

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

<b>B</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	<b>C</b> Name of organization <b>ENGENDERHEALTH, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>505 9TH STREET NW 601</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20004</b> <b>F</b> Name and address of principal officer: <b>TRACI L. BAIRD</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1623838</b> <b>E</b> Telephone number <b>202-902-2000</b> <b>G</b> Gross receipts \$ <b>30,126,993.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.ENGENDERHEALTH.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1943</b> <b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO IMPLEMENT HIGH-QUALITY, GENDER-EQUITABLE PROGRAMS THAT ADVANCE SEXUAL AND REPRODUCTIVE</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>58</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>18</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>33,728,447.</b>	<b>26,068,633.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>135,501.</b>	<b>171,078.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-160,995.</b>	<b>-143,610.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>33,702,953.</b>	<b>26,096,101.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>4,295,053.</b>	<b>4,337,871.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16,922,004.</b>	<b>13,127,646.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>832,153.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>13,885,973.</b>	<b>8,012,507.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>35,103,030.</b>	<b>25,478,024.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-1,400,077.</b>	<b>618,077.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>16,076,034.</b>	<b>16,107,514.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>7,673,901.</b>	<b>7,059,802.</b>
		<b>8,402,133.</b>	<b>9,047,712.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>ANTHONY MWANGI, VP OF FINANCE &amp; ADMIN.</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>EVA MRUK</b>	Preparer's signature <b>EVA MRUK</b>	Date <b>05/12/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543254</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>	Firm's EIN ▶ <b>87-3231666</b>			
	Firm's address ▶ <b>500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633</b>	Phone no. <b>914-381-8900</b>			

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 \$ 18,562,262. including grants of \$ 4,337,871. ) (Revenue \$ 0. ) WE DELIVER OUR PROGRAMS BY WORKING IN COLLABORATION WITH INDIVIDUALS, COMMUNITIES, LOCAL ORGANIZATIONS, HEALTH SYSTEMS, AND NATIONAL GOVERNMENTS TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND GENDER EQUALITY. WE ACHIEVE OUR PROGRAM RESULTS THROUGH TRAINING, COMMUNITY ENGAGEMENT, STRENGTHENING SERVICE DELIVERY, AND SUPPORTING POLICY DEVELOPMENT, AND WE APPLY A GENDER, YOUTH, AND SOCIAL INCLUSION (GYSI) LENS ACROSS ALL OUR ACTIVITIES.

IN FY22, ENGENDERHEALTH CONTINUED ITS TRADITION OF PROVIDING HIGH-QUALITY COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES. WE GENERATED AN ESTIMATED 3,255,700 COUPLE YEARS OF PROTECTION (CYPS), AND PREVENTED 2,100 MATERNAL DEATHS, 29,700 CHILD

