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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 13-1623838	
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>E Telephone number</b> (212) 561-8000	
<b>C Name of organization</b> ENGENDERHEALTH INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 440 NINTH AVENUE City or town, state or country, and ZIP + 4 NEW YORK, NY 10001		<b>G Gross receipts \$</b> 62,061,637	
<b>F Name and address of principal officer</b> PAMELA BARNES 440 NINTH AVENUE NEW YORK, NY 10001		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c) Group exemption number</b>	
<b>I Tax-exempt status</b> <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 Website:</b> WWW.ENGENDERHEALTH.ORG			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation</b> 1943	<b>M State of legal domicile</b> NJ

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities ENGENDERHEALTH'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE IN THE POOREST COMMUNITIES OF THE WORLD    		
	<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>	20
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	20
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	460
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	20
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
Revenue		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	59,407,516	58,265,413
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	224,309	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	25,925	155,332
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	59,657,750	58,420,745
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	13,474,882	10,883,048
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	26,144,775	25,702,761
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,020,696		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	23,298,256	23,698,781
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	62,917,913	60,284,590
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-3,260,163	-1,863,845
	Net Assets or Fund Balances		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16) . . . . .		27,042,307	25,786,565
<b>21</b> Total liabilities (Part X, line 26) . . . . .		9,104,000	10,821,409
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		17,938,307	14,965,156

**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			2013-03-14 Date	
	DANIEL DOUCETTE CHIEF OPERATING OFFICER Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	KPMG LLP	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 345 Park Avenue New York, NY 101540102			EIN <input type="checkbox"/>
					Phone no <input type="checkbox"/> (212) 561-8000

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 to any question in this Part III

1

Briefly describe the organization's mission

ENGENDERHEALTH WORKS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE IN THE POOREST COMMUNITIES OF THE WORLD WE DO THIS BY SHARING OUR EXPERTISE IN SEXUAL AND REPRODUCTIVE HEALTH AND TRANSFORMING THE QUALITY OF HEALTH CARE FOR MORE INFORMATION, SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 30,234,789 including grants of \$ 4,408,173 ) (Revenue \$ )

CAPACITY BUILDING AND TECHNICAL ASSISTANCE ORIENTATION, TRAINING, AND TECHNICAL SUPPORT TO PROVIDER INSTITUTIONS, PROFESSIONALS, AND GOVERNMENT ENTITIES ON ALL ASPECTS OF DEVELOPING, IMPLEMENTING, AND EVALUATING FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE SERVICE DELIVERY SYSTEMS TO INTRODUCE, EXPAND AND IMPROVE SERVICES ENGENDERHEALTH WORKS TO TRANSFER KNOWLEDGE AND SKILLS IN THE AREAS OF MEDICAL AND SURGICAL SERVICES, TRAINING, COUNSELING, EVALUATION, AND RESEARCH THESE ACTIVITIES GENERALLY ARE FOR THE BENEFIT OF SPECIFIC COUNTRY PROGRAMS AND THEY MAY INCLUDE FINANCIAL SUPPORT IN THE FORM OF GRANTS AND MEDICAL EQUIPMENT

4b

(Code ) (Expenses \$ 19,412,077 including grants of \$ 6,474,875 ) (Revenue \$ )

GLOBAL AND EMERGING PROGRAMS WORK TO ADVANCE HEALTH AND FAMILY PLANNING SERVICES WORLDWIDE, PRINCIPALLY LEADERSHIP IN THE PUBLIC AND PROFESSIONAL ARENAS AND DEVELOPMENT OF INNOVATIVE APPROACHES TO SERVICE DELIVERY AND RELATED OPERATIONS THESE ACTIVITIES INCLUDE DEVELOPING AND DISSEMINATING CLIENT, PUBLIC, AND PROFESSIONAL INFORMATION AND EDUCATIONAL MATERIALS, TRAINING CURRICULA, AND OTHER TECHNICAL MATERIALS, CONDUCTING AND PUBLISHING CLINICAL AND PRACTICAL RESEARCH, ASSISTING IN THE DEVELOPMENT OF PUBLIC POLICY, AND CONVENING AND CONDUCTING SEMINARS, CONFERENCES, AND OTHER PROFESSIONAL EVENTS

4c

(Code ) (Expenses \$ 130,387 including grants of \$ ) (Revenue \$ )

PROGRAM SUPPORT ACTIVITIES TO GUIDE, DIRECT, AND ASSESS THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF PROGRAM SERVICE ACTIVITIES

4d

Other program services (Describe in Schedule O )

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



















4e

Total program service expenses

\$ 49,777,253

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3		No
4	<b>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> . . . . .	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8		No
9	Did the organization report an amount in Part X, line 21, 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> 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes	
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, XII, and XIII is optional.</i> 	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . . 	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . . 	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . . 	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> . . . . .	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . .	1a67		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return . . . . .	2a460		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . .	4a	Yes	
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the aggregate amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

Part VI

**Governance, Management, and Disclosure** For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 20		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

