# COPY, NOT FOR FILING

Form **990** 

**Return of Organization Exempt From Income Tax** 

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

2020

Open to Public Inspection

Department of the Treasury

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

A For the 2020 calendar year, or tax year beginning JUL 1 and ending JUN 30, 2021 Check if applicable: C Name of organization D Employer identification number Address change MANAGEMENT SCIENCES FOR HEALTH, INC. Name change 04-2482188 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 200 RIVERS EDGE DRIVE 617-250-9500 **G** Gross receipts \$ 145,424,118. City or town, state or province, country, and ZIP or foreign postal code Amended return MEDFORD, MA 02155 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARIAN WENTWORTH Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.MSH.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other Year of formation: 1971 M State of legal domicile: MA Part I Summary (MSH) SAVES LIVES AND IMPROVES Briefly describe the organization's mission or most significant activities: **Activities & Governance** THE HEALTH OF THE WORLD'S POOREST (SEE SCHEDULE O), if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 222 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 11 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year** 124,338,488, 145,214,756. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 329,018 209,311. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2 070 51 11 124,669,576 145,424,118, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,495,763 25,533,431 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 60,780,110. 67,089,260. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 47,360,750, 51,334,435. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 126,636,623. 143,957,126. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,466,992. -1,967,047. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 5 **End of Year** 61,343,018. 62,565,253 Total assets (Part X, line 16) 27,394,729 24,941,252. 21 Total liabilities (Part X, line 26) 三年 35,170,524. 36,401,766. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign GORDON KIHUGURU, INTERIM CFO & EVP Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 5.16.22 ERIN COUTURE P01390592 Paid GRANT THORNTON LLP 36-6055558 Preparer Firm's name Firm's EIN ▶ Firm's address > 75 STATE STREET, 13TH FLOOR Use Only Phone no. (617) 848-5039 BOSTON, MA 02109

Yes

May the IRS discuss this return with the preparer shown above? See instructions

Form **8868** 

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-charit	ties-and-n	on-profits.			
Autom	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).			
All corpo	prations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	, and trusts	
must use	e Form 7004 to request an extension of time to file income	e tax retur	ns.			
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification numb	er (TIN)
print	MANAGEMENT SCIENCES FOR HEA	LTH,	INC.		04-248218	8
File by the due date for filing your return. See	No other standard and second as the BO beauty					
instructions	City, town or post office, state, and ZIP code. For a fo MEDFORD, MA 02155	reign addı	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	a separat	te application for each return)			0 1
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) GORDON KIHUGURU	06	Form 8870			12
Telep  If the	books are in the care of ▶ 200 RIVERS EDGE  hone No. ▶ 617-250-9500  organization does not have an office or place of business is for a Group Return, enter the organization's four digit Companies.  If it is for part of the group, check this box ▶	in the Uni Group Exe	Fax No. ▶ited States, check this box	f this is for	r the whole group, c	
1 I re	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga	MAN unization's	Y 16, 2022 , to file return for:		pt organization retu 	
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less			
	y nonrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069,	•				•
	timated tax payments made. Include any prior year overpa			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pay	•	• • •			^
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO for	payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

04 - 2482188

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O.	
2		
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a		nue \$)
	SEE SCHEDULE O.	
4h	O (Code:) (Expenses \$ 62,233,868. including grants of \$ 14,420,049. ) (Reve	•
4b	SEE SCHEDULE O. Including grants or \$ / (Expenses \$) (Heve	nue \$ )
	SEE SCHEDULE O.	
4c	Code:) (Expenses \$ 16,101,490. including grants of \$ 2,868,660. ) (Reve	nue \$
-10	SEE SCHEDULE O.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 22,404,841. including grants of \$ 4,858,271.) (Revenue \$	)
4e	100 550 000	,
46	<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	Form <b>990</b> (2020)

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		77	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		77	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Δ.
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
	domestic government on real tax, column (h), interess yes, complete schedule I. Parts I and II	41		L

Form 990 (2020) MANAGEMENT SCIENCES FOR HEA

	continued)			Vac	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individua	ls on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes				
	Schedule J	s, complete	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	\$100.000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d				
	Schedule K. If "No," go to line 25a		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the				
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	s benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If	"Yes," complete			
	Schedule L, Part I		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, truste				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or	or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete S	chedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	<i>'</i>			
	instructions, for applicable filing thresholds, conditions, and exceptions):	•			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribute	or? If			
	"Yes," complete Schedule L, Part IV		28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?				
	"Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	contributions? If "Yes," complete Schedule M		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedu</i>		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," or				
	Sahadula N. Dart II	·	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regul				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part				
•	Part V, line 1	· · · · · · · · · · · · · · · · · · ·	34	х	
35a			35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	, i	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	If "Yes," complete Schedule R, Part V, line 2	ĭ I	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ				
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11				
_ <b>_</b>	Note: All Form 990 filers are required to complete Schedule O		38	х	
Pai					
	Check if Schedule O contains a response or note to any line in this Part V				Х
	and the second s			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 93		. 03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ib			
Ü	(gambling) winnings to prize winners?		1c	х	
03200/	12-23-20			<b>990</b> (	2020)
				. (	)

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Form	990 (2020) MANAGEMENT SCIENCES FOR HEALTH, INC.		04-248218	8	D	age 5
Par			01 110110			age •
	o c c c c c c c c c c c c c c c c c c c				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	222			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a	Х	
b	If "Yes," enter the name of the foreign country ► SEE SCHEDULE 0					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ partly \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ for \ goods \ and \ general \ for \ goods \ and \ general \ for \ goods \ and \ general \ for \ goods \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ f$	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		I			
	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:	l	1			
	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	10413	)	12a		l

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand **14a** Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .... Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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Х

13a

14a

14b

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GORDON KIHUGURU - 617-250-9500			
	200 RIVERS EDGE DR, MEDFORD, MA 02155			

Form **990** (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average			Pos	C) ition	)		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	heck i ss per id a di	son is	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer pa		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARIAN WENTWORTH	41.11									
CEO/PRESIDENT	0.00			Х				464,350.	0.	53,755.
(2) CRAIG MOLYNEAUX	48.14									
CFO AND EVP (THRU 6/22/21)	0.00			Х				293,372.	0.	54,454.
(3) PAUL WAIBALE	39.98									
PROJECT DIRECTOR III	0.00				Х			297,062.	0.	28,238.
(4) ANTOINE NDIAYE	37.08									
PROJECT DIRECTOR II	0.00					Х		281,601.	0.	31,212.
(5) JOHN DAMIAN YANULIS	41.16									
PORTFOLIO DIRECTOR	0.00				Х			278,665.	0.	37,798.
(6) COLLEEN MCGUFFIN	38.90									
VICE PRESIDENT HR	0.00				Х			266,995.	0.	38,948.
(7) DANIEL KRESS	35.71									
VICE PRESIDENT GHSI	0.00				Х			273,358.	0.	21,040.
(8) RUDOLPH THETARD	41.23									
GLOBAL TECHNICAL LEAD	0.00				Х			264,485.	0.	38,732.
(9) ALI RAJPOOT	40.14									
FINANCE DIRECTOR	0.00					Х		259,014.	0.	31,382.
(10) STEPHEN MORGAN	62.00									
FINANCE DIRECTOR	0.00					Х		248,547.	0.	32,539.
(11) KAMIAR KHAJAVI	36.73									
SENIOR TECHNICAL DIRECTOR	0.00					Х		237,912.	0.	14,078.
(12) PAUL ZIMMERMAN	36.92									
GENERAL COUNSEL	0.00			Х				237,869.	0.	39,663.
(13) GORDON COMSTOCK	46.23									
VICE PRESIDENT PDG	0.00				Х			229,000.	0.	38,763.
(14) GORDON KIHUGURU	43.60									
DR OPS(6/22/21), INT CFO/EVP(6/23/22	0.00			Х				236,920.	0.	27,028.
(15) SEYDOU DOUMBIA	36.23									
SENIOR TECHNICAL MANAGER	0.00					Х		234,099.	0.	31,922.
(16) FRANCIS ABOAGYE-NYAME	35.63									
PORTFOLIO DIRECTOR	0.00				Х			203,286.	0.	48,318.
(17) DAVID HUMPHRIES	35.64									
SENIOR DIRECTOR, COMMUNICATIONS	0.00				Х			196,172.	0.	50,011.