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 18,562,262.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b> X	
<b>b</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> .....	<b>14b</b> X	
<b>15</b> 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> .....	<b>15</b> X	
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b>	X
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated 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 (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRACI L. BAIRD PRESIDENT & CEO	40.00			X				472,111.	0.	35,467.
(2) MUSTAFA KUDRATI VP, PROGRAMS	40.00				X			275,060.	0.	35,595.
(3) MAXINE SOMMERVILLE VP, HUMAN RESOURCES	40.00				X			246,184.	0.	29,909.
(4) VANDANA TRIPATHI PROGRAM DIRECTOR	40.00				X			228,733.	0.	27,286.
(5) KRISTIN SAUCIER DIRECTOR, BUSINESS DEVELOPMENT	40.00					X		175,469.	0.	22,941.
(6) IYEME EFEM SR. MGR., GLOBAL FISTULA PROGRAMS	40.00					X		171,690.	0.	26,503.
(7) KATHRYN O'CONNELL, SR. DIRECTOR, IMPACT, RESEARCH & EVAL	40.00					X		180,012.	0.	15,135.
(8) ANTHONY MWANGI - SR. DIR. THRU 1/22, VP OF FINANCE/ADMIN EFF 2/22	40.00			X				176,490.	0.	17,960.
(9) RENAE STAFFORD DEPUTY PROGRAM DIRECTOR	40.00					X		178,010.	0.	12,491.
(10) KAREN JILL LEVIN, DIRECTOR, MOMENTUM SAFE SURG. IN FAMILY PLAN	40.00					X		157,224.	0.	13,653.
(11) CALEB TILLER, FORMER VP, GLOBAL COMMUNICATIONS & MARKETING	0.00						X	157,089.	0.	11,067.
(12) ROBERTO FLORES CFO THRU 5/21 CONSULTANT THRU 7/21	2.00						X	130,168.	0.	14,646.
(13) ROBERT S. MURPHY CFAO, THRU 2/2022	40.00			X				76,494.	0.	10,375.
(14) LINDA ROSENSTOCK, M.D., PH.D CHAIR	2.50	X		X				0.	0.	0.
(15) ANDREW L. SOMMER CHAIR, EXECUTIVE COMMITTEE	2.50	X		X				0.	0.	0.
(16) ROBERT D. PETTY TREASURER	2.50	X		X				0.	0.	0.
(17) ROSEMARY ELLIS SECRETARY	2.50	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN KOH ASSISTANT SECRETARY	2.50	X						0.	0.	0.
(19) RUBY AGGARWAL DIRECTOR	2.50	X						0.	0.	0.
(20) AKUDO ANYANWU DIRECTOR	2.50	X						0.	0.	0.
(21) SARAH CAIRNS-SMITH DIRECTOR	2.50	X						0.	0.	0.
(22) CONSTANCE A. CARRINO DIRECTOR	2.50	X						0.	0.	0.
(23) SHEENA DE BOISGELIN DIRECTOR	2.50	X						0.	0.	0.
(24) DENISE DUNNING DIRECTOR	2.50	X						0.	0.	0.
(25) TOM GEORGIS DIRECTOR	2.50	X						0.	0.	0.
(26) KIMBERLY GREGORY DIRECTOR	2.50	X						0.	0.	0.
<b>1b Subtotal</b>								2,624,734.	0.	273,028.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,624,734.	0.	273,028.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **23**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
GABRIEL GROUP, 3190 RODER TRAIL SOUTH, EARTH CITY, MO 63045	MARKETING SERVICES	154,799.
MOLLOY CONSULTANTS 3637 BESUDEN CT, CINCINNATI, OH 45208	STRATEGIC PROGRAM MANAGEMENT	126,565.
FSI STRATEGIES, 1133 19TH ST. NW 10TH FLOOR, WASHINGTON, DC 20036	INFORMATION TECHNOLOGY SERVICES	118,133.
PKF O'CONNOR DAVIES, LLP, 500 MAMARONECK AVE SUITE 301, HARRISON, NY 10528	ACCOUNTING SERVICES	109,350.
VIAMO, INC., 1701 RHODE ISLAND AVENUE, WASHINGTON, DC 20036	DIGITAL TECHNOLOGY SERVICES	106,951.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	17,962,369.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	8,106,264.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,034,993.				
	<b>h Total.</b> Add lines 1a-1f .....			26,068,633.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		66,009.			66,009.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	1,004,753.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	1,151,343.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-146,590.				
	<b>d</b> Net rental income or (loss) .....			-146,590.		-146,590.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	2,984,618.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,879,549.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	105,069.				
<b>d</b> Net gain or (loss) .....			105,069.		105,069.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	2,980.		2,980.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			2,980.			
<b>12 Total revenue.</b> See instructions .....			26,096,101.	0.	0.	27,468.	

**Part IX Statement of Functional Expenses**

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

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

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

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,639,102.	<b>1</b>	7,991,047.
	<b>2</b> Savings and temporary cash investments .....	269,596.	<b>2</b>	141,642.
	<b>3</b> Pledges and grants receivable, net .....	2,852,592.	<b>3</b>	2,639,727.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	623,850.	<b>8</b>	539,483.
	<b>9</b> Prepaid expenses and deferred charges .....	583,130.	<b>9</b>	364,539.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,662,738.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,876,872.	<b>10c</b>	785,866.
	<b>11</b> Investments - publicly traded securities .....	2,645,862.	<b>11</b>	2,116,515.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	3,096.	<b>14</b>	3,096.
	<b>15</b> Other assets. See Part IV, line 11 .....	411,359.	<b>15</b>	1,525,599.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,076,034.	<b>16</b>	16,107,514.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,624,329.	<b>17</b>	4,315,253.
	<b>18</b> Grants payable .....	194,904.	<b>18</b>	1,929,958.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	304,696.	<b>21</b>	304,696.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	549,972.	<b>25</b>	509,895.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,673,901.	<b>26</b>	7,059,802.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,357,743.	<b>27</b>	3,419,578.
	<b>28</b> Net assets with donor restrictions .....	5,044,390.	<b>28</b>	5,628,134.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	8,402,133.	<b>32</b>	9,047,712.
<b>33</b> Total liabilities and net assets/fund balances .....	16,076,034.	<b>33</b>	16,107,514.	

**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	26,096,101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,478,024.
3	Revenue less expenses. Subtract line 2 from line 1	3	618,077.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,402,133.
5	Net unrealized gains (losses) on investments	5	-470,710.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	498,212.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,047,712.