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

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

Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	AL , AK , AR , CA , CT , GA , IL , KS , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , SC , TN , TX , UT , VA , WA , WV , WI
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> Upon request	
<b>19</b> Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
<b>20</b> State the name, physical address, and telephone number of the person who possesses the books and records of the organization	DANIEL DOUCETTE COO 440 NINTH AVENUE NEW YORK, NY 10001 (212) 561-8033

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	2,660,877	0	754,406

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 43

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NET AT WORK 575 EIGHT AVE New York, NY 10018	NETWORK CONSULTING	379,839
MICHAEL PAGE INTERNATIONAL 177 BROAD ST STAMFORD, CT 06901	EMPLOYEE RECRUITMENT	182,638
WILLIS OF NEW YORK PO BOX 4557 NEW YORK, NY 10249	INSURANCE BROKER	238,755
KPMG LLP PO BOX 120001 DALLAS, TX 17960	ACCOUNTING	179,600

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 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	47,301,232				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,964,181				
	g	Noncash contributions included in lines 1a-1f \$ 4,535,797						
	h	Total. Add lines 1a-1f . . . . .						58,265,413
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		144,139			144,139
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties . . . . .		0				
6a		Gross rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss) . . . . .						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	3,652,085				
b		Less cost or other basis and sales expenses		3,640,892				
c		Gain or (loss)		11,193				
d		Net gain or (loss) . . . . .		11,193			11,193	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . .	a		0			
b		Less direct expenses . . . .	b					
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19 . . . .	a		0			
b		Less direct expenses . . . .	b					
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances . . . .	a		0			
b		Less cost of goods sold . . .	b					
c		Net income or (loss) from sales of inventory . .						
		Miscellaneous Revenue		Business Code				
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			0				
12	Total revenue. See Instructions . . . . .			58,420,745			155,332	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	4,958,853	4,958,853		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	5,924,195	5,924,195		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,596,652	1,746,224	786,205	64,223
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	16,980,220	12,869,937	3,710,196	400,087
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,774,480	1,324,833	407,561	42,086
9	Other employee benefits . . . . .	3,292,096	1,830,307	1,412,379	49,410
10	Payroll taxes . . . . .	1,059,313	790,887	243,302	25,124
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	230,364	60,343	170,021	
c	Accounting . . . . .	334,656	109,075	225,581	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	57,000		57,000	
g	Other . . . . .	2,624,462	1,926,175	523,582	174,705
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	881,323	837,941	33,887	9,495
14	Information technology . . . . .	478,169	447,843	10,524	19,802
15	Royalties . . . . .	0			
16	Occupancy . . . . .	3,094,529	2,177,056	811,604	105,869
17	Travel . . . . .	3,962,027	3,461,587	485,187	15,253
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	6,942,012	6,843,693	85,337	12,982
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	662,889	557,429	95,119	10,341
23	Insurance . . . . .	254,972	124,881	130,091	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PUBLICATION & PRINTING	1,386,674	1,248,116	58,646	79,912
b	EQUIPMENT RENTAL & MAINTENANCE	1,932,930	1,911,235	21,695	
c	RECRUITMENT	191,648	69,148	114,253	8,247
d	CONTINGENT LIABILITY EXPENSE	163,866	163,866		
e					
f	All other expenses	501,260	393,629	104,471	3,160
25	Total functional expenses. Add lines 1 through 24f	60,284,590	49,777,253	9,486,641	1,020,696
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,994,982	1	290,785
	2	Savings and temporary cash investments . . . . .			3,660,335	2	6,235,940
	3	Pledges and grants receivable, net . . . . .			11,624,969	3	9,693,939
	4	Accounts receivable, net . . . . .			0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			36,756	8	0
	9	Prepaid expenses and deferred charges . . . . .			623,574	9	729,450
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	12,591,501			
	b	Less: accumulated depreciation . . . . .	10b	10,978,811	1,360,432	10c	1,612,690
	11	Investments—publicly traded securities . . . . .			5,250,297	11	4,784,488
	12	Investments—other securities. See Part IV, line 11 . . . . .			1,426,479	12	1,559,846
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			1,064,483	15	879,427
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			27,042,307	16	25,786,565
Liabilities	17	Accounts payable and accrued expenses . . . . .			6,653,657	17	6,597,210
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			2,450,343	25	4,224,199
	26	Total liabilities. Add lines 17 through 25 . . . . .			9,104,000	26	10,821,409
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			-804,355	27	-1,821,783
	28	Temporarily restricted net assets . . . . .			15,397,786	28	13,442,063
	29	Permanently restricted net assets . . . . .			3,344,876	29	3,344,876
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			17,938,307	33	14,965,156
	34	Total liabilities and net assets/fund balances . . . . .			27,042,307	34	25,786,565

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,420,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,284,590
3	Revenue less expenses Subtract line 2 from line 1	3	-1,863,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,938,307
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,109,306
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,965,156

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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 in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

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

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	91,849,340	60,599,195	54,410,167	59,407,516	58,265,413	324,531,631
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	91,849,340	60,599,195	54,410,167	59,407,516	58,265,413	324,531,631
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,852,111
6 Public Support. Subtract line 5 from line 4						316,679,520