Form **990** (2020)

Form 990 (2020) MANAGEMENT SC	CIENCES FOR	HE	ALT:	Н,	INC				04-248218	8 Page 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	ordi	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ndividual trustee or director	l trus		ee	ubeu		(00-2/1099-101130)		and related
	below	dual t	ntiona	_	nploy	st cor	70			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			<b>g</b>
(18) DANA SANDSTROM	37.57									
BUSINESS DEVELOPMENT SENIOR DIRECTOR	0.00				Х			196,853.	0.	12,100.
(19) STEPHANIE ARMAND XUEREF	40.71									
PORTFOLIO DIRECTOR	0.00				Х			187,573.	0.	11,219.
(20) MATTHEW GEMEDA	35.01									
INTERNAL AUDIT SENIOR DIRECTOR	0.00				Х			181,487.	0.	22,342.
(21) KATHLEEN ALVAREZ	40.01									
PORTFOLIO DIRECTOR	0.00				Х			174,931.	0.	46,736.
(22) CHRISTOPHER WELCH	35.60									
PROJECT DIRECTOR III	0.00				Х			168,150.	0.	46,928.
(23) JOHN ISAACSON	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(24) CHARLES DOCKENDORFF	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(25) BERNARD NAHLEN	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(26) DAN PELLOGROM	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
1b Subtotal							<b>&gt;</b>	5,411,701.	0.	757,206.
c Total from continuation sheets to Part VI	, Section A						<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	5,411,701.	0.	757,206.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	

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

Programment of the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

Yes No

X

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
STERLING COMPUTERS CORPORATION		
303 CENTENNIAL DRIVE, NORTH SIOUX, SD 57049	COMPUTER EQUIPMENT	288,591.
THINKWELL LLC		
1519 YORK ROAD, LUTHERVILLE, MD 21093	EDUCATIONAL SOFTWARE SOLUTIONS	257,993.
GRANT THORNTON LLP		
33960 TREASURY CENTER, CHICAGO, IL 60694	ACCOUNTING SERVICES	254,146.
S&S OPEN DEVELOPMENT		
642 PICKFORD PL NE, WASHINGTON, DC 20002	GOV'T CONTRACTOR	188,732.
COVINGTON & BURLINGTON, 1 CITY CENTER, 850		
10TH STREET, WASHINGTON, DC 20001	LAW FIRM	177,924.
2 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization ▶ 6	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 MANAGEMENT SCIENCES FOR HEALTH, INC. 04-2482188										
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)			app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				loyee		the	organizations	compensation
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	3e or	stee			sate		(***2/1099*****100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	ъ	Key employee	estoc	ıer			J
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) BARBARA BIERER	3.00									
DIRECTOR	0.00	х						0.	0.	0.
(28) LARRY FISH	3.00									
DIRECTOR	0.00	х						0.	0.	0.
(29) KATHERINE LUZURIAGA	3.00									
DIRECTOR	0.00	х						0.	0.	0.
(30) ROBERT HALLAGAN	3.00									
DIRECTOR	0.00	х						0.	0.	0.
(31) LATANYA MAPP FRETT	3.00									
DIRECTOR	0.00	х						0.	0.	0.
(32) JOHN MASTERSON	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(33) W. GYUDE MOORE	3.00							-		-
DIRECTOR	0.00	Х						0.	0.	0.
(34) PAULA DOHERTY JOHNSON	3.00							-		-
DIRECTOR (THRU 12/2019)	0.00	х						0.	0.	0.
-										
-										
-										
-										
			$\vdash$			$\vdash$				
		·		l						
Total to Part VII, Section A, line 1c										
TOTAL TO FAIT VII, SECTION A, IIIIE TO								I		

Part VIII

Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
ي ق		Fundraising events 1c					
fts, r A		d Related organizations 1d					
ig ig			108,950,448.				
Sin		All other contributions, gifts, grants, and					
utic le ri	'	I	36,264,308.				
ĕ₽		similar amounts not included above 1f	30,204,300.				
o d	-	Noncash contributions included in lines 1a-1f		145,214,756.			
<u>0 a</u>	r	1 Total. Add lines 1a-1f	Business Code	145,214,750.			
	_		Business Code				
<u>ic</u>	2 8						
e S	k	·					
n S	•	·					
ran 3ev	•	d					
Program Service Revenue							
Δ.	f	All other program service revenue					
$\rightarrow$	9	Total. Add lines 2a-2f	<b></b>				
	3	Investment income (including dividends, intere					
		other similar amounts)		209,311.			209,311.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	<b></b>	51.			51.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	ŀ	Less: cost or other basis					
<u>o</u>		and sales expenses 7b					
en		Gain or (loss) 7c					
ev		d Net gain or (loss)	<b>•</b>				
ther Revenue		a Gross income from fundraising events (not					
ğ	•	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	<i>3</i> 6	Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10 6	·					
		and allowances 10a  Less: cost of goods sold 10b					
		J					
		Net income or (loss) from sales of inventory	Business Code				
ရှု		_	Pusitiess Code				
eo n	11 a						
Miscellaneous Revenue	k						
Se Be	(						
Ĕ	(	d All other revenue					
	•	Total. Add lines 11a-11d	<b>D</b>	145 404 110	_		200 200
	12	Total revenue. See instructions	🕨	145,424,118.	0.	0.	209,362.

### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	,	ĕxpenses	generăl expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,761,997.	4,761,997.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	00 774 404	00 554 404		
	individuals. See Part IV, lines 15 and 16	20,771,434.	20,771,434.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 110 000	401 801	1 626 410	
	trustees, and key employees	2,118,209.	481,791.	1,636,418.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F4 C1 F 000	42 600 401	11 000 140	0.00
7	Other salaries and wages	54,615,822.	43,608,401.	11,007,149.	272
8	Pension plan accruals and contributions (include	2 066 520	2 401 060	EQ4 FC2	4.4
_	section 401(k) and 403(b) employer contributions)	3,066,539.	2,481,962.	584,563.	14
9	Other employee benefits	5,481,922.	4,092,355.	1,389,533.	34 18
10	Payroll taxes	1,806,768.	994,802.	811,948.	18
11	Fees for services (nonemployees):				
_	Management	201 070	05 604	285,385.	
b	Legal	381,070.	95,684.		1
	Accounting	370,330.	93,251.	277,079.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 020 252	7 612 405	407 050	
	column (A) amount, list line 11g expenses on Sch 0.)	8,020,353.	7,612,495.	407,858.	
12	Advertising and promotion	7,498,503.	6,949,570.	548,154.	779
13	Office expenses	3,307,963.	2,135,004.	1,172,959.	113
14 15	Information technology	3,307,303.	2,133,004.	1,172,555.	
15 16	Royalties	5,141,304.	2,862,846.	2,278,458.	
16 17	Occupancy	5,255,482.	4,661,534.	593,948.	
17 18	Travel Payments of travel or entertainment expenses	3,233,102.	1,001,551.	333,310.	
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	2,518,541.	2,478,644.	39,897.	
19 20		2,310,311.	2,1,0,014.	33,037.	
21 22	Payments to affiliates	313,679.	22,035.	291,644.	
23	I	1,179,483.	613,402.	566,081.	
23 24	Other expenses. Itemize expenses not covered	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010,102.	300,001.	
-4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	SUBCONTRACT COSTS	11,949,985.	11,923,512.	26,473.	
a b	EQUIPMENT AND SUPPLIES	3,930,324.	3,930,299.	25, 475.	
C	RESERVE FOR INVESTMENT	1,036,553.	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,036,553.	
d	BAD DEBTS	430,865.	201,910.	228,955.	
	All other expenses	130,003.	201,510.	220,300.	
е 25	Total functional expenses. Add lines 1 through 24e	143,957,126.	120,772,928.	23,183,080.	1,118
25 26	Joint costs. Complete this line only if the organization	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,110
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

# Form 990 (2020) Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	12,552,049.	1	11,969,993		
	2	Savings and temporary cash investments	10,412,711.	2	12,683,20		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			15,239,269.	4	10,526,16
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			1,202,563.	7	882,16
Assets	8	Inventories for sale or use				8	
ž	9	Donat and a company of the form of the company			2,881,958.	9	3,726,01
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	4,660,940.			
	b	Less: accumulated depreciation	. 10b	4,339,646.	343,266.	10c	321,29
	11	Investments - publicly traded securities			17,050,020.	11	18,514,49
	12	Investments - other securities. See Part IV, line			2,279,304.	12	2,132,31
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	604,113.	15	587,39		
_	16	Total assets. Add lines 1 through 15 (must eq			62,565,253.	16	61,343,01
	17	Accounts payable and accrued expenses	18,527,971.	17	15,064,02		
	18	Grants payable		18			
	19	Deferred revenue			6,689,888.	19	8,087,31
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat		·····		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	Complete Part X	0 156 050		1 500 01
		of Schedule D		·····	2,176,870.		1,789,913
$\dashv$	26	Total liabilities. Add lines 17 through 25			27,394,729.	26	24,941,25
اي		Organizations that follow FASB ASC 958, ch	neck ner				
<u>ဗ</u>	07	and complete lines 27, 28, 32, and 33.		-	34,700,123.	07	36,218,21
ala	27	Net assets without donor restrictions			470,401.	27	183,548
8	28	Net assets with donor restrictions			470,401.	28	103,34
<u> </u>		Organizations that do not follow FASB ASC	958, cne	ck nere			
<u>-</u>	00	and complete lines 29 through 33.	_	-		00	
Sis	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			35 170 524	31	36 401 76
_	32	Total net assets or fund balances			35,170,524.	32	36,401,766
_	33	Total liabilities and net assets/fund balances			62,565,253.	33	61,343,018 Form <b>990</b> (202