**Part XII Financial Statements and Reporting**

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

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

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

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	50119876.	28141362.	27736398.	33728447.	26068633.	165794716
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	50119876.	28141362.	27736398.	33728447.	26068633.	165794716
<b>5</b> 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) .....						16966090.
<b>6 Public support.</b> Subtract line 5 from line 4.						148828626

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	50119876.	28141362.	27736398.	33728447.	26068633.	165794716
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	223,960.	127,057.	166,022.	1131709.	1070762.	2719510.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					2,980.	2,980.
<b>11 Total support.</b> Add lines 7 through 10						168517206
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.32 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	82.62 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

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

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

Schedule A (Form 990) 2021

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

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

MISCELLANEOUS INCOME

2021 AMOUNT: \$ 2,980.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**ENGENDERHEALTH, INC.**

Employer identification number

**13-1623838**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>ENGENDERHEALTH, INC.</b>	Employer identification number  <b>13-1623838</b>
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>11,779,526.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>3,852,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,532,941.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,203,795.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ENGENDERHEALTH, INC.</b>	Employer identification number  <b>13-1623838</b>
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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>968,959.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>735,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>709,980.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ENGENDERHEALTH, INC.</b>	Employer identification number  <b>13-1623838</b>
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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
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,532,941.</u>	<u>07/01/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>ENGENDERHEALTH, INC.</b>	Employer identification number <b>13-1623838</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes/No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes/No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 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) 2021

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  100 %
  - c Term endowment  .0000 %
- 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 checked="" 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		2,210,174.	1,867,760.	342,414.
d Equipment		1,428,720.	1,335,059.	93,661.
e Other		1,023,844.	674,053.	349,791.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				785,866.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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	125,567.
(2) ADVANCES	1,219,038.
(3) DUE FROM SUBTENANT	131,822.
(4) CASH-IN-TRANSIT - COUNTRY GRANTS	49,172.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,525,599.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS DUE UNDER SPLIT	
(3) INTEREST AGREEMENTS	173,390.
(4) POSTRETIREMENT HEALTH BENEFITS	336,505.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	509,895.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	26,306,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-470,710.	
b	Donated services and use of facilities	2b	204,235.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	512,511.	
e	Add lines 2a through 2d	2e		246,036.
3	Subtract line 2e from line 1		3	26,060,167.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,635.	
b	Other (Describe in Part XIII.)	4b	14,299.	
c	Add lines 4a and 4b	4c		35,934.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,096,101.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements		1	25,660,624.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	204,235.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		204,235.
3	Subtract line 2e from line 1		3	25,456,389.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,635.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		21,635.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,478,024.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

THE ESCROW ARRANGEMENT IS A SUBTENANT DEPOSIT OF \$304,696, WHICH IS PAYABLE TO THE TENANT UPON EXPIRATION OF THE LEASE, AND MAY BE USED TO SETTLE OUTSTANDING BALANCES ON ACCOUNT.

**PART V, LINE 4:**

THE INCOME GENERATED FROM THE ENDOWMENT FUND IS INTENDED TO PROVIDE ENGENDERHEALTH WITH THE RESOURCES TO ENSURE THE CONTINUITY OF ITS ONGOING PROGRAMS AROUND THE WORLD, THEREBY ALLOWING THE ORGANIZATION TO BRIDGE FUNDING GAPS AND TO MEET OTHER EMERGENT NEEDS WHEN FUNDING IS NOT AVAILABLE.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

ENGENDERHEALTH RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT ENGENDERHEALTH HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON FOREIGN CURRENCY TRANSLATION	460,560.
PENSION-RELATED & POST RETIREMENT HELATHCARE BENEFITS CHANGES	51,951.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	512,511.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	14,299.
--	---------

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

ENGENDERHEALTH, INC.

Employer identification number

13-1623838

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

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

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

**3 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	18	156	PROGRAM SERVICES	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	14,669,687.
SOUTH ASIA	1	40	PROGRAM SERVICES	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	1,357,701.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,128,709.
SOUTH ASIA	0	0	GRANTMAKING		424,811.
EUROPE	0	0	GRANTMAKING		121,300.
<b>3 a</b> Subtotal .....	19	196			17,702,208.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	19	196			17,702,208.