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	91,849,340	60,599,195	54,410,167	59,407,516	58,265,413	324,531,631
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	314,742	211,361	170,899	168,454	144,139	1,009,595
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	55,319	0	0	0	0	55,319
11 Total support (Add lines 7 through 10)						325,596,545

12

Gross receipts from related activities, etc (See instructions )

12

5,899,463

13

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97 261 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 430 %

16a

33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
2007 - \$55,319 MISCELLANEOUS REVENUE

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

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

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	5,780,260	4,907,623	4,533,390	5,834,482	
b Contributions . . . . .			0	1,858	
c Investment earnings or losses . . . . .	-40,588	1,116,267	614,355	-1,092,930	
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	244,677	243,630	240,122	210,020	
f Administrative expenses . . . . .					
g End of year balance . . . . .	5,494,995	5,780,260	4,907,623	4,533,390	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 20 878 %

b

Permanent endowment ▶ 60 412 %

c

Term endowment ▶ 18 709 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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 . . . . .		3,177,006	2,782,233	394,773
d Equipment . . . . .		8,281,028	7,112,758	1,168,270
e Other . . . . .		1,133,467	1,083,820	49,647
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				1,612,690



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	58,420,745
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,284,590
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,863,845
4	Net unrealized gains (losses) on investments	4	-226,857
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-882,449
9	Total adjustments (net) Add lines 4 - 8	9	-1,109,306
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,973,151

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	57,311,439
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-226,857
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-882,449
e	Add lines 2a through 2d . . . . .	2e	-1,109,306
3	Subtract line 2e from line 1 . . . . .	3	58,420,745
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	58,420,745

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	60,284,590
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	60,284,590
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	60,284,590

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE INCOME GENERATED FROM THE ENDOWMENT FUND IS INTENDED TO BE USED TO PROVIDE ENGENDERHEALTH WITH THE RESOURCES TO ENSURE THE CONTINUITY OF ITS ONGOING PROGRAMS AROUND THE WORLD, THEREBY ALLOWING THE ORGANIZATION TO BRIDGE FUNDING GAPS AND TO MEET OTHER EMERGENT NEEDS WHEN FUNDING IS NOT AVAILABLE
FIN 48 POSITION	SCHEDULE D, PART X, LINE 2	ENGENDERHEALTH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A). INCOME GENERATED FROM ACTIVITIES UNRELATED TO ENGENDERHEALTH'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. ENGENDERHEALTH ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS USING A THRESHOLD OF MORE LIKELY THAN NOT OF BEING SUSTAINED. ENGENDERHEALTH DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2012 OR 2011.
OTHER CHANGES IN NET ASSETS	SCHEDULE D, PART XI, LINE 8 AND PART XII, LINE 2D	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$59,810 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST (942,259) ----- (882,449) =====

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for region/investments in region
Sub-Saharan Africa	22	300	Program Services	SEE PART V	26,519,945
South Asia	2	104	Program Services	SEE PART V	4,680,663
South America			Program Services	SEE PART V	34,215
Russia and the Newly Independent States			Program Services	SEE PART V	59,163
Sub-Saharan Africa			Grantmaking		5,654,865
South Asia			Grantmaking		218,727
South America			Grantmaking		50,603
3a Sub-total	24	404			37,218,181
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	24	404			37,218,181

[illegible]**Schedule F (Form 990) 2011**

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

[illegible]



**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 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

**Part V**   **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
ELIGIBILITY RECORDS	SCHEDULE F, PART I, LINE 2	ENGENDERHEALTH HAS AN ESTABLISHED SUB AWARD MANAGEMENT SYSTEM AND CORRESPONDING SOPS THESE SOPS ARE DEVELOPED AND IMPLEMENTED TO ENSURE STANDARDIZATION OF THE PREAWARD, POST-AWARD AND CLOSE-OUT MANAGEMENT PROCESS FOR SUB AWARDS THROUGHOUT ENGENDERHEALTH PROGRAMS A MANUAL HAS ALSO BEEN DEVELOPED AND IMPLEMENTED FOR USE BY SUBRECIPIENTS TO ASSIST THEM IN DEVELOPING, MANAGING AND REPORTING ON SUBAWARDS TRAINING IS PROVIDED TO ENGENDERHEALTH STAFF BY A TEAM OF COUNTRY-BASED GRANTS & CONTRACTS AND FINANCE COORDINATORS IN ADDITION, THEY TRAIN SUBRECIPIENTS TO MANAGE THE COMPLIANCE AND PREPARE NARRATIVE AND FINANCIAL REPORTS WHICH ENABLES THE PROJECT TEAM TO MONITOR PERFORMANCE TECHNICAL ASSISTANCE IS PROVIDED BY THE FINANCE AND GRANTS AND CONTRACTS UNITS IN NEW YORK ADDITIONALLY, FINANCIAL RECORD MANAGEMENT, DONOR REPORTING AND AUDITS ARE COORDINATED, THROUGH THE USE OF SOPS, BETWEEN THE FIELD OFFICES AND ENGENDERHEALTH'S HEADQUARTERS