Form **990** (2020)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	145	,424,	118.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	143	,957,	126.	
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,466,	992.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				524.	
5	The access of faire sealiness at segiming of your (most equal fair x, into 52, column y y)					
6						
7						
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-235,	750.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) 10				766.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?					
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х		
			Forn	ո <b>990</b>	(2020)	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** MANAGEMENT SCIENCES FOR HEALTH INC. 04-2482188 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	229,278,884.	165,999,910.	111,558,586.	124,338,488.	145,214,756.	776,390,624.	
2	Tax revenues levied for the organ-							
	ization'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	229,278,884.	165,999,910.	111,558,586.	124,338,488.	145,214,756.	776,390,624.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						776,390,624.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	229,278,884.	165,999,910.	111,558,586.	124,338,488.	145,214,756.	776,390,624.	
	Gross income from interest,	, , ,	, , ,	, , ,	, , ,	, , ,	, , -	
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	18,493.	10,349.	375,716.	331,088.	209,362.	945,008.	
9	Net income from unrelated business	23,233		,	,			
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	·	294,974.	85,965.	81,123.			462,062.	
44	assets (Explain in Part VI.)	231,371.	03,303.	01,123.			777,797,694.	
	,	ata (aga inaturatio	, no)			40	777,737,034.	
	Gross receipts from related activities,	•	,	iourth or fifth town	voor oo o costion F	12		
ıs	First 5 years. If the Form 990 is for the organization, check this box and stop					01(0)(3)	▶□	
Sec	tion C. Computation of Publi	_	centage					
	Public support percentage for 2020 (li			column (f)\		14	99.82 %	
	Public support percentage from 2019					15	99.83 %	
	33 1/3% support test - 2020. If the co							
iva	stop here. The organization qualifies	-			14 13 00 17070 01 111		,	
h	33 1/3% support test - 2019. If the co		~					
D								
17^	and <b>stop here.</b> The organization quali							
ı <i>ı</i> a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	· ·		•	-		•	` \	
1-	meets the facts-and-circumstances te	· ·	•			70 and line 15 in :		
a	10% -facts-and-circumstances test	-					10% Of	
	more, and if the organization meets the		•				▶ □	
40	organization meets the facts-and-circu						<b>P</b>	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	······· •	

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	<u>, , ,</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						_
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<u>                                     </u>
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	T	т	T	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
_							<b>b</b>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I		•	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20					17	<u>%</u>
	3 Investment income percentage from 2019 Schedule A, Part III, line 17						
198							<b>▶</b> □
L	more than 33 1/3%, check this box ar						
Ĺ	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	orito supportou organizationo: ji yes. descride ili f <b>art yi</b> ilie role diaved dy the organization in this redard.	UU	i l	1

Schedule A (Form 990 or 990-EZ) 2020

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section	D - Distributions				Current Year	
<b>1</b> Ar	mounts paid to supported organizations to accomplish exer		1			
<b>2</b> Ar	mounts paid to perform activity that directly furthers exemp	t purposes of supported				
or	ganizations, in excess of income from activity		2			
<b>3</b> Ad	dministrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
<b>4</b> Ar	mounts paid to acquire exempt-use assets		4			
<b>5</b> Qı	ualified set-aside amounts (prior IRS approval required - pro		5	_		
<b>6</b> Ot	ther distributions (describe in Part VI). See instructions.			6	_	
7 To	otal annual distributions. Add lines 1 through 6.			7		
<b>8</b> Di	istributions to attentive supported organizations to which th	e organization is responsive				
(p	rovide details in Part VI). See instructions.			8		
<b>9</b> Di	istributable amount for 2020 from Section C, line 6			9		
<b>10</b> Li	ne 8 amount divided by line 9 amount			10		
Section	E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020	
<b>1</b> Di	istributable amount for 2020 from Section C, line 6					
<b>2</b> Ur	nderdistributions, if any, for years prior to 2020 (reason-					
ab	ple cause required - explain in Part VI). See instructions.					
3 E>	xcess distributions carryover, if any, to 2020					
<b>a</b> Fr	rom 2015					
<b>b</b> Fr	rom 2016					
<b>c</b> Fr	rom 2017					
<b>d</b> Fr	rom 2018					
<b>e</b> Fr	rom 2019					
f To	otal of lines 3a through 3e					
g Ap	pplied to underdistributions of prior years					
	pplied to 2020 distributable amount					
	arryover from 2015 not applied (see instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	istributions for 2020 from Section D,					
	ne 7: \$					
	pplied to underdistributions of prior years					
	pplied to 2020 distributable amount					
	emainder. Subtract lines 4a and 4b from line 4.					
	emaining underdistributions for years prior to 2020, if					
	ny. Subtract lines 3g and 4a from line 2. For result greater lan zero, explain in <b>Part VI.</b> See instructions.					
	emaining underdistributions for 2020. Subtract lines 3h					
	nd 4b from line 1. For result greater than zero, explain in					
	art VI. See instructions.					
	xcess distributions carryover to 2021. Add lines 3					
	nd 4c.					
	reakdown of line 7:					
	xcess from 2016					
	xcess from 2017					
	xcess from 2018					
	xcess from 2019					
	xcess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:						
MISCELLANEOUS INCOME						
2016 AMOUNT: \$ 294,974.						
2017 AMOUNT: \$ 85,965.						
2018 AMOUNT: \$ 81,123.						
2019 AMOUNT: \$ 0.						
2020 AMOUNT: \$ 0.						

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

Employer identification number

**2020** 

MA	MANAGEMENT SCIENCES FOR HEALTH, INC. 04-2482188					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)  General Rule  For an organizatio	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or				
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization

Employer identification number

MANAGEMENT SCIENCES FOR HEALTH, INC.

04-2482188

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US AGENCY FOR INTERNATIONAL DEVELOPMENT  1300 PENNSYLVANIA AVENUE  WASHINGTON, DC 20004	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	GLOBAL FUND GLOBAL HEALTH CAMPUS, CHEMIN DU POMMIER 50, 1218 GRANC-SACONNEX GENEVA, SWITZERLAND	\$16,207,722.	Person X Payroll
(a)	(b)	(c)	(d)
<b>No.</b> 3	Name, address, and ZIP + 4  GATES FOUNDANTION  P.O. BOX 23350  SEATTLE, WA 98102	* \$ 4 , 241 , 315 .	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4  CATHOLIC RELIEF SERVICES  PLOT 512 AHMADU BELLO WAY  ABUJU, KADO DISTRICT, NIGERIA PFCT/900213	* \$ 3 ,646 ,355 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humo, addi 655, und Ell TT	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, auuress, amu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MANAGEMENT SCIENCES FOR HEALTH, INC.

04-2482188

art II Nonc	ash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		<b>  \$</b>	

MANAGEMENT SCIENCES FOR REAL/TH, INC.    Part II   Exclusively religious, chambelse, etc., contributions to organizations described in section 60 NeXT, III), or (10) that total more than \$1,000 for the year contribution of the	Name of or	rganization		Employer identification number
Exclusively religious, charitable, etc., contributions to organizations described in section 50 (c)(7), (8), or (10) that total more than \$1,000 for the year may one contribute. Complete outnow, for the following line only. For organizations considering Part II or where the total described in the following line only. For organization considering Part II or where the total described in the following line only. For organization considering Part II or where the following line of the line (a) No.	MANAGEME	NT SCIENCES FOR HEALTH, INC.		04-2482188
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (f) Description of how gift is held  (e) Transfer of gift  (e) Transfer of gift  (f) Description of how gift is held  (g) No. from (h) Purpose of gift		Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line e charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (form Part I)  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift  (form Part I)  (e) Transfer of gift  (form Part I)  (e) Transfer of gift  (e) Transfer of gift  (form Part I)  (form	from			(d) Description of how gift is held
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift (d) Description of how gift is held  Transferee's name, address, and ZIP + 4  (e) Transfer of gift (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift (d) Description of how gift is held  (e) Transfer of gift (d) Description of how gift is held			(e) Transfer of g	gift
(a) No. from Part   (b) Purpose of gift   (c) Use of gift   (d) Description of how gift is held    (a) No. from Part   (e) Transfer of gift   (d) Description of how gift is held    (a) No. from Part   (e) Transfer of gift   (d) Description of how gift is held    (a) No. from Part   (e) Transfer of gift   (e) Transfer of gift    (a) No. from from from from from from from from	_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift  (f) Use of gift  (g) Transfer of gift  (h) Purpose of gift	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift	-	Transferee's name, address, a		
(a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	-	Transferee's name, address, a		
Part I  (e) Transfer of gift				
	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	_			
	_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

#### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
_		SCIENCES FOR HEALTH, IN			04-2482188
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>&gt;</b> \$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	<b>▶</b> \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
48	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.	<del></del>	=0.//	=6.4/	\(a\)
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	`	
	Enter the amount directly expended	, ,	•	***************************************	
2	Enter the amount of the filing organ		•		
_	exempt function activities				
3	Total exempt function expenditures		•		
	line 17b				
4	3 3				
5	Enter the names, addresses and en made payments. For each organizar	• •	•		
	contributions received that were pro	· ·			•
	political action committee (PAC). If			•	9:-9
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d)</b> 2020	(e) Total			
2a Lobbying nontaxable amount								
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
<b>d</b> Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2020

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		v		
a	Volunteers?	x	Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_ ^	х		
	Media advertisements?  Mailings to members, legislators, or the public?		X		
			X		
			X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			12,538.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?		Х		
	Total. Add lines 1c through 1i				12,538.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(	5), or sec	tion	
	VA			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).			1	
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical		1	
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	• • • • • • • • • • • • • • • • • • • •				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
TORE	Y DAYS: 10				
GTGN	ON IRREDA FO				
SIGN	-ON LETTERS: 50				
DEAR	COLLEAGUE LETTERS: 7				
THE	TOPICS LOBBIED ON INCLUDED: FY21 AND FY22 APPROPRIATIONS, EMERGENCY				
SUPP	LEMENTAL PACKAGES FOR GLOBAL COVID RESPONSE, GLOBAL HEALTH SECURITY				
LEGI	SLATION, FAMILY PLANNING AND MATERNAL HEALTH OUTREACH.				
		0 - 1 1		000 000	C = 7\ 0000