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

Schedule F (Form 990) 2021

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	121,300.	WIRE TRANSFER	0.		
		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	84,255.	WIRE TRANSFER	0.		
		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	60,285.	WIRE TRANSFER	0.		
		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	245,903.	WIRE TRANSFER	0.		
		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	34,368.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	13,666.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	311,061.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	46,971.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **26**

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

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	13,275.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	6,532.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	90,167.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	37,281.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	155,596.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	17,502.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	10,195.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	6,528.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	9,051.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	7,478.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	89,058.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	12,300.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	143,932.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	69,898.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	20,163.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	47,072.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	11,018.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	9,963.	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

**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:**

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

**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.

**REGULAR (AT LEAST QUARTERLY) REVIEW OF FINANCIAL AND PROGRAMMATIC REPORTS TO ENSURE FUNDS ARE USED FOR THE INTENDED PURPOSE AND ACHIEVEMENT OF OBJECTIVES.**

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DRIVE, SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	1,617,286.	0.			SEE PART IV TECHNICAL ASSISTANCE (TA) FOR CAPACITY BUILDING, SUSTAINABILITY
JOHNS HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	496,591.	0.			DESIGN AND CAPACITY BUILDING SUPPORT FOR HUMAN-CENTERED DESIGN (HCD)-BASED SOCIAL AND
PATHFINDER INTERNATIONAL NINE GALEN STREET WATERTOWN, MA 02472	53-0235320	501(C)(3)	545,832.	0.			TECHNICAL SUPPORT ON REACHING YOUTH WITH INCLUSIVE QUALITY FAMILY PLANNING AND INTEGRATED

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

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

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

Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**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:**

SUBAWARDS ARE ISSUED TO LOCAL AGENCIES FOR THE PURPOSE OF SUPPORTING AND IMPLEMENTING SPECIFIC ACTIVITIES RELATED TO THE OBJECTIVES OF THE PRIME AWARD. ENGENDERHEALTH HAS AN ESTABLISHED SUBAWARD MANAGEMENT SYSTEM AND CORRESPONDING STANDARD OPERATING PROCEDURES (SOPS) TO ENSURE STANDARDIZATION OF THE PRE-AWARD, POST-AWARD AND CLOSE-OUT MANAGEMENT PROCESS. DURING THE PROJECT DESIGN AND PROPOSAL DEVELOPMENT PHASE, ENGENDERHEALTH USES EITHER AN ADVERTISED COMPETITIVE SOLICITATION PROCESS OR A TARGETED SOLICITATION PROCESS TO IDENTIFY SUBRECIPIENTS FOR THE

**Part IV** Supplemental Information

PROJECT. AN EVALUATION CRITERIA IS USED TO GUIDE THE SELECTION PROCESS, THE APPLICATIONS ARE REVIEWED FOR MERIT AND RISK, COVERING SUCH AREAS SUCH AS TECHNICAL MERIT, HISTORY OF PERFORMANCE, FINANCIAL STABILITY, BUSINESS CONTROLS, AND OTHER ISSUES SUCH AS POTENTIAL CONFLICTS OF INTERESTS. ENGENDERHEALTH ALSO CONDUCTS A CAPACITY ASSESSMENT OF THE SUBRECIPIENT TO IDENTIFY RISK OR CAPACITY GAPS THAT NEED TO BE ADDRESSED, AND COLLECTS SUBRECIPIENT REGISTRATION INFORMATION, LEGAL STATUS, AUDIT REPORTS, TAX IDENTIFICATION, ETC. THIS STAGE ALSO INCLUDES COLLECTING DETERMINATION OF RESPONSIBILITY STATEMENTS, AND OTHER RELATED CERTIFICATIONS. DURING THE IMPLEMENTATION PHASE, ENGENDERHEALTH IS RESPONSIBLE FOR PROVIDING OVERSIGHT OF BOTH TECHNICAL MANAGEMENT AND FINANCIAL MANAGEMENT ASPECTS OF SUB-GRANTEES THROUGH REVIEWS OF REPORTS, CORRESPONDENCE, SITE VISITS AND OTHER APPROPRIATE MEANS. FOR ALL SUBRECIPIENT AGREEMENTS, THERE IS A ROBUST AND FORMAL MONITORING PLAN WHICH SERVES AS A FOUNDATION FOR ALL MONITORING ACTIVITIES. TOGETHER WITH THE MONITORING PLAN THERE IS A REGULAR (AT LEAST QUARTERLY) REVIEW OF FINANCIAL AND PROGRAMMATIC REPORTS TO ENSURE FUNDS ARE USED FOR THE INTENDED PURPOSE AND ACHIEVEMENT OF OBJECTIVES.

PART II, LINE 1, COLUMN (H):

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV TECHNICAL ASSISTANCE (TA) FOR CAPACITY BUILDING, SUSTAINABILITY FRAMEWORKS, SUPPLY CHAIN MANAGEMENT (SCM), AND HUMAN RESOURCES FOR HEALTH (HRH).

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGN AND CAPACITY BUILDING SUPPORT FOR HUMAN-CENTERED DESIGN (HCD)-BASED SOCIAL AND BEHAVIOR CHANGE (SBC) STRATEGIES.