Identifier	Return Reference	Explanation
PURPOSE OF PROGRAM SERVICE EXPENSES AND GRANTS	SCHEDULE F, PART II	INTERNATIONAL DEVELOPMENT FAMILY PLANNING, MATERNAL HEALTH, HIV & AIDS AWARENESS AND PREVENTION, REPRODUCTIVE HEALTH AND GENDER EQUITY

Additional Data

Software ID:  
Software Version:  
EIN: 13-1623838  
Name: ENGENDERHEALTH INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	132,761				
		Sub-Saharan Africa	MATERNAL HEALTH	192,757				
		Sub-Saharan Africa	FAMILY PLANNING	151,303				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV & AIDS	63,972				
		Sub-Saharan Africa	MATERNAL HEALTH	88,071				
		Sub-Saharan Africa	MATERNAL HEALTH	239,649				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	MATERNAL HEALTH	15,250				
		South Asia	MATERNAL HEALTH	17,337				
		Sub-Saharan Africa	FAMILY PLANNING	69,864				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	88,552				
		Sub-Saharan Africa	MATERNAL HEALTH	189,596				
		Sub-Saharan Africa	FAMILY PLANNING	170,717				

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV & AIDS	192,268				
		Sub-Saharan Africa	HIV & AIDS	15,680				
		Sub-Saharan Africa	HIV & AIDS	227,970				



Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV & AIDS	15,547				
		Sub-Saharan Africa	FAMILY PLANNING	418,310				
		Sub-Saharan Africa	FAMILY PLANNING	58,699				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV & AIDS	267,343				
		Sub-Saharan Africa	FAMILY PLANNING	54,801				
		Sub-Saharan Africa	FAMILY PLANNING	28,624				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	497,474				
		Sub-Saharan Africa	FAMILY PLANNING	23,962				
		Sub-Saharan Africa	FAMILY PLANNING	34,450				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	51,585				
		Sub-Saharan Africa	MATERNAL HEALTH	134,425				
		Sub-Saharan Africa	MATERNAL HEALTH	69,740				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	MATERNAL HEALTH	26,517				
		Sub-Saharan Africa	MATERNAL HEALTH	54,954				
		Sub-Saharan Africa	MATERNAL HEALTH	53,180				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	MATERNAL HEALTH	69,526				
		Sub-Saharan Africa	MATERNAL HEALTH	64,212				
		Sub-Saharan Africa	FAMILY PLANNING	36,515				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	18,426				
		Sub-Saharan Africa	FAMILY PLANNING	7,941				
		Sub-Saharan Africa	HIV & AIDS	77,611				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV & AIDS	76,007				
		Sub-Saharan Africa	HIV & AIDS	64,341				
		Sub-Saharan Africa	FAMILY PLANNING	81,921				



Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	MATERNAL HEALTH	32,719				
		Sub-Saharan Africa	FAMILY PLANNING	17,548				
		South America	MATERNAL HEALTH	50,603				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	MATERNAL HEALTH	42,385				
		South Asia	MATERNAL HEALTH	108,131				
		Sub-Saharan Africa	MATERNAL HEALTH	174,298				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	130,058				
		Sub-Saharan Africa	FAMILY PLANNING	11,952				
		Sub-Saharan Africa	FAMILY PLANNING	42,521				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	181,641				
		Sub-Saharan Africa	MATERNAL HEALTH	60,288				
		Sub-Saharan Africa	HIV & AIDS	15,510				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	93,087				
		Sub-Saharan Africa	FAMILY PLANNING	15,789				
		Sub-Saharan Africa	FAMILY PLANNING	49,984				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV &AIDS	102,939				
		Sub-Saharan Africa	FAMILY PLANNING	6,220				
		Sub-Saharan Africa	HIV &AIDS	5,130				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV & AIDS	11,143				
		Sub-Saharan Africa	FAMILY PLANNING	88,041				
		Sub-Saharan Africa	HIV & AIDS	40,395				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	11,339				
		Sub-Saharan Africa	FAMILY PLANNING	16,793				
		Sub-Saharan Africa	FAMILY PLANNING	10,276				



Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV & AIDS	107,095				
		Sub-Saharan Africa	HIV & AIDS	26,769				
		Sub-Saharan Africa	HIV & AIDS	111,420				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	FAMILY PLANNING	119,890				
		South Asia	FAMILY PLANNING	7,068				
		Sub-Saharan Africa	FAMILY PLANNING	87,013				

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ENGENDERHEALTH INC

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public  
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