Schedule C (Form 990 or 990-EZ) 2020

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 

MANAGEMENT SCIENCES FOR HEALTH, INC. 04 - 2482188Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other :	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi								•	,	
	collection items (check all that apply):										
а	Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	ım					
b	Scholarly research	е	, 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organizatio	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	r similar a	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or	-	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	ıt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe						/?	L	<b>」Yes</b>		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete										<del></del>
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two year	s back (c	d) Three y	ears back	<b>(e)</b> ⊦ou	r years	back
1a	Beginning of year balance					-					
b	Contributions					-					
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance		<i></i>		<u> </u>						
2	Provide the estimated percentage of the curr	•		, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	·									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for the	organiza	ition		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·
	by:								0-(1)	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment it	inas.							
· u	Complete if the organization answere		) Dort IV	lino 11a S	00 Form 000	Dort V lir	20.10				
								4	(d) Poo	de volu	
	Description of property	(a) Cost or o			or other (other)	. ,	cumulate eciation	u	( <b>d</b> ) Boo	k valu	е
	Land	· · ·		Dasis	(531101)	асрі	SOIGHOIT				
_	Land										
b	Buildings				963,574.		744,	019		219	555.
_	Leasehold improvements			າ	,957,090.		2,942,				721.
d	Equipment Other				740,276.		653,				018.
	Add lines 1a through 1e. (Column (d) must e	avel Form 200 De 1	V 05/1111	n /D\ !: 1			000,	-50.			294.
ıotd	i Add illies Ta tillough Te. (Column (d) must e	<u>quai rorm 990, Part</u>	A. COIUM	<u>п (в), iine 1</u>	J.C.,1			Schodulo	D /Farr		

Schedule D (Form 990) 2020

Concade B (Form Coof Loca	CES FOR HEALTH, INC.	. 0	4-2482188 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-vear market value
(1)	(2) = 2 2 2 2	(0)	······································
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 700 011
(2) DEFERRED RENT			1,789,911
(3)			
(4)			
(5)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

1,789,911.

(6) (7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial State		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	T	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	1 4 1		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pai	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; l	Part IV, lines 1b and 2	b; Part V, line 4; Part X, line 2; Part XI,	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			
PART	X, LINE 2:			
UNCE	RTAIN TAX POSITIONS:			
UNDE	R ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", A	1		
ORGA	NIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS AS:	SOCIATED		
WITH	TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MOI	RE LIKELY		
THAN	NOT THE POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS	S MORE		
LIKE	LY THAN NOT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINA	ATION BY A		
TAXI	NG AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAK	EN ANY		
мать	RIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT I	RECORDED ANY		
11111	MIND STORMING THE TOUTIEND RAD, RECORDINGS, IT HAS NOT I	TECKDID ANI		
T.T A T	ILITY FOR UNRECOGNIZED TAX POSITIONS. THE ORGANIZATION HAS	FILED FOR		
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ΔΝΙΏ	ВЕСЕТИЕР ТИСОМЕ ФУХ ЕХЕМРИТОМО ТИ ФИР ППОТОРТОМТОМО БИВОРО	TT TS		
ТИП	RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE	11 10		
DEAT	TDED MO DO GO ADDIMIONALLY MUE ODGANIGAMION HAG ELLED ID.	Z FORM OOO		
KEQU	TRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IR	5 FUKM YYU		

Schedule D (Form 990) 2020	MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Info	ormation (continued)		
	,		
INFORMATION RETURNS, AS REC	QUIRED, AND ALL OTHER APPLICABLE RETURNS IN		
JURISDICTIONS WHERE SO REQU	UIRED. FOR THE YEARS ENDED JUNE 30, 2020 AND		
2019, THERE WERE NO MATERIA	AL INTEREST OR PENALTIES RECORDED OR INCLUDED IN		
MAIL CONTOL IDAMED CHAMINA	OR ACCULATED DELAMED TO INCERNATE TAR		
THE CONSOLIDATED STATEMENT	OF ACTIVITIES RELATED TO UNCERTAIN TAX		
POSITIONS.			
TOSTITONS.			

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 

MANAGEMENT SCIENCES FOR HEALTH, INC. Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

04-2482188

the grantexiers. Does the organization maintain records to substantiate the amount of its grants and other assistance,    **To grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of Offices in the region offices in the region or fractors of States and other assistance outside the United States.  3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)  (b) Region (c) Number of Offices in the region of States on the region of States and Other assistance outside the United States.  3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)  (d) Region (l) Number of Offices in the region of States and Other assistance outside the United States.  (e) If additional space is needed.)  (f) Total space spaced.  (g) Region (l) Activities conducted in the region of States and Other assistance outside the United States and Other assistance outside the United States.  (e) If additional space is needed.  (f) Total space is needed.  (g) Activities conducted in the region of States and Other assistance outside the United States.  (g) Activities conducted in the region of States and Other assistance outside the United States.  (e) If additional space is needed.  (e) If activity listed in (d) is a program service, investments, grants to recipients located in the region of States on Other assistance.  (e) If additional space is needed.  (f) Total space States and Idea of States and Other assistance outside the United States.  (g) Activities conducted in the region of States and Other assistance outside the United States.  (g) Activities conducted in the region of States and Other assistance outside the United States.  (g) Activities paced.  (g) Activities conducted in the region of States and Other		Form 990, Part IV	', line 14b.				
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Activities per Region. (The following Part I, line S table can be duplicated if additional space is needed.)  (a) Region (b) Number of offices in the region of service (s) in the region of servi	1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
United States.  3. Activities per Region. (The following Part L line 3 table can be duplicated if additional space is needed.)  (a) Region (D) Number of Offices of Offices of Inthe region of Offices of Inthe region of Offices of Inthe region of Inthe reg		the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
United States.  3. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (D) Number of Offices of Offices of Inthe region of Offices of Inthe region of Offices of Inthe region of Inthe re							
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SUB-SAHARAN AFRICA 0 0 GRANTMAKING 8,799,339.  CENTRAL AMERICA AND THE CARIBBEAN 0 0 GRANTMAKING 555,000.  3 a Subtotal 33 1043 114,451,861. b Total from continuation sheets to Part I 0 0 0 3,416,415. c Totals (add lines 3a	EUR	DPE	0	4	PROGRAM SERVICE	HEALTH SYSTEM SERVICES	379,700.
CENTRAL AMERICA AND THE CARIBBEAN  0 0 GRANTMAKING  555,000.  3 a Subtotal 33 1043 114,451,861.  b Total from continuation sheets to Part I 0 0 0 3,416,415.  c Totals (add lines 3a							<u> </u>
CENTRAL AMERICA AND THE CARIBBEAN 0 0 GRANTMAKING 555,000.  3 a Subtotal 33 1043 114,451,861. b Total from continuation sheets to Part I 0 0 3,416,415. c Totals (add lines 3a							
CENTRAL AMERICA AND THE CARIBBEAN 0 0 GRANTMAKING 555,000.  3 a Subtotal 33 1043 114,451,861. b Total from continuation sheets to Part I 0 0 3,416,415. c Totals (add lines 3a							
CENTRAL AMERICA AND THE CARIBBEAN  0 0 GRANTMAKING  555,000.  3 a Subtotal 33 1043 114,451,861.  b Total from continuation sheets to Part I 0 0 0 3,416,415.  c Totals (add lines 3a	CIID	CAUADAN AEDICA	0	0	CD A NUMA E TNC		0 700 220
### CARIBBEAN 0 0 GRANTMAKING 555,000.  3 a Subtotal 33 1043 114,451,861.  b Total from continuation sheets to Part I 0 0 0 3,416,415.  c Totals (add lines 3a	200-	-SANAKAN AFRICA	U	U	GRANIMAKING		0,133,333.
### CARIBBEAN 0 0 GRANTMAKING 555,000.  3 a Subtotal 33 1043 114,451,861.  b Total from continuation sheets to Part I 0 0 0 3,416,415.  c Totals (add lines 3a							
### CARIBBEAN 0 0 GRANTMAKING 555,000.  3 a Subtotal 33 1043 114,451,861.  b Total from continuation sheets to Part I 0 0 0 3,416,415.  c Totals (add lines 3a							
3 a Subtotal 33 1043 114,451,861.  b Total from continuation sheets to Part I 0 0 3,416,415.  c Totals (add lines 3a				_			
b Total from continuation sheets to Part I 0 0 3,416,415. c Totals (add lines 3a	THE	CARIBBEAN			GRANTMAKING		
sheets to Part I 0 0 3 ,416 ,415 . <b>c Totals</b> (add lines 3a	3 a	Subtotal	33	1043			114,451,861.
c Totals (add lines 3a	b	Total from continuation					
c Totals (add lines 3a		sheets to Part I	0	0			3,416,415.
	С						
			33	1043			117,868,276.

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

Schedule F (Form 990) 2020

Schedule F (Form 990)	MANAGEMENT S	CIENCES FOR	HEALTH, INC.	04-2482188	Page 1
Part I Continuation	n of Activities	s per Regior	(Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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
SOUTH ASIA	0	0	GRANTMAKING		898,000.
					, ,
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		2,518,415.
Totals					3,416,415.