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL SUPPORT ON REACHING YOUTH

**Part IV** Supplemental Information

WITH INCLUSIVE QUALITY FAMILY PLANNING AND INTEGRATED SERVICES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TRACI L. BAIRD PRESIDENT & CEO	(i)	378,074.	93,750.	287.	32,300.	3,167.	507,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MUSTAFA KUDRATI VP, PROGRAMS	(i)	262,273.	12,500.	287.	22,449.	13,146.	310,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAXINE SOMMERVILLE VP, HUMAN RESOURCES	(i)	233,148.	12,500.	536.	19,834.	10,075.	276,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VANDANA TRIPATHI PROGRAM DIRECTOR	(i)	210,426.	18,113.	194.	17,905.	9,381.	256,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KRISTIN SAUCIER DIRECTOR, BUSINESS DEVELOPMENT	(i)	175,353.	0.	116.	14,820.	8,121.	198,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) IYEME EFEM SR. MGR., GLOBAL FISTULA PROGRAMS	(i)	170,868.	0.	822.	14,524.	11,979.	198,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHRYN O'CONNELL, SR. DIRECTOR, IMPACT, RESEARCH & EVAL	(i)	178,825.	1,000.	187.	15,135.	0.	195,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANTHONY MWANGI - SR. DIR. THRU 1/22, VP OF FINANCE/ADMIN EFF 2/22	(i)	176,303.	0.	187.	14,986.	2,974.	194,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RENAE STAFFORD DEPUTY PROGRAM DIRECTOR	(i)	177,188.	0.	822.	8,863.	3,628.	190,501.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KAREN JILL LEVIN, DIRECTOR, MOMENTUM SAFE SURG. IN FAMILY PLAN	(i)	156,937.	0.	287.	13,340.	313.	170,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CALEB TILLER, FORMER VP, GLOBAL COMMUNICATIONS & MARKETING	(i)	143,982.	0.	13,107.	9,584.	1,483.	168,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ROBERTO FLORES CFO THRU 5/21 CONSULTANT THRU 7/21	(i)	129,805.	0.	363.	8,697.	5,949.	144,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4A:

CALEB TILLER, FORMER VP OF COMMUNICATIONS & MARKETING, RECEIVED A SEVERANCE PAYMENT OF \$13,010 WHICH WAS INCLUDED IN HIS TAXABLE COMPENSATION.

PART I, LINE 7:

THE ORGANIZATION PAID DISCRETIONARY BONUS COMPENSATION BASED ON INDIVIDUAL PERFORMANCE AND WITHIN THE APPROVED BUDGET OF THE ORGANIZATION. THE BONUS AMOUNTS WERE DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS AND WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://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	15	2,034,993.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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).

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

ENGENDERHEALTH, INC.

Employer identification number

13-1623838

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

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. ENGENDERHEALTH'S  
STRATEGY INCLUDES THE FOLLOWING THEORY OF CHANGE: IF ALL PEOPLE ARE  
EMPOWERED AND ENGAGED; AND IF THEY LIVE IN SUPPORTIVE COMMUNITIES WHERE  
SYSTEMS AND INSTITUTIONS PROVIDE HIGH-QUALITY, GENDER-EQUITABLE SEXUAL  
AND REPRODUCTIVE HEALTHCARE; AND IF POLICIES, LAWS, AND PROCESSES ARE  
SUPPORTIVE, THEN THEY WILL EXERCISE THEIR RIGHTS TO GENDER-EQUITABLE  
SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND PARTICIPATE AS EQUAL  
MEMBERS OF SOCIETY.

OUR PROGRAMMATIC ACTIVITIES BUILD ON THE LESSONS LEARNED AND BEST

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

Schedule O (Form 990) 2021

132211 11-11-21

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 AND POSTABORTION CARE
- MATERNAL HEALTHCARE, INCLUDING FISTULA PREVENTION, CARE, AND TREATMENT
- BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE, INCLUDING SAFE SURGERY
- PREVENTION AND TREATMENT OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS
- PREVENTION, DETECTION, AND TREATMENT OF CERVICAL CANCER
- PREVENTION, SCREENING, COUNSELING, AND RELATED SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEATHS, AND 363,700 UNSAFE ABORTIONS AS A RESULT OF OUR WORK IN FY22. ENGENDERHEALTH PROVIDED CONTRACEPTIVE CARE TO AN ESTIMATED 1,114,200 CLIENTS. OUR WORK RESULTED IN AN ESTIMATED \$132,727,500 OF SAVINGS IN DIRECT HEALTH CARE COSTS THAT WOULD HAVE BEEN INCURRED BY FAMILIES OR THE HEALTHCARE SYSTEM IF CONTRACEPTIVE SERVICES AND POSTABORTION/ABORTION CARE SERVICES HAD NOT BEEN PROVIDED.