21

3

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

5

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

Cat No 50055P

Schedule I (Form 990) 2011

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
GRANT MONITORING	SCHEDULE I, PART I, LINE 2	ENGENDERHEALTH HAS AN ESTABLISHED SUB AWARD MANAGEMENT SYSTEM AND CORRESPONDING SOPS THESE SOPS ARE DEVELOPED AND IMPLEMENTED TO ENSURE STANDARDIZATION OF THE PREAWARD, POST-AWARD AND CLOSE-OUT MANAGEMENT PROCESS FOR SUBAWARDS THROUGHOUT ENGENDERHEALTH PROGRAMS A MANUAL HAS ALSO BEEN DEVELOPED AND IMPLEMENTED FOR USE BY SUBRECIPIENTS TO ASSIST THEM IN DEVELOPING, MANAGING AND REPORTING ON SUBAWARDS TRAINING IS PROVIDED TO ENGENDERHEALTH STAFF BY A TEAM OF COUNTRY-BASED GRANTS & CONTRACTS AND FINANCE COORDINATORS IN ADDITION, THEY TRAIN SUBRECIPIENTS TO MANAGE THE COMPLIANCE AND PREPARE NARRATIVE AND FINANCIAL REPORTS WHICH ENABLES THE PROJECT TEAM TO MONITOR PERFORMANCE TECHNICAL ASSISTANCE IS PROVIDED BY THE FINANCE AND GRANTS AND CONTRACTS UNITS IN NEW YORK ADDITIONALLY, FINANCIAL RECORD MANAGEMENT, DONOR REPORTING AND AUDITS ARE COORDINATED, THROUGH THE USE OF SOPS
PURPOSE OF GRANT	SCHEDULE I, PART II, LINE 1, COLUMN (H)	INTERNATIONAL DEVELOPMENT FAMILY PLANNING, MATERNAL HEALTH, HIV & AIDS AWARENESS AND PREVENTION, REPRODUCTIVE HEALTH AND GENDER EQUITY
GRANT INFORMATION	SCHEDULE I, PART II	ENGENDERHEALTH INC ISSUED A SUB-GRANT TO PAPER TRAIL SOLUTIONS UNDER ONE OF THEIR FEDERALLY FUNDED PROJECTS TO PROVIDE FINANCIAL MANAGEMENT SUPPORT TO THEIR RESPOND PROJECT

Software ID:  
Software Version:  
EIN: 13-1623838  
Name: ENGENDERHEALTH INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY FOR EDUCATIONAL DEVELOPMENT1255 23RD ST NW Washington,DC 20037	13-6110212	501(c)(3)	69,781				SEE PART IV
FUTURES INSTITUTE 41-A NEW LONDON TNPL GLASTONBURY,CT 06033	20-4816286	501(c)(3)	76,616				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTRAEALTH INTL 6340 QUADRANGLE DRV CHAPEL HILL,NC 27517	55- 0825466	501(c)(3)	1,145,525				SEE PART IV
PAPER TRAIL SOLUTIONSPO BOX 1271 MIDDLETOWN SPRINGS,VT 05757	06- 1750910	501(c)(3)	112,537				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE POPULATION COUNCILONE DAG HAMMARSKOLD PZA NEW YORK, NY 10017	13-1687001	501(c)(3)	326,145				SEE PART IV
POPULATION ACTION INTERNATIONAL 1300 19TH ST NW WASHINGTON, DC 20036	52-0812075	501(c)(3)	5,522				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN DELIVER 588 BROADWAY SUITE 503 NEW YORK, NY 10012	26-4462256	501(c)(3)	17,858				SEE PART IV
WOMENS REFUGE COMMISSION (IRC) 122 E 42ND ST 11TH FL NEW YORK, NY 10168	13-5660870	501(c)(3)	100,000				SEE PART IV



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOODROW WILSON INSTITUTE5 VAUGHN DRIVE PRINCETON, NJ 08540	21-0703075	501(c)(3)	104,965				SEE PART IV
ASHOKA1700 NORTH MOORE ST ARLINGTON, VA 22209	51-0255908	501(c)(3)	87,894				SEE PART IV

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA UNIVERSITY615 W 131 ST 4TH FLR NEW YORK, NY 10027	13-5598093	501(c)(3)	146,212				SEE PART IV
ETR ASSOCIATES PO BOX 1830 SANTA CRUZ, CA 95061	94-2760764	501(c)(3)	5,128				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FJC520 8TH AVE 20TH FLR NEW YORK, NY 10018	13- 3848582	501(c)(3)	114,685				SEE PART IV
SAFEPLACEPO BOX 19454 AUSTIN, TX 78760	74- 1977853	501(c)(3)	83,348				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STANTON-HILL RESEARCH LLC74 Moose Walk RD MOULTONBOROUGH, NY 03254	26-4697723		26,700				SEE PART IV
FAMILY HEALTH INTERNATIONALPO BOX 13950 RESEARCH TRI PARK, NC 27709	23-7413005	501(c)(3)	558,564				see Part IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARVARD SCHOOL OF PUBLIC HEALTH 1350 MASS AVE CAMBRIDGE, MA 02138	04-2103580	501(c)(3)	317,706				see Part IV
ICRW1120 20TH STREET NW WASHINGTON, DC 20036	52-1081455	501(c)(3)	59,449				see Part IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JHUCCP3910 KESWICK RD BALTIMORE, MD 21211	52-0595110	501(c)(3)	1,224,233				see Part IV
MEDIA COMMUNICATION COUNCIL INC (MCC) PO BOX 171027 Austin, TX 78717	45-2680233		10,320				see Part IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MERIDIAN GROUP INTERNATIONAL INC 1250 24TH ST NW WASHINGTON, DC 20037	54-1832764		148,910				see Part IV
PLANNED PARENTHOOD LOS ANGELES 400 WEST 30TH STREET LOS ANGELES, CA 90007	95-2408623	501(c)(3)	7,500				see Part IV