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA	SEE PART V	898,000.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	520,000.	WIRE	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	555,000.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	22,516.	MIDE	0.		N/A
		AFRICA	DEE TAKT V	22,310.	WIKE	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	107,046.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	79,375.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	20,183.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	18,482.		0.		N/A

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

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Schedule F (Form 990) 2020

3 Enter total number of other organizations or entities

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	rage z
1 (a) Name of organization	<b>(b)</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	SEE PART V	19,145.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	547,000.	WIRE	0.		N/A
				,				
		SUB-SAHARAN AFRICA	SEE PART V	42,136.	WIRE	0.		N/A
				,				
		SUB-SAHARAN	COO DADO II	76 070		0		7.73
		AFRICA	SEE PART V	76,972.	WIKE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	24,855.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	180,813.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	44,701.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	273,154.	 WIRE	0.		N/A
				,				
		SUB-SAHARAN AFRICA	SEE PART V	440,081.	WIRE	0.		N/A
		<u> </u>	r ·	,	r·	1		F-,

Part II Continuation of	f Grants and Other <i>I</i>	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ugo z
1 (a) Name of organization	<b>(b)</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						
			SEE PART V	1,033,171.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	78,328.	WIRE	0.		N/A
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		SUB-SAHARAN	COO DADO II	101 660				NT / 3
		AFRICA	SEE PART V	101,662.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	104,726.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	84,494.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	85,429.	WIRE	0.		N/A
				, -		-		
		SUB-SAHARAN		<b>72 55</b> 7				
		AFRICA	SEE PART V	73,557.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	18,246.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	18,020.	WIRE	0.		N/A

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ugo z
1 (a) Name of organization	<b>(b)</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						
			SEE PART V	18,244.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	18,245.	WIRE	0.		N/A
				,				
		SUB-SAHARAN AFRICA	SEE PART V	18,245.	WIRE	0.		N/A
								1,7-2
		SUB-SAHARAN	CDE DADM V	72 051	MIDE	0		NT / 3
		AFRICA	SEE PART V	73,851.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	18,246.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	18,246.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	100,144.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	70,358.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	68,113.	 WIRE	0.		N/A

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	rage z
1 (a) Name of organization	<b>(b)</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	SEE PART V	95,383.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	18,200.	WIRE	0.		N/A
				,				
		a a						
		SUB-SAHARAN AFRICA	SEE PART V	65,727.	WIRE	0.		N/A
								1
		SUB-SAHARAN	CDE DADM V	115 701	MIDE	0		NT / 2
		AFRICA	SEE PART V	115,701.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	31,953.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	10,512.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	10,643.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	10,643.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	21,287.	 WIRE	0.		N/A

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	rage z
1 (a) Name of organization	<b>(b)</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	SEE PART V	10,643.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	10,617.	WIRE	0.		N/A
				,				
		a a						
		SUB-SAHARAN AFRICA	SEE PART V	10,643.	WIRE	0.		N/A
		SUB-SAHARAN	COO DADO II	10 642		0		7./3
		AFRICA	SEE PART V	10,643.	WIKE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	73,374.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	60,000.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	64,994.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	30,586.	 WIRE	0.		N/A
				,				
		SUB-SAHARAN AFRICA	SEE PART V	23,964.	WTRE	0.		N/A
		[	r ·	,	r	1		F.,

	(101111 990)		201111012 1011 11	·					raye <b>z</b>
Part II	Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name	of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
(a) Ivaille	or organization	and EIN (if applicable)	(c) Negion	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
			SUB-SAHARAN						
			AFRICA	SEE PART V	67,492.	WIRE	0.		N/A
				DIII IIIII V	07,132.	, , , , , , , , , , , , , , , , , , ,	9.		11,72
			SUB-SAHARAN						
			AFRICA	SEE PART V	42,908.	WIRE	0.		N/A
					, -		-		
			SUB-SAHARAN						
			AFRICA	SEE PART V	76,164.	WIRE	0.		N/A
			SUB-SAHARAN						
			AFRICA	SEE PART V	49,288.	WIRE	0.		N/A
			SUB-SAHARAN						
			AFRICA	SEE PART V	38,341.	WIRE	0.		N/A
			SUB-SAHARAN		56.000				
			AFRICA	SEE PART V	56,829.	MIKE	0.		N/A
			SUB-SAHARAN						
				SEE PART V	49,834.	WTRE	0.		N/A
				······ ·	15,054.		, , , , , , , , , , , , , , , , , , ,		F***
			SUB-SAHARAN						
			AFRICA	SEE PART V	55,640.	 WIRE	0.		N/A
					,				
			SUB-SAHARAN						
			AFRICA	SEE PART V	59,303.	WIRE	0.		N/A

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	rage z
1 (a) Name of organization	<b>(b)</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	SEE PART V	72,832.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	41,042.	WIRE	0.		N/A
				,				
		a a						
		SUB-SAHARAN AFRICA	SEE PART V	39,733.	WIRE	0.		N/A
								1
		SUB-SAHARAN AFRICA	CDE DADM V	42 000	MIDE	0		N/A
		AFRICA	SEE PART V	43,080.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	42,801.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	7,121.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	22,314.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	35,000.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	9,521.	 WIRE	0.		N/A

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	rage z
1 (a) Name of organization	<b>(b)</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	SEE PART V	37,913.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	5,477.	WIRE	0.		N/A
				,				
		SUB-SAHARAN AFRICA	SEE PART V	6,130.	WIRE	0.		N/A
			·	0,200.				
		SUB-SAHARAN		0.640				
		AFRICA	SEE PART V	9,642.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	7,041.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	8,472.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	7,119.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	5,676.	 WIRE	0.		N/A
				,				
		SUB-SAHARAN AFRICA	SEE PART V	6,154.	WTRE	0.		N/A
		T	r ·	0,104.	[·- <b></b>	1		F.,

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1	1)	rage z
1 (a) Name of organization	<b>(b)</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	SEE PART V	9,104.	WIRE	0.		N/A
		SUB-SAHARAN						
			SEE PART V	7,949.	WIRE	0.		N/A
				,				
		SUB-SAHARAN AFRICA	SEE PART V	5,863.	WTRE	0.		N/A
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		SUB-SAHARAN		6 114				7.73
		AFRICA	SEE PART V	6,114.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	5,416.	WIRE	0.		N/A
		SUB-SAHARAN						
		AFRICA	SEE PART V	82,398.	REIMBURSEMENT	0.		N/A
		SUB-SAHARAN						
			SEE PART V	72,215.	REIMBURSEMENT	0.		N/A
		SUB-SAHARAN						
			SEE PART V	99,412.	 WIRE	0.		N/A
				,				
		SUB-SAHARAN AFRICA	SEE PART V	133,873.	WTRE	0.		N/A
		r	·		r	٠. ا		F-,

Part II	Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name	of organization	<b>(b)</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	SEE PART V	30,980.	WIRE	0.		N/A
			SUB-SAHARAN						
				SEE PART V	43,612.	WIRE	0.		N/A
			SUB-SAHARAN						
			AFRICA	SEE PART V	874,000.	WIRE	0.		N/A
			SUB-SAHARAN						
			AFRICA	SEE PART V	1,430,004.	WIRE	0.		N/A
			SUB-SAHARAN						
			AFRICA	SEE PART V	2,230.	WIRE	0.		N/A
									ļ
									ļ

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance CENTRAL AMERICA 90 AND THE CARIBBEAN 419,912. WIRE 124,840. TRAINING воок EAST ASIA AND THE PACIFIC 1 111. WIRE 0. воок MIDDLE EAST AND NORTH AFRICA 1 6,091.WIRE 705. TRAINING воок RUSSIA AND THE NEWLY INDEPENDENT STATES 5 22,574. WIRE 5,267. TRAINING воок 333,967. WIRE 60,778, TRAINING SOUTH ASIA 208 воок SUB-SAHARAN AFRICA 1,423 6,811,165.WIRE 2,677,747. TRAINING воок

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Part	IV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Cor	poration (see Instructions for Form 926)	X Yes	No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S	. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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		
	Cer	tain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fun	d (see Instructions for Form 8621)	Yes	X 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		
	Fore	eign Partnerships (see Instructions for Form 8865)	Yes	X No

Schedule F (Form 990) 2020

Yes X No

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

PART I, LINE 2:

THE ORGANIZATION HAS WELL-TRAINED LOCAL AND INTERNATIONAL GRANT OFFICERS

TECHNICAL OFFICERS AND TECHNICAL STAFF WHO ARE REQUIRED TO MONITOR THE

USE OF GRANT FUNDS OUTSIDE THE UNITED STATES. THIS PROCESS IS REVIEWED

REGULARLY UNDER THE ORGANIZATION'S INTERNAL AUDIT FUNCTION.

PART I, LINE 3:

SPECIFIC TYPES OF PROGRAM SERVICES PROVIDING INTERNATIONAL HEALTH

SYSTEMS SERVICES.