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IN ADDITION TO CONTRACEPTIVE CARE, ENGENDERHEALTH PROVIDED A TOTAL OF 33,000 COMPREHENSIVE ABORTION CARE (CAC) AND POSTABORTION CARE (PAC) SERVICES AND 590 FISTULA REPAIR SURGERIES TO WOMEN AND GIRLS.

ENGENDERHEALTH ALSO SUPPORTED SERVICES FOR SURVIVORS OF 91,161 GENDER-BASED VIOLENCE (GBV) INCIDENTS.

ENGENDERHEALTH REACHED OVER 1.2 MILLION PEOPLE DIRECTLY WITH INFORMATION ON SRH AND RIGHTS (SRHR) IN FY22, INCLUDING MESSAGING ON CONTRACEPTION, FISTULA, CAC, SGBV, AND OTHER ELEMENTS OF SRHR.

IN FY22, ENGENDERHEALTH TRAINED MORE THAN 29,100 STAFF (E.G., SURGEONS, DOCTORS, NURSES, AND MIDWIVES) AND COMMUNITY HEALTH WORKERS (CHWS) ACROSS 13 PROJECTS. AMONG THESE GROUPS, MORE THAN TWO-THIRDS OF TRAINEES WERE WOMEN. TRAINING AREAS FOR CLINICAL STAFF INCLUDED MODERN CONTRACEPTIVE METHOD SERVICE PROVISION, CAC, SGBV, AND/OR PROVISION OF MALE AND YOUTH-FRIENDLY SERVICES. IN ADDITION TO HEALTHCARE PERSONNEL, ENGENDERHEALTH TRAINED 8,000 INFLUENTIAL COMMUNITY MEMBERS INCLUDING ADOLESCENT CHAMPIONS, YOUNG PEOPLE, RELIGIOUS AND COMMUNITY LEADERS, AND POLICE IN SGBV PREVENTION; GENDER, YOUTH, AND SOCIAL INCLUSION (GYSI); SRHR ADVOCACY; AND DISABILITY INCLUSION.

IN FY22, ENGENDERHEALTH HAD ACTIVE PROGRAMS IN BENIN, BURKINA FASO, BURUNDI, COTE D'IVOIRE, THE DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA, INDIA, MALI, MOZAMBIQUE, NIGER, NIGERIA, RWANDA, SENEGAL, AND TANZANIA.

#### ILLUSTRATIVE PROGRAM UPDATES

BELOW, WE PROVIDE PROJECT EXAMPLES ORGANIZED BY OUR CORE IMPACT AREAS:

Name of the organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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SRHR (INCLUDING CONTRACEPTION AND CAC), SGBV, AND MATERNAL HEALTH (MH).

SRHR:

ENGENDERHEALTH EMPLOYS A RIGHTS-BASED APPROACH THAT EMPHASIZES CLIENTS' FULL, FREE, AND INFORMED CHOICE OF CONTRACEPTIVE METHODS AND EXPANDS ACCESS TO HIGH-QUALITY SRHR INFORMATION AND SERVICES, INCLUDING COMPREHENSIVE ABORTION CARE. DURING 2022, IN ADDITION TO OUR ONGOING SUPPORT TO SERVICE PROVISION AND SYSTEMS STRENGTHENING WORK, WE EXPANDED THE EVIDENCE BASE FOR SRHR BEST PRACTICES. FOR EXAMPLE, WE LAUNCHED THE FAMILY PLANNING INTEGRATION INTO THE PRIMARY HEALTH CARE SYSTEM PROJECT IN ETHIOPIA AND ARE COLLABORATING WITH UNIVERSITIES TO IMPLEMENT A NATIONALLY REPRESENTATIVE ASSESSMENT TO UNDERSTAND THE EFFECTIVENESS OF FAMILY PLANNING (FP) INTEGRATION WITHIN PRIMARY HEALTHCARE FACILITIES.

WE ALSO CONTINUED OUR EXTENSIVE PROGRAMMING SUPPORTING SERVICE PROVISION FOR SRHR, INCLUDING STRENGTHENING HEALTH SYSTEMS. FOR EXAMPLE, AFTER 14 YEARS OF IMPLEMENTING PROJECT ACTIVITIES TO STRENGTHEN LOCAL CAPACITY TO INCREASE ADOLESCENT ACCESS TO SRHR INFORMATION AND SERVICES, THE TARUNYA PROJECT IN INDIA TRANSITIONED HEALTH FACILITY SUPPORT TO GOVERNMENT MANAGEMENT TO PROMOTE LOCAL OWNERSHIP AND ACCOUNTABILITY FOR SUSTAINING DELIVERY OF HIGH-QUALITY SERVICES FOR ADOLESCENTS. DURING 2022, WE CONTINUED TO SUPPORT 17 ADOLESCENT-FRIENDLY HEALTH CENTERS (AFHCS) IN SITAMARHI DISTRICT AND BEGAN SUPPORTING 35 AFHCS IN GAYA AND JAMUI DISTRICTS TO SERVE AS FUNCTIONAL AND RESPONSIVE SPACES FOR ADOLESCENTS. THE PROJECT CONDUCTED A GAP ASSESSMENT OF THE FACILITIES AND ADVOCATED WITH PUBLIC HEALTH CENTER OFFICIALS TO FILL THE GAPS AND TO START SERVING ADOLESCENT

