV, GENDER-BASED VIOLENCE [GBV], OR FISTULA CARE SERVICES) (4%), AND POSTABORTION CARE (PAC) SERVICES (2%).

IN ADDITION TO CONTRACEPTIVE CARE, ENGENDERHEALTH PROVIDED A TOTAL OF 92,450 SAFE ABORTION SERVICES, 36,316 PAC SERVICES, AND 344 FISTULA REPAIR SURGERIES TO WOMEN AND GIRLS. OVERALL, WE ESTIMATE THAT 14% OF THE CLIENTS WHO RECEIVED SAFE ABORTION SERVICES WERE UNDER THE AGE OF 20. ENGENDERHEALTH ALSO PROVIDED SERVICES TO 49,463 SURVIVORS OF GBV, OF WHOM 80% WERE FEMALE CLIENTS AND 21% WERE UNDER THE AGE OF 20. IN FY20, WE ALSO EMBARKED ON COLLECTING DATA FOR SPECIFIC FIVE-YEAR AGE

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BANDS WHERE POSSIBLE. FOR EXAMPLE, THE 22% OF FEMALE GBV CLIENTS UNDER AGE 20 PROVIDED WITH SERVICES CAN BE BROKEN DOWN INTO 5% FOR CLIENTS AGES 10 TO 14 AND 17% FOR CLIENTS AGES 15 TO 19.

ENGENDERHEALTH REACHED OVER 850,000 PEOPLE WITH INFORMATION ON SRH IN FY20, INCLUDING CONTRACEPTION, FISTULA, ABORTION CARE, GBV, AND MORE.

IN FY20, ENGENDERHEALTH TRAINED MORE THAN 19,500 CLINICAL AND NON-CLINICAL STAFF ACROSS 14 PROJECTS. TRAINING AREAS FOR CLINICAL STAFF (E.G., SURGEONS, DOCTORS, NURSES, AND MIDWIVES) INCLUDED IMPLANT AND IUD INSERTION AND REMOVAL, FISTULA CARE (PREVENTION, TREATMENT, AND PRE/POSTOPERATIVE CARE), CLINICAL MENTORSHIP, YOUTH-FRIENDLY SERVICES, HIV AND FAMILY PLANNING INTEGRATION, AND CERVICAL CANCER SCREENING AND TREATMENT. TRAINING AREAS FOR NON-CLINICAL STAFF (E.G., PROGRAM STAFF, PEER EDUCATORS, LOWER-LEVEL COMMUNITY HEALTH STAFF) INCLUDED HIV PREVENTION, COMMUNITY MOBILIZATION, CONTRACEPTIVE COUNSELING, AND MYTHS AND MISCONCEPTIONS OF VARIOUS CONTRACEPTIVE METHODS.

IN FY20, ENGENDERHEALTH HAD ACTIVE PROGRAMS IN BURKINA FASO, BURUNDI, COTE D'IVOIRE, THE DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA, GUINEA, INDIA, KENYA, MALAWI, MOZAMBIQUE, NIGER, SENEGAL, TANZANIA, AND UGANDA.

ILLUSTRATIVE PROGRAM UPDATES

THE FAMILY PLANNING BY CHOICE PROJECT IN ETHIOPIA COMPLETED A RAPID FACILITY AUDIT/ASSESSMENT FOR 969 HEALTH CENTERS TO IDENTIFY GAPS IN SERVICE READINESS AND QUALITY FOR CONTRACEPTION AND COMPREHENSIVE ABORTION CARE. THE PROJECT ALSO ESTABLISHED A SYSTEM OF CATCHMENT-BASED

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CLINICAL MENTORING AND SUPPORTIVE SUPERVISION THROUGH SIX CENTERS OF EXCELLENCE, 60 QUALITY ASSURANCE HUBS, AND 1,700 HEALTH CENTERS, AND PROVIDED HEALTH SYSTEMS STRENGTHENING SUPPORT THROUGH 24 TECHNICAL ADVISORS SECONDED TO THE MINISTRY OF HEALTH.

THE FISTULA CARE PLUS PROJECT IN MOZAMBIQUE CONTINUES TO BUILD THE CAPACITY OF A LOCAL ORGANIZATION CALLED FOCUS FISTULA, PROVIDING SUPPORT TO STRENGTHEN STAFFING AND MANAGEMENT. THIS PROJECT SUPPORTS FOCUS FISTULA'S PREVENTION AND TREATMENT EFFORTS, INCLUDING TWO REPAIR CAMPS (PROVIDING DOZENS OF FISTULA CLIENTS WITH SURGICAL REPAIR AND IN-DEPTH FOLLOW-UP CARE), AS WELL AS ON-SITE TRAINING IN FISTULA SKILLS TO CLINICIANS.

THE SCALING UP FAMILY PLANNING PROJECT IN TANZANIA IS FOCUSED ON STRENGTHENING THE NATIONAL RESPONSE TO FAMILY PLANNING AND REPRODUCTIVE HEALTH, AND STRENGTHENING INTEGRATED SERVICE DELIVERY OF FAMILY PLANNING, GENDER-BASED VIOLENCE, AND CERVICAL CANCER SERVICES THROUGH STATIC AND OUTREACH SERVICES IN EIGHT REGIONS OF THE COUNTRY. AS OF AUGUST 2020, 275,081 CLIENTS RECEIVED CONTRACEPTIVE SERVICES, CONSTITUTING 93% OF THE ANNUAL TARGETS FOR THE PROJECT.