AMOUNTS ARE REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING,

PART II

COLUMN (D)

ITEM 1: IMPROVE HEALTH OUTCOMES

ITEM 2: SUPPORT VARIOUS PROJECTS IN THE SUB-SAHARAN AFRICAN REGION

ITEM 3: STRATEGIES TO IMPROVE HEALTH SYSTEMS

ITEM 4: SUPPORT ADVOCACY AND ACCOUNTABILITY FOR WOMEN'S, CHILDREN'S AND

ADOLESCENT'S HEALTH IN NATIONAL PROCESSES INCLUDING GLOBAL FINANCING

**FACILITY** 

ITEM 5: TO PROVIDE SUPPORT TO STRENGTHENING SUPPLY CHAIN SYSTEMS

PROGRAM

ITEM 6: TO PROVIDE SUPPORT TO STRENGTHENING SUPPLY CHAIN SYSTEMS

PROGRAM

ITEM 7: COMMUNITY TB CARE

ITEM 8: COMMUNITY TB CARE

ITEM 9: COMMUNITY TB CARE

ITEM 10: REDUCE TB

#### Supplemental Information Part V

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

ITEM 11: PROVIDE TECHNICAL EXPERTISE IN PEDIATRICS

ITEM 12: IMPROVEMENT OF QUALITY OF CARE FOCUS ON THE HEALTH OF MOTHER

AND NEW BORN (IMCI-CLINICAL, FP AND POSTPARTUM FP)

ITEM 13: PROVIDE OBSTETRICS AND GYNECOLOGY ACTIVITIES

ITEM 14: CONSTRUCTION OF WASH INFRASTRUCTURE

ITEM 15: HEALTH TECHNOLOGY

ITEM 16: COMMUNICATION

ITEM 17: MOBILE CLINICS

ITEM 18: COMMUNITY MOBILIZATION ACTIVITIES

ITEM 19: CAPACITATING OF HCMC AND EMERGENCY TRANSPORT SYSTEM,

IMPLEMENTATION PLAN FOR PROJECT ROLL OUT.

ITEM 20: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 21: CAPACITATING OF HCMC, EPI AND EMERGENCY TRANSPORT SYSTEMS.

ITEM 22: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 23: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 24: SANITATION ACTIVITIES. MILESTONE 1:

ITEM 25: COVID-19 RESPONSE.

ITEM 26: COVID-19 RESPONSE

ITEM 27: COVID-19 RESPONSE. MILESTONE 1:

ITEM 28: COVID-19 RESPONSE

ITEM 29: COVID-19 RESPONSE.

ITEM 30: SANITATION ACTIVITIES,

ITEM 31: COVID-19 RESPONSE.

ITEM 32: COVID-19 RESPONSE.

## Part V | Supplemental Information

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

ITEM 33: CAPACITATING OF HCMC, EPI AND EMERGENCY TRANSPORT SYSTEMS.

ITEM 34: SANITATION ACTIVITIES.

ITEM 35: SANITATION ACTIVITIES,

ITEM 36: SOCIAL AND BEHAVIOUR CHANGE (SBC) FOR MALARIA PREVENTION AND

TREATMENT. PHASE 1: PROJECT INCEPTION ACTIVITIES.

ITEM 37: COVID-19 RESPONSE.

ITEM 38: CAPACITATING OF HCMC, AND EMERGENCY TRANSPORT SYSTEMS.

ITEM 39: COMMUNITY BASED MANAGEMENT (CBM) TRAINING FOR RURAL WATER

SUPPLY.

ITEM 40: DATA COLLECTOR TRAINING PLAN AND ENDLINE DATA COLLECTION

IMPLEMENTATION PLAN/SCHEDULE.

ITEM 41: COVID-19 RESPONSE.

ITEM 42: COVID-19 RESPONSE. MILESTONE 1

ITEM 43: COVID-19 RESPONSE

ITEM 44: COVID-19 RESPONSE.

ITEM 45: COVID-19 RESPONSE.

ITEM 46: COVID-19 RESPONSE

ITEM 47: COVID-19 RESPONSE.

ITEM 48: COVID-19 RESPONSE.

ITEM 49: SANITATION ACTIVITIES, DURING THE PERIOD OF 1-7 OCTOBER 2020.

ITEM 50: SANITATION ACTIVITIES, DURING THE PERIOD OCTOBER 1 TO DECEMBER

31,2020.

ITEM 51: SANITATION ACTIVITIES FOR PERIOD OCTOBER 1-7 2020

ITEM 52: FIXED AMOUNT GRANT UNDER WHO CONTRACT

ITEM 53: GRANT FOR REPORT DETAILING DATA COLLECTION PROCESSES AND ANY

DEVIATIONS FROM PROTOCOL AT END LINE.

ITEM 54: COMMUNITY BASED MANAGEMENT (CBM) TRAINING

## Part V | Supplemental Information

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

ITEM 55: SANITATION ACTIVITIES

ITEM 56: CAPACITATING OF HCMC, EPI AND EMERGENCY TRANSPORT SYSTEMS.

ITEM 57: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 58: CAPACITATING OF HCMC, AND EMERGENCY TRANSPORT SYSTEMS;

ITEM 59: CAPACITATING OF HCMC, AND EMERGENCY TRANSPORT SYSTEM. DURING

THE PERIOD OF JULY 2020-SEPTEMBER 2020.

ITEM 60: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 61: SOCIAL AND BEHAVIOUR CHANGE (SBC) FOR MALARIA PREVENTION AND

TREATMENT. DURING THE PERIOD JULY 1, 2020- SEPTEMBER 30,2020.

ITEM 62: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 63: CAPACITATING OF HCMC, EPI AND EMERGENCY TRANSPORT SYSTEMS.

ITEM 64: SANITATION ACTIVITIES. DURING THE PERIOD JULY 1,2020 TO

SEPTEMBER 30, 2020.

ITEM 65: SANITATION ACTIVITIES. DURING THE PERIOD JULY 1,2020 -

SEPTEMBER 30, 2020.

ITEM 66: SANITATION ACTIVITIES. DURING THE PERIOD JULY 1 .- SEPTEMBER

30. 2020.

ITEM 67: SANITATION ACTIVITIES. DURING THE PERIOD OCTOBER 1 DECEMBER

31, 2020.

ITEM 68: CAPACITATING OF HCMC AND EMERGENCY TRANSPORT SYSTEM. DURING

THE PERIOD OF OCTOBER 1-DECEMBER 31, 2020.

ITEM 69: DELIVERABLES SUBMITTED AND ACCEPTED.

ITEM 70: SANITATION ACTIVITIES. DURING THE PERIOD OCTOBER 1 TO DECEMBER

31,2020.

## Part V | Supplemental Information

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

ITEM 71: CAPACITATING OF HCMC, EPI AND EMERGENCY TRANSPORT SYSTEMS.

ITEM 72: SANITATION ACTIVITIES FOR PERIOD OCTOBER 1, 2020 TO DECEMBER

2020.

ITEM 73: CAPACITATING OF HCMC, AND EMERGENCY TRANSPORT SYSTEMS.

ITEM 74: SANITATION ACTIVITIES. DURING THE PERIOD OCTOBER1, 2020 TO

DECEMBER 31, 2020.

ITEM 75: COMMUNITY BASED MANAGEMENT (CBM) TRAINING. DURING THE PERIOD

OF OCTOBER 1-DECEMBER 31, 2020.

ITEM 76: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 77: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 78: SOCIAL AND BEHAVIOR CHANGE FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 79: SANITATION ACTIVITIES. DURING THE PERIOD OCTOBER 1,2020 -

DECEMBER 31, 2020.

ITEM 80: SANITATION ACTIVITIES. DURING THE PERIOD JANUARY 1-31, 2020.

ITEM 81: CAPACITATING OF HCMC, EPI AND EMERGENCY TRANSPORT SYSTEMS.

ITEM 82: SOCIAL AND BEHAVIOUR CHANGE (SBC) FOR MALARIA PREVENTION AND

TREATMENT.

ITEM 83: SANITATION ACTIVITIES. DURING THE PERIOD JANUARY 1-31, 2021.

ITEM 84: SANITATION ACTIVITIES, DURING THE PERIOD OCTOBER 1, 2020 -

MARCH 31, 2021.

ITEM 85: SANITATION ACTIVITIES, SUBMISSION OF FINAL PERFORMANCE

MONITORING REPORT.

ITEM 86: GOVERNMENT ENGAGEMENT AND ADVOCACY

ITEM 87: GOVERNMENT ENGAGEMENT AND ADVOCACY

## Part V | Supplemental Information

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

ITEM 88: DEVELOPPEMENT DURABLE, LE RENFORCEMENT ET L'AUTOPROMOTION DES

STRUCTURES COMMUNAUATAIRES

ITEM 89: "CENTRE DE RECHERCHE EN REPRODUCTION HUMAINE ET EN DEMOGRAPHIE

(CERRHUD)"

ITEM 90: "ASSOCIATION POUR L'EDUCATION, LA SEXUALIT ET LA SANT EN

AFRIQUE (APESSA)"

ITEM 91: "CENTRE FOR INTEGRATED DEVELOPMENT AND SOLIDARITY (CERADIS)"

ITEM 92: (DHPRS ) IS A DEPARTMENT OF THE FEDERAL MINISTRY OF HEALTH

WHICH AIMS TO ENSURE THE ACHIEVEMENT OF THE GOALS AND OBJECTIVES OF THE

NATIONAL HEALTH POLICY. THEIR MISSION IS TO SERVE AS THE CHANNEL

THROUGH WHICH THE MINISTRY PERFORMS ITS STEWARDSHIP ROLE AND OTHER

STATUTORY RESPONSIBILITIES NECESSARY FOR ACHIEVING THE GOALS AND

OBJECTIVES OF THE NATIONAL HEALTH POLICY. THEY WERE RESPONSIBLE FOR THE

DEVELOPMENT OF HEALTHCARE PLANS, TRAINING AND WORKSHOPS ON HEALTH

PLANNING AND TOOLS AS WELL AS THE MONITORING AND EVALUATION OF RSSH

PROGRAMMES.