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CLIENTS AT THE AFHCS. WE FOCUSED ON ENSURING THE SUSTAINABILITY OF THE AFHCS BEYOND THE LIFE OF PROJECT BY TRAINING NURSE MIDWIVES ON ADOLESCENT HEALTH ISSUES; GENDER, YOUTH, AND SOCIAL INCLUSION (GYSI); AND COUNSELING SKILLS. AS A RESULT, 48 FACILITIES (92% OF ALL SUPPORTED FACILITIES) HAVE STARTED PROVIDING ADOLESCENT-FRIENDLY SERVICES THROUGH TRAINED HEALTH PROVIDERS AND ARE NOW PRIMARILY SUPPORTED BY GOVERNMENT STAFF INSTEAD OF PROJECT-FUNDED STAFF.

GBV:

PREVENTING AND ADDRESSING GBV AND SUPPORTING SURVIVORS ARE ESSENTIAL TO IMPROVING THE HEALTH OF ALL PEOPLE. IN MAY 2022, ENGENDERHEALTH LAUNCHED ENSEMBLE, AN INITIATIVE FOCUSED ON PREVENTING AND RESPONDING TO GBV IN WEST AFRICA. THE SURVIVOR-CENTERED, MULTI-SECTORAL GBV PREVENTION AND RESPONSE INITIATIVE AIMS TO RAISE FUNDS TO ADDRESS GBV IN THE REGION AND WE WILL BE CODESIGNING PROGRAMMING IN COLLABORATION WITH GOVERNMENTS, CIVIL SOCIETY ORGANIZATIONS, AND OTHER NATIONAL AND REGIONAL STAKEHOLDERS. ENGENDERHEALTH ALSO CONTINUED TO IMPLEMENT GBV AND SRHR INTEGRATION ACTIVITIES IN MULTIPLE PROJECTS IN 2022. IN BENIN, BURKINA FASO, AND CTE D'IVOIRE, WE BUILT EQUITABLE PARTNERSHIPS WITH YOUTH-LED ORGANIZATIONS (YLOS) IN WEST AND CENTRAL AFRICA TO ADVANCE SRHR AND ELIMINATE GBV. IN BURUNDI, WE CONTINUED TO WORK WITH LOCAL PARTNER SWAA-BURUNDI ON THE GIR'ITEKA PROJECT TO INTEGRATE GBV AND FP INTO HIV PROGRAMMING, INCLUDING SUPPORTING INTEGRATED SERVICES IN 160 SITES.

MH:

IN 2022, ENGENDERHEALTH CONTINUED TO EXPAND PATIENT-CENTERED, SAFE, AFFORDABLE, AND RESPECTFUL MATERNAL AND OBSTETRIC CARE. THE MOMENTUM

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SAFE SURGERY IN FAMILY PLANNING AND OBSTETRICS PROJECT ENABLES FACILITIES AND PROVIDERS TO OFFER HIGH-QUALITY MATERNAL HEALTHCARE, INCLUDING ANTENATAL CARE, ESSENTIAL AND EMERGENCY OBSTETRIC CARE, FISTULA PREVENTION AND TREATMENT, SAFE SURGICAL OBSTETRIC CARE, AND POSTNATAL CARE. WITH 20 GLOBAL, REGIONAL, AND LOCAL PARTNERS, THE PROJECT SUPPORTED 868 HEALTH FACILITIES IN NINE COUNTRIES AND IS PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY HEALTH WORKERS (CHWS) AND COMMUNITY-BASED ORGANIZATIONS. THE PROJECT CONDUCTED A LITERATURE REVIEW ON COUNSELING AND CONSENT IN CESAREAN DELIVERY AND THE LANDSCAPE OF PERIPARTUM HYSTERECTOMY IN LOW- AND MIDDLE-INCOME COUNTRIES AND USED FINDINGS TO INFORM THE DESIGN OF RESEARCH BEGINNING IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC), INDIA, AND NIGERIA. THE PROJECT ALSO INITIATED AGREEMENTS WITH KEY GLOBAL PARTNERS, SUCH AS THE WHO, TO ENABLE FUTURE COLLABORATIVE ACTIVITIES.