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RTIPO Box 12194 RSRCH TRI PARK, NC 27709	56- 0686338	501(c)(3)	60,000				see Part IV
SHOOT FIRST PICTURES63 WASHINGTON AVE NYACK,NY 10960			23,148				SEE PART IV



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRATEGY TO IMPACTLLC118 PORTER PLACE CHAPEL HILL,NC 27514	30-0687379	501(c)(3)	33,236				see Part IV
FISTULA CONSULTING LLC 452 UNION GRAND RAPIDS,MI 49503			85,800				SEE PART IV

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 checked="" 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 idemnification 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 (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		No
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input 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 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a The organization?		No
5b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a The organization?		No
6b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAMELA BARNES	(i)	320,323	0	792	51,624	18,928	391,667	0
	(ii)	0	0	0	0	0	0	0
(2) TERRENCE JEZOWSKI	(i)	192,215	0	792	44,395	24,528	261,930	0
	(ii)	0	0	0	0	0	0	0
(3) DANIEL DOUCETTE	(i)	180,577	0	198	32,787	2,261	215,823	0
	(ii)	0	0	0	0	0	0	0
(4) ISAIAH NDONG	(i)	225,700	0	516	48,520	36,316	311,052	0
	(ii)	0	0	0	0	0	0	0
(5) RICHARD KILLIAN	(i)	223,631	0	34,441	16,326	28,790	303,188	0
	(ii)	0	0	0	0	0	0	0
(6) ROY JACOBSTEIN	(i)	182,282	0	792	43,722	38,608	265,404	0
	(ii)	0	0	0	0	0	0	0
(7) PAMELA FOSTER	(i)	200,158	0	30,884	27,923	24,948	283,913	0
	(ii)	0	0	0	0	0	0	0
(8) SANTIAGO PLATA	(i)	173,351	0	792	19,761	20,326	214,230	0
	(ii)	0	0	0	0	0	0	0
(9) KAREN BEATTIE	(i)	161,098	0	792	41,200	26,771	229,861	0
	(ii)	0	0	0	0	0	0	0
(10) JOSEPH RUMINJO	(i)	156,896	0	516	30,029	18,645	206,086	0
	(ii)	0	0	0	0	0	0	0
(11) VINCENT OKPALA	(i)	155,352	0	180	17,848	26,439	199,819	0
	(ii)	0	0	0	0	0	0	0
(12) MULAMBA DIESE	(i)	144,439	0	0	17,248	32,880	194,567	0
	(ii)	0	0	0	0	0	0	0
(13) MAUREEN CLYDE	(i)	137,862	0	90	15,468	988	154,408	0
	(ii)	0	0	0	0	0	0	0
(14) EVELYN LANDRY	(i)	135,692	0	516	37,184	9,943	183,335	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
OTHER REPORTABLE COMPENSATION	SCHEDULE J, PART II COLUMN B (III)	OTHER REPORTABLE COMPENSATION INCLUDES HOUSING ALLOWANCE FOR TOP 5 HIGHEST PAID EMPLOYEES, RICHARD KILLIAN AND PAMELA FOSTER OF \$33,925 AND \$30,757, RESPECTIVELY. THE HOUSING ALLOWANCE IS A TAXABLE FRINGE BENEFIT GIVEN TO EXPATRIATE EMPLOYEES FROM THE US WHO ARE DISPATCHED TO WORK IN ANOTHER COUNTRY. THIS ALLOWANCE COVERS THEIR RENT, UTILITIES, APPLIANCES AND SECURITY. ENGENDERHEALTH PAYS AN EMPLOYEE-HELD LEASE, UTILITIES, SECURITY, MAINTENANCE, REPAIRS AND OTHER ALLOWANCES FOR AN EMPLOYEE'S PERMANENT LIVING QUARTERS UP TO A MAXIMUM AS APPROVED BY ENGENDERHEALTH MANAGEMENT. THE LEASE MUST BE REVIEWED AND APPROVED BY THE FACILITIES MANAGER IN NY. IF REQUIRED, ENGENDERHEALTH WILL PAY THE COST OF PURCHASING FURNITURE AND/OR THE PURCHASE OF THE FOLLOWING APPLIANCES FOR USE IN THE HOME: WASHING MACHINE AND DRYER, REFRIGERATOR, OVEN, AND GENERATOR. THE ORGANIZATION DOES NOT HAVE A WRITTEN REIMBURSEMENT POLICY, HOWEVER, THE PROCEDURES FOLLOWED BY ENGENDERHEALTH ARE APPROPRIATE AND THE HOUSING ALLOWANCE IS INCLUDED IN THE EMPLOYEE'S RESPECTIVE TAXABLE INCOME.