ITEM 93: NCDC IS THE COUNTRY'S NATIONAL PUBLIC HEALTH INSTITUTE. WITH

THE MANDATE TO LEAD THE PREPAREDNESS, DETECTION AND RESPONSE TO

INFECTIOUS DISEASE OUTBREAKS AND PUBLIC HEALTH EMERGENCIES. THE MISSION

FOR THE NCDC IS 'TO PROTECT THE HEALTH OF NIGERIANS THROUGH EVIDENCE

BASED PREVENTION. INTEGRATED DISEASE SURVEILLANCE AND RESPONSE

ACTIVITIES, USING A ONE HEALTH APPROACH, GUIDED BY RESEARCH AND LED BY

A SKILLED WORKFORCE'.

ITEM 94: NPSCMP WAS SET UP BY THE FEDERAL MINISTRY OF HEALTH TO

FACILITATE CONTINUOUS AND UNINTERRUPTED SUPPLY OF MEDICINES AND OTHER

HEALTH PRODUCTS. THE PROGRAM IS DOMICILED IN THE DEPARTMENT OF FOOD AND

DRUGS SERVICES TO CHAMPION AN EFFECTIVE AND EFFICIENT SUPPLY MANAGEMENT

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  MANAGEMENT SC	Employer identification number 04-2482188						
Part I General Information on Grants a		mi, mo.					01 2102100
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's property.  Part II Grants and Other Assistance to	stance?ocedures for monit	oring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than	=				anization answered "\	es" on Form 990, Part	IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
POPULATION SERVICES INTER 1120 19TH STREET N.W. WASHINGTON, DC 20036	56-0942853	501(C)(3)	1,160,768.	0.			MOBILE CLIENT OUTREACH SERVICES
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	594,956.	0.			WASH INFRASTRUCTURE AND TECHNICAL ADVICE
RESULTS FOR DEVELOPMENT I 1111 19TH STREET NW SUITE 700 WASHINGTON, DC 20036	20-8530747	501(C)(3)	407,518.	0.			JOINT LEADERSHIP NETWORK
DIMAGI INC 585 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	83-0343298	N/A	17,281.	0.			TECHNICAL ASSISTANCE
DIMAGI INC 585 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	83-0343299	N/A	146,721.	0.			TECHNICAL ASSISTANCE
JHPIEGO (JOHN HOPKINS UNI 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	510,800.	0.			DIESIGN, PLAN AND IMPLEMENT FOR SBC
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization.</li></ul>	-	-	ne line 1 table				10.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF NURSE 8403 COLESVILLE ROAD SILVER SPRING, MD 20910	74-1685515	501(C)(3)	117,693.	0.			TECHNICAL ASSISTANCE FO
AMERICAN COLLEGE OF OB & 409 12TH STREET SW WASHINGTON, DC 20024	90-0489809	501(C)(3)	62,572.	0.			TECHNICAL ASSISTANCE
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA, IL 60143	36-2275597	501(C)(3)	97,496.	0.			TECHNICAL ASSISTANCE FOR
ACESO GLOBAL 1616 P STREET NW SUITE 103 WASHINGTON, DC 20036	47-4215911	501(C)(3)	365,000.	0.			EXPANDING TECHNICAL KNOWLEDGE
HELEN KELLER INTERNATIONA ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	13-5562162	501(C)(3)	19,031.	0.			SUPPORT ADVOCACY FOR WOMEN'S, CHILDREN AND ADOLESCENT HEALTH
BRIGHAM & WOMEN'S HOSPITA 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	212,161.	0.			PILOT EMPANELMENT ASSESSMENT TOOL
THE WORLD BANK 1818 H STREET NW WASHINGTON, DC 20433	98-0002549	N/A	1,050,000.	0.			ANALYSIS AND PERFORMANCI OF PRIMARY HEALTH CARE SYSTEMS

Schedule I (Form 990) 2020 MANAGEMENT SCIENCES F	04-2482188	Page 2				
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncas	sh assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, columr	n (b); and any other ac	dditional information.	I	
PART I, LINE 2:						
MSH HAS A POLICY IN PLACE DESCRIBING HOW GRANTS A	RE MONITORED.					

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

**Employer identification number** MANAGEMENT SCIENCES FOR HEALTH, INC.  $0\,4\,{-}\,2\,4\,8\,2\,1\,8\,8$ 

Pa	art I Questions Regarding Compensation						
			Yes	No			
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel  X Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х				
	trustices, and officers, including the OLO/Exceditive birector, regarding the terms effected of fine far.						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	✗       Compensation committee       Written employment contract         ✗       Independent compensation consultant       ✗       Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
4							
	organization or a related organization:	40		х			
a h	Receive a severance payment or change-of-control payment?	4a 4b		X			
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	40 4c		X			
C	c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	The storage of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
•	contingent on the revenues of:						
•		5a		Х			
a h		5b		X			
J	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
6	contingent on the net earnings of:						
_		6a		Х			
	The organization?			X			
D	Any related organization?	6b					
-	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	Х				
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			V			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9	ĺ	1			

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) MARIAN WENTWORTH	(i)	383,007.	57,938.	23,405.	18,250.	35,505.	518,105.	0.	
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CRAIG MOLYNEAUX	(i)	263,453.	27,342.	2,577.	15,892.	38,562.	347,826.	0.	
CFO AND EVP (THRU 6/22/21)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) PAUL WAIBALE	(i)	248,317.	0.	48,745.	5,255.	22,983.	325,300.	0.	
PROJECT DIRECTOR III	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ANTOINE NDIAYE	(i)	209,221.	0.	72,380.	7,989.	23,223.	312,813.	0.	
PROJECT DIRECTOR II	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JOHN DAMIAN YANULIS	(i)	189,277.	0.	89,388.	10,618.	27,180.	316,463.	0.	
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) COLLEEN MCGUFFIN	(i)	249,169.	14,203.	3,623.	15,223.	23,725.	305,943.	0.	
VICE PRESIDENT HR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) DANIEL KRESS	(i)	257,942.	11,594.	3,822.	7,239.	13,801.	294,398.	0.	
VICE PRESIDENT GHSI	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) RUDOLPH THETARD	(i)	236,360.	0.	28,125.	10,902.	27,830.	303,217.	0.	
GLOBAL TECHNICAL LEAD	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ALI RAJPOOT	(i)	218,656.	100.	40,258.	8,160.	23,222.	290,396.	0.	
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) STEPHEN MORGAN	(i)	212,755.	4,623.	31,169.	5,359.	27,180.	281,086.	0.	
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) KAMIAR KHAJAVI	(i)	235,641.	2,271.	0.	14,078.	0.	251,990.	0.	
SENIOR TECHNICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) PAUL ZIMMERMAN	(i)	236,175.	0.	1,694.	8,834.	30,829.	277,532.	0.	
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) GORDON COMSTOCK	(i)	198,974.	10,526.	19,500.	13,038.	25,725.	267,763.	0.	
VICE PRESIDENT PDG	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) GORDON KIHUGURU	(i)	234,920.	2,000.	0.	4,045.	22,983.	263,948.	0.	
DR OPS(6/22/21), INT CFO/EVP(6/23/22	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) SEYDOU DOUMBIA	(i)	234,099.	0.	0.	4,742.	27,180.	266,021.	0.	
SENIOR TECHNICAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(16) FRANCIS ABOAGYE-NYAME	(i)	203,286.	0.	0.	12,506.	35,812.	251,604.	0.	
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990	
(17) DAVID HUMPHRIES	(i)	196,172.	0.	0.	12,299.	37,712.	246,183.	0.	
SENIOR DIRECTOR, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(18) DANA SANDSTROM	(i)	186,469.	10,384.	0.	11,290.	810.	208,953.	0.	
BUSINESS DEVELOPMENT SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(19) STEPHANIE ARMAND XUEREF	(i)	187,573.	0.	0.	11,219.	0.	198,792.	0.	
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(20) MATTHEW GEMEDA	(i)	179,487.	2,000.	0.	9,761.	12,581.	203,829.	0.	
INTERNAL AUDIT SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(21) KATHLEEN ALVAREZ	(i)	174,931.	0.	0.	10,831.	35,905.	221,667.	0.	
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(22) CHRISTOPHER WELCH	(i)	168,150.	0.	0.	10,510.	36,418.	215,078.	0.	
PROJECT DIRECTOR III	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)							_	
	(i)							_	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

## Part III Supplemental Information

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

SCHEDULE J. PART I. LINE 1A:

PAYMENTS FOR HOUSING ALLOWANCES ARE ONLY MADE TO MSH STAFF ON

INTERNATIONAL ASSIGNMENT IN ACCORDANCE WITH THE DEPARTMENT OF STATE

STANDARDIZED REGULATIONS (DSSR) AS DEFINED IN THE EMPLOYEE'S TERMS OF

ASSIGNMENT MSH REQUIRES QUALITY DOCUMENTATION / RECEIPTS FOR

REIMBURSEMENT OF ALL EXPENSES. MSH COVERS TRAVEL FOR AN ELIGIBLE

SPOUSE DEPENDENT (S) AND ELIGIBLE STAFF ON INTERNATIONAL ASSIGNMENT IN

ACCORDANCE WITH USAID OPERATIONAL POLICIES (ADS) UNDER THE REST AND

RECUPERATION(R&R) TRAVEL PROGRAM AS DEFINED IN THE EMPLOYEE'S TERMS OF

ASSIGNMENT.