THROUGH THE KENEYA NIETA PROJECT IN MALI, WHICH AIMS TO REDUCE MATERNAL, NEWBORN, AND CHILD MORTALITIES, WE INTEGRATED A GENDER LENS INTO A COMMUNICATIONS CAMPAIGN FOCUSED ON SHARING FP, MATERNAL AND CHILD HEALTH, AND NUTRITION INFORMATION TO IMPROVE KNOWLEDGE, TRANSFORM GENDER NORMS, AND INCREASE DEMAND FOR SERVICES. THROUGH THIS CAMPAIGN, WE SENSITIZED HOUSEHOLDS ACROSS 4,000 VILLAGES ON GENDER EQUITY IN HEALTH DECISION-MAKING AND ON THE IMPORTANT ROLE THAT MEN CAN PLAY IN THE CARE OF PREGNANT AND LACTATING WOMEN AND IN THE CARE AND NUTRITION OF CHILDREN.

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

INDIA, ETHIOPIA, BURUNDI, TANZANIA,  
BURKINA FASO, COTE D IVOIRE, CONGO, DEM REP, MOZAMBIQUE,

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GUINEA, KENYA, SOUTH AFRICA, NIGERIA

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT. THE FINANCE DEPARTMENT REVIEWS AND PROVIDES COMMENTS ON THE RETURN TO THE ACCOUNTING FIRM. THE FORM IS APPROVED BY THE VP OF FINANCE AND ADMINISTRATION AND A COMPLETE COPY IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES NEAR THE END OF THE FISCAL YEAR. IT IS DISTRIBUTED ALONG WITH A LIST OF THE BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES AND A LIST OF VENDORS PAID MORE THAN \$50,000 DURING THE FISCAL YEAR.

THE QUESTIONNAIRE ASKS IF ANY THE FOLLOWING TYPES OF RELATIONSHIPS OR TRANSACTIONS EXISTED DURING THE YEAR: FAMILY, EMPLOYMENT, CONTRACTUAL, BUSINESS OWNERSHIP AND COMPENSATION. IF A "YES" IS INDICATED THEY ARE THEN ASKED TO DISCLOSE A BRIEF DESCRIPTION OF THE RELATIONSHIP OR TRANSACTION TO THE BOARD OF DIRECTORS WHO HAS RESPONSIBILITY FOR DETERMINING IF A CONFLICT OF INTEREST EXISTS, AND REVIEWING CONFLICTS ONCE DETERMINED. THE INTERESTED DIRECTOR REFRAINS FROM VOTING AND FROM PREJUDICING OR BIASING OTHER PERSONS INVOLVED IN THE DELIBERATIONS. DISCUSSIONS OF ANY POTENTIAL CONFLICT OF INTERESTS ARE RECORDED IN THE MINUTES OF THE BOARD OF TRUSTEE'S MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

Name of the organization ENGENDERHEALTH, INC.	Employer identification number 13-1623838
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LINE 15A: THE COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS, WHO REVIEW BENCHMARKING DATA OF SIMILAR ROLES, USING DATA FROM THIRD PARTY ORGANIZATIONS. THIS PROCESS WAS LAST UNDERTAKEN IN 2021.

LINE 15B: THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS SET BY THE ORGANIZATION'S PRESIDENT & CEO AFTER REVIEWING BENCHMARKING DATA OF SIMILAR ROLES, USING DATA FROM THIRD PARTY ORGANIZATIONS.

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE SALARY INCREASE POOL FOR ALL ENGENDERHEALTH EMPLOYEES AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, 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, ND, 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 AVAILABLE ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE. IN ADDITION, THE CONFLICT OF INTEREST POLICY AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART V, LINE 2A:  
ENGENDERHEALTH INC. HAD 233 EMPLOYEES ACROSS THE ORGANIZATION WORLDWIDE IN CALENDAR YEAR 2021. EMPLOYEES REPORTED ON FORM W-3, TRANSMITTAL OF

Name of the organization <b>ENGENDERHEALTH, INC.</b>	Employer identification number <b>13-1623838</b>
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WAGES AND TAX STATEMENTS: 58

EMPLOYEES OUTSIDE OF THE UNITED STATES: 175

PART VII, SECTION A

ROBERTO FLORES LISTED IN PART VII WAS THE ORGANIZATION'S CFO THROUGH MAY, 2021. THE ORGANIZATION ENGAGED HIM AS A FINANCIAL CONSULTANT THROUGH AUGUST 2021.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-14,299.
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	51,951.
FOREIGN CURRENCY TRANSLATION GAIN	460,560.
TOTAL TO FORM 990, PART XI, LINE 9	498,212.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.