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	1	4,535,797	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**2011**

**Open to Public  
Inspection**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
ENGENDERHEALTH INC

**Employer identification number**

13-1623838

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	ENGENDERHEALTH WORKS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE IN THE POOREST COMMUNITIES OF THE WORLD. WE DO THIS BY SHARING OUR EXPERTISE IN SEXUAL AND REPRODUCTIVE HEALTH AND TRANSFORMING THE QUALITY OF HEALTH CARE. WE PROMOTE GENDER EQUITY, ADVOCATE FOR SOUND PRACTICES AND POLICIES, AND INSPIRE PEOPLE TO ASSERT THEIR RIGHTS TO BETTER, HEALTHIER LIVES. WORKING IN PARTNERSHIP WITH LOCAL ORGANIZATIONS, WE ADAPT OUR WORK IN RESPONSE TO LOCAL NEEDS. ENGENDERHEALTH IS A LEADING GLOBAL WOMEN'S HEALTH ORGANIZATION COMMITTED TO ENSURING THAT EVERY PREGANCY IS PLANNED, EVERY CHILD IS WANTED, AND EVERY MOTHER HAS THE BEST CHANCE AT SURVIVAL. IN 20 COUNTRIES AROUND THE WORLD, WE TRAIN HEALTH CARE PROFESSIONALS AND PARTNER WITH GOVERNMENTS AND COMMUNITIES TO MAKE HIGH-QUALITY FAMILY PLANNING AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES AVAILABLE - TODAY AND FOR GENERATIONS TO COME. FOREIGN COUNTRY ACCOUNTS FORM 990, PART V, LINE 4B: UGANDA, SOUTH AFRICA, AZERBAIJAN, BANGLADESH, INDIA, NIGERIA, GHANA, ETHIOPIA, GUINEA, NEPAL, RWANDA, TANZANIA, BURKINA FASO, TOGO, COTE D'IVOIRE.

Identifier	Return Reference	Explanation
MEMBERS OF THE ORGANIZATION	FORM 990, PART VI, SECTION A, LINE 6 & 7	<p>AS PER THE TERMS OF THE ORGANIZATION'S BY-LAWS, ENGENDERHEALTH IS A MEMBER ORGANIZATION. ADDITIONALLY, ACCORDING TO ITS BY-LAWS ENGENDERHEALTH HAS TWO CLASSES OF MEMBERSHIP, VOTING AND NON-VOTING. VOTING MEMBERS CONSISTS OF DIRECTORS OF THE CORPORATION. NON-VOTING MEMBERS CONSISTS OF OTHER-THAN VOTING MEMBERS WHO SUPPORT THE MISSION STATEMENT AND CONTRIBUTE TO THE CORPORATION AT LEAST THE MINIMUM AMOUNT SET FROM TIME TO TIME BY THE BOARD OF DIRECTORS. THE MEMBERS HOLD ANNUAL MEETINGS TO ELECT DIRECTORS AND CONDUCT OTHER BUSINESS.</p> <p>FORM 990 REVIEW FORM 990, PART VI, SECTION B, LINE 11B THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT. THE FINANCE DEPARTMENT THEN REVIEWS AND PROVIDES COMMENTS ON THE RETURN AS DRAFTED BY THE ACCOUNTING FIRM. THE ORGANIZATION'S VP OF OPERATIONS &amp; CFO THEN REVIEWS AND APPROVES THE REVISED DRAFT RETURN. THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS BEFORE FILING.</p> <p>CONFLICT OF INTEREST POLICY 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 OF THE FOLLOWING TYPES OF RELATIONSHIPS 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. THE INTERESTED DIRECTOR SHALL REFRAIN FROM VOTING AND FROM PREJUDICING OR BIASING OTHER PERSONS INVOLVED IN THE DELIBERATIONS, PROVIDED, HOWEVER, THAT THE INTERESTED DIRECTOR MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT THE MEETING WHICH AUTHORIZES THE CONTRACT OR TRANSACTION.</p>