THE KARMA PROJECT IN INDIA IS FOCUSED ON THE EXPANSION OF POSTPARTUM AND POSTABORTION FAMILY PLANNING SERVICES IN TWO STATES. SUCCESSES INCLUDE: STRENGTHENED AND SCALED-UP DELIVERY OF QUALITY POSTPARTUM FAMILY PLANNING AND POSTABORTION FAMILY PLANNING SERVICES IN 36 INTERVENTION DISTRICTS BY TRAINING 90 HEALTH CARE PROVIDERS; TRAINED 773 HEALTH MANAGERS ON IMPROVING FAMILY PLANNING PROGRAM MANAGEMENT AND INSTITUTIONALIZING PROJECT INTERVENTIONS; ORIENTED 799 ACCREDITED

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SOCIAL HEALTH ACTIVIST (ASHA) TRAINERS AND 7,942 ASHAS ON FAMILY PLANNING INFORMATION TO INCREASE AWARENESS AND USE OF FAMILY PLANNING; AND, DURING THE BEGINNING OF THE COVID-19 PANDEMIC, REACHED MORE THAN 12,000 ASHAS THROUGH MOTIVATIONAL MESSAGES, AND INFORMED SERVICE PROVIDERS ON MANAGEMENT OF RISING GBV CASES DURING THE PANDEMIC.

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

UGANDA, MALAWI, BANGLADESH, INDIA,
ETHIOPIA, BURUNDI, TANZANIA, BURKINA FASO,
COTE D IVOIRE, PHILIPPINES, CONGO, DEM REP, MOZAMBIQUE,
GUINEA, KENYA, TURKEY, SOUTH AFRICA

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE DESIGNATED BY THE BOARD WHICH HAS ALL POWERS PRESENT IN THE BOARD.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS DURING THE TAX YEAR REGARDING THE MEMBERSHIP OF THE ORGANIZATION. THE ORGANIZATION NO LONGER HAS TWO CLASSES OF MEMBERS, VOTING AND NON-VOTING, AND NOW HAS A SINGLE CLASS OF MEMBERS WHICH SOLELY CONSIST OF THE DIRECTORS OF THE CORPORATION.

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 ORGANIZATION'S CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER THEN REVIEWS AND APPROVES THE REVISED RETURN. THE FORM 990 IS

Name of the organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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EMAILED TO ALL BOARD MEMBERS 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 15:

THE COMPENSATION OF THE PRESIDENT AND 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 FISCAL YEAR 2020 AND CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATIONS AND DECISIONS ARE IN THE MINUTES OF THE COMMITTEE MEETING.

FOR OTHER OFFICERS AND KEY EMPLOYEES, COMPENSATION IS SET BY THE PRESIDENT

Name of the organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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AFTER CONDUCTING A BENCHMARKING EXERCISE OF SIMILAR ROLES AND USING DATA TAKEN FROM 3RD PARTY ORGANIZATIONS. OTHER BENEFITS RECEIVED BY THE OTHER OFFICERS AND KEY EMPLOYEES ARE IN ACCORDANCE WITH ENGENDERHEALTH'S STANDARD TERMS AND CONDITIONS OF EMPLOYMENT FOR ALL US-BASED EMPLOYEES. INCREASING COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES IS IN ACCORDANCE WITH TERMS & CONDITIONS FOR ENGENDERHEALTH STAFF IN THE U.S. THE COMPENSATION MAY ALSO BE SUBJECT TO ADDITIONAL TERMS AS MAY BE NEGOTIATED IN THE EMPLOYMENT CONTRACT. THIS PROCESS WAS LAST UNDERTAKEN DURING FY2020.

ADDITIONALLY, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE SALARY INCREASE POOL FOR ALL ENGENDERHEALTH EMPLOYEES AS PART OF THE FISCAL YEAR BUDGET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN
UT, VA, WV, WI

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 POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE AUDITED FINANCIAL STATEMENTS AND FORM 990S 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. FOR THE CALENDAR YEAR 2019 HAD 479 EMPLOYEES ACROSS THE ORGANIZATION WORLDWIDE.

Name of the organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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EMPLOYEES REPORTED ON FORM W-3, TRANSMITTAL OF WAGES AND TAX

STATEMENTS: 67

EMPLOYEES OUTSIDE OF THE UNITED STATES: 412

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-10,183.
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	-445,934.
FOREIGN CURRENCY TRANSLATION GAIN	-207,749.
LOSS ON DISPOSAL OF ASSET	-167,041.
GAIN ON EXIT OF RENTAL OBLIGATION	841,541.
GRANT REFUNDS NETTED AGAINST GRANT EXPENSE	88,524.
TOTAL TO FORM 990, PART XI, LINE 9	99,158.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S SELECTION AND OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ENGENDERHEALTH, INC.

Employer identification number

13-1623838

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ENGENDERHEALTH WELFARE BENEFIT TRUST - 51-0541798, 505 9TH STREET NW, WASHINGTON, DC 20004	WELFARE BENEFITS (DISSOLVED ON 4/17/20)	NEW YORK	501(C)(9)		ENGENDERHEALTH	X	

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

Schedule R (Form 990) 2019

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ENGENDERHEALTH WELFARE BENEFIT TRUST	R	107,325.	COST
(2) ENGENDERHEALTH WELFARE BENEFIT TRUST	S	1,928,330.	COST
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.