Identifier	Return Reference	Explanation
OFFICER COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15a/b	<p>THE COMPENSATION FOR THE PRESIDENT IS SET BY CHAIR OF THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, ON APPOINTMENT AFTER CONDUCTING A BENCHMARKING EXERCISE OF SIMILAR ROLES, USING DATA TAKEN FROM 3RD PARTY ORGANIZATIONS THE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE GOVERNING BOARD OTHER BENEFITS RECEIVED BY THE PRESIDENT ARE IN ACCORDANCE WITH STANDARD TERMS AND CONDITIONS OF EMPLOYMENT FOR ALL US - BASED EMPLOYEES OF ENGENDERHEALTH THEREAFTER, INCREASING COMPENSATION FOR THE PRESIDENT IS IN ACCORDANCE WITH TERMS &amp; CONDITIONS FOR ENGENDERHEALTH STAFF IN THE US, WITH AN ADDITIONAL REVIEW AGAINST BENCHMARKING DATA BY THE EXECUTIVE COMMITTEE THE PRESIDENT'S COMPENSATION MAY ALSO BE SUBJECT TO ADDITIONAL TERMS AS MAY BE NEGOTIATED IN THE EMPLOYMENT CONTRACT FOR OTHER OFFICERS AND KEY EMPLOYEES, COMPENSATION IS DETERMINED BY TAKING INTO ACCOUNT 3RD PARTY PROVIDED BENCHMARKING DATA FOR SIMILAR ROLES IN SIMILAR TYPES OF ORGANIZATIONS, ANY PARTICULAR LABOR MARKET FORCES THAT MAY BE RELEVANT, THE COMPENSATION LEVEL OF THE APPLICANT AND INTERNAL PAY PARITY ACROSS ENGENDERHEALTH FOR THE FISCAL YEAR ENDED 06-30-12, ALL NYC-BASED EMPLOYEES RECEIVED THE SAME BASE PERCENTAGE SALARY INCREASE</p>

Identifier	Return Reference	Explanation
DOCUMENT REVIEW POLICY	FORM 990, PART VI, SECTION A, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , & FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ALSO, THE FEDERAL FORM 990, WHICH INCLUDES FINANCIAL AND OTHER DISCLOSURES, IS AVAILABLE ON GUIDESTAR

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$59,810 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST (942,259) UNREALIZED LOSS FROM INVESTMENTS (226,857) --- ----- \$(1,109,306) =====

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL DOUCETTE TITLE CHIEF OPER OFFICE HOURS 1

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
ENGENDERHEALTH INC

Employer identification number  
13-1623838

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ENGENDERHEALTH WELFARE BENEFIT TRUST  440 NINTH AVENUE  NEW YORK, NY 10001 51-0541798	WEL BENEFITS	NY	501(C)(9)	N/A	ENGENDERHLTH	Yes	

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]



Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:  
Software Version:  
EIN: 13-1623838  
Name: ENGENDERHEALTH INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDA J DRAKE JD CHAIR, BOARD OF DIRECTORS	10	X		X				0	0	0
GEORGE F BROWN MD CHAIR EXECUTIVE COMMITTEE	10	X		X						
CECILY C WILLIAMS JD SECRETARY	10	X		X						
MARY K STEVENS ASSISTANT SECRETARY	10	X		X				0	0	0
DONALD J ABRAMS TREASURER	10	X		X				0	0	0
ROBERT D PETTY ASSISTANT TREASURER	10	X		X				0	0	0
ROSEMARY ELLIS DIRECTOR	10	X						0	0	0
JULIO FRENK MD DIRECTOR	10	X						0	0	0
SUPANYA LAMSAM PHD DIRECTOR	10	X						0	0	0
MARGARET NEUSE DIRECTOR	10	X						0	0	0
JEFFREY OMALLEY DIRECTOR	10	X						0	0	0
SARA SEIMS PHD DIRECTOR	10	X						0	0	0
MICHAEL STEVENS DIRECTOR	10	X						0	0	0
BELLE TAYLOR MCGHEE DIRECTOR	10	X						0	0	0
WENDY L WYSONG JD DIRECTOR	10	X						0	0	0
JANICE HANSEN ZAKIN MD VICE CHAIR	10	X		X				0	0	0
MARK CHIAVIELLO DIRECTOR	10	X						0	0	0
ELIZABETH NGOZI EBI DIRECTOR	10	X								
MEHRET MANDEFRO MD DIRECTOR	10	X						0	0	0
MARIE WASHINGTON DIRECTOR	10	X						0	0	0
PAMELA BARNES PRESIDENT	350			X				321,115	0	70,552
TERRENCE JEZOWSKI VICE PRESIDENT	350			X				193,007	0	68,923
DANIEL DOUCETTE CHIEF OPER OFFICE	350			X				180,775	0	35,048
ISAIAH NDONG VICE PRESIDENT	350			X				226,216	0	84,836
RICHARD KILLIAN PROJECT DIRECTOR	350				X			258,072	0	45,116

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANTIAGO PLATA DEPUTY DIRECTOR	35 0				X			174,143	0	40,087
KAREN BEATTIE ASSOC VP	35 0				X			161,890	0	67,971
JOSEPH RUMINJO CLINICAL DIRECTOR	35 0				X			157,412	0	48,674
VINCENT OKPALA DIRECTOR OF INTERNAL AUDIT	35 0				X			155,532	0	44,287
ROY JACOBSTEIN MEDICAL DIRECTOR	35 0					X		183,074	0	82,330
PAMELA FOSTER AREA DIRECTOR	35 0					X		231,042	0	52,871
MULAMBA DIESE GTL MANAGER	35 0					X		144,439	0	50,128
MAUREEN CLYDE TEAM LEADER	35 0					X		137,952	0	16,456
EVELYN LANDRY DEPUTY DIRECTOR	35 0					X		136,208	0	47,127