PART I, LINE 7:

THE PURPOSE OF THE MSH LEADERSHIP INCENTIVE PLAN (THE "PLAN") IS TO

PROVIDE DISCRETIONARY INCENTIVE COMPENSATION FOR ELIGIBLE EXECUTIVES

AND KEY EMPLOYEES OF MANAGEMENT SCIENCES FOR HEALTH (MSH). THE PLAN IS

DESIGNED TO ALIGN A PORTION OF SENIOR LEADERSHIP COMPENSATION WITH THE

ACHIEVEMENT OF PERFORMANCE GOALS THAT SUPPORT MSH'S MISSION AND

STRATEGIC OBJECTIVES. THE PLAN RECOGNIZES THESE KEY CONTRIBUTIONS BUT

ALSO SERVES TO ATTRACT AND RETAIN KEY STAFF WHILE FOCUSING THEIR

Tart in Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
ATTENTION AND EFFORTS ON THE AREAS THAT ARE MOST CRITICAL TO ACHIEVING
MSH'S MISSION.
THE PERFORMANCE GOALS ARE DEVELOPED IN CONJUNCTION WITH THE CEO AND
ASSESSED BY THE CEO, OR THE MDCC FOR THE CEO. THE INCENTIVE
COMPENSATION CALCULATIONS ARE BASED ON THE LEVEL OF ATTAINMENT OF THE
PERFORMANCE GOALS.
A KEY EMPLOYEE RECEIVED A SPECIAL RECOGNITION PAYMENT (SRP) WHICH IS A
ONE-TIME CASH AWARD DESIGNED TO PROVIDE OPPORTUNE RECOGNITION TO
EMPLOYEES WHO HAVE ACHIEVED SIGNIFICANT ACCOMPLISHMENTS ON A PROJECT OR
ACTIVITY OR WHO HAVE DEMONSTRATED EXTRAORDINARY PERFORMANCE THAT IS
ABOVE AND BEYOND THEIR STANDARD DUTIES AND RESPONSIBILITIES.

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number 04-2482188

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND MOST VULNERABLE PEOPLE BY CLOSING THE GAP BETWEEN KNOWLEDGE AND ACTION IN PUBLIC HEALTH. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MANAGEMENT SCIENCES FOR HEALTH (MSH) WORKS SHOULDER-TO-SHOULDER WITH COUNTRIES AND COMMUNITIES TO SAVE LIVES AND IMPROVE THE HEALTH OF THE WORLD'S POOREST AND MOST VULNERABLE PEOPLE BY BUILDING STRONG RESILIENT, SUSTAINABLE HEALTH SYSTEMS. TOGETHER, WE SEEK TO ACHIEVE UNIVERSAL HEALTH COVERAGE- EQUITABLE, AFFORDABLE ACCESS TO HIGH-QUALITY HEALTH SERVICES FOR ALL WHO NEED THEM- EVEN IN FRAGILE, POST-CRISIS SETTINGS. FOR MORE THAN 50 YEARS IN 150 COUNTRIES, MSH HAS PARTNERED WITH GOVERNMENTS, CIVIL SOCIETY, THE PRIVATE SECTOR, AND THOUSANDS OF HEALTH WORKERS ON LOCALLY LED SOLUTIONS THAT EXPAND ACCESS TO MEDICINES AND SERVICES, IMPROVE QUALITY OF CARE, HELP PREVENT AND CONTROL EPIDEMICS. SUPPORT INSPIRING LEADERSHIP AND TRANSPARENT GOVERNANCE. FOSTER INFORMED, EMPOWERED, AND HEALTHIER COMMUNITIES FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INFECTIOUS DISEASES OUR PROGRAMS BUILD CAPACITY AT ALL LEVELS OF A HEALTH SYSTEM - HOSPITAL STAFF KNOWING HOW TO PREVENT AN INFECTION, VILLAGE SENTINELS REPORTING A SUSPICIOUS DISEASE OUTBREAK, PHARMACISTS KEEPING PRODUCTS AVAILABLE TO STRENGTHEN DISEASE SURVEILLANCE SYSTEMS, REINFORCE STRONG NATIONAL PUBLIC HEALTH SYSTEMS AND WORKFORCES, AND INTRODUCE AND SCALE NEW TOOLS TO PREVENT AND CONTROL INFECTIOUS DISEASES.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
STRENGTHENING HEALTH SYSTEMS TO SUPPORT UNIVERSAL HEALTH COVERAGE:	
PROVIDING QUALITY HEALTH CARE TO SOMEONE WHO NEEDS IT, WHEN AND WHERE	
SHE NEEDS IT, REQUIRES A COMPLEX WEB OF ORGANIZATIONS, INDIVIDUALS,	
PROCESSES, AND ACTIONS THAT, TOGETHER, MAKE UP A HEALTH SYSTEM.	
UNFORTUNATELY, MANY NATIONAL HEALTH SYSTEMS DON'T WORK WELL ENOUGH FOR	
COUNTRIES TO ACHIEVE UNIVERSAL HEALTH COVERAGE (UHC): EFFECTIVE,	
EQUITABLE, AFFORDABLE ACCESS TO HIGH-QUALITY ESSENTIAL HEALTH SERVICES	
BY EVERYONE WHO NEEDS THEM. MSH STRENGTHENS HEALTH SYSTEMS TO	
SUSTAINABILITY AND EQUITABLY INCREASE COVERAGE OF HIGH-QUALITY,	
RESPONSIVE, PEOPLE- CENTERED HEALTH SERVICES WHILE PROTECTING PATIENTS,	
FAMILIES, COMMUNITIES, AND SOCIETIES FROM FINANCIAL HARDSHIP. APPLYING	
AN INTEGRATED SYSTEMS-THINKING APPROACH TO A WIDE VARIETY OF CONTEXTS	
INCLUDING COUNTRIES WHERE GOVENRMENTS STRUGGLE TO DELIVER BASIC	
SERVICES WHILE EVOLVING FROM CONFLICT AND FRAGILITY TO SUSTAINABILITY-	
MSH WORKS SIDE-BY-SIDE WITH COUNTRY STAKEHOLDERS ACROSS THE PUBLIC AND	
PRIVATE SECTORS TO STRENGTHEN INSTITUTIONAL GOVERNANCE, FINANCING	
LEADERSHIP, AND ACCOUNTABILITY, SO THAT HEALTH SYSTEMS CAN EFFECTIVELY	
TRANSITION FROM DONOR ASSISTANCE TOWARD NATIONAL SUSTAINABILITY AND	
INDEPENDENCE.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
IMPROVING WOMEN'S, CHILDREN'S, AND ADOLESCENT HEALTH:	
HEALTHY WOMEN, CHILDREN, AND ADOLESCENTS ARE THE FOUNDATION OF	
UNIVERSAL HEALTH COVERAGE. WORKING AT ENTRY LEVEL OF THE HEALTH	
SYSTEMS, MSH PARTNERS WITH COUNTRIES AND COMMUNITIES TO DEVELOP AND	
IMPLEMENT LOCALLY- LED SOLUTIONS TO REACH WOMEN- ACROSS THE CONTINUUM	

Name of the organization  MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
FROM PRE-PREGANCY THROUGH POSTPARTUM - AND CHILDREN - FROM BIRTH	
THROUGH CHLDHOOD ADOLESCENCE - WITH AFFORDABLE, HIGH-QUALITY PRIMARY	
CARE. WE STRENGTHEN SKILLS, KNOWLEDGE, POLICIES, AND PRACTICES THAT	
BRING LASTING CHANGE IN THE AVAILABILITY, QUALITY, ACCOUNTABILITY,	
AFFORDABILITY, AND LIFE-SAVING IMPACT OF REPRODUCTIVE, MATERNAL,	
NEWBORN, CHILD, AND ADOLESCENT HEALTH SERVICES, IN EVEN THE MOST	
VULNERABLE COMMUNITIES. MSH STRENGTHENS GOVERNANCE AS THE BACKBONE OF A	
SUSTAINABLE, RESPONSIVE HEALTH SYSTEMS, AND SUPPORTS EMPOWERED WOMEN IN	
TAKING ON LEADERSHIP AND DEMANDING ACCOUNTABILITY. WE FOSTER	
SUSTAINABLE INSTITUTIONAL CHANGE - STRENGTHENED LEADERSHIP, BETTER -	
SUPPORTED HEALTH WORKERS, PEOPLE-CENTERED CARE MODELS, AND	
EVIDENCE-INFORMED QUALITY IMPROVEMENT - SO THAT HEALTH SYSTEMS CAN	
CONSISTENTLY DELIVER HIGH-QUALITY CARE THAT IS USED AND THAT IMPROVES	
HEALTH OUTCOMES. WE INTRODUCE AND SCALE UP NEW INTERVENTIONS AND	
INNOVATIONS, INCLUDING IN HEALTH SYSTEM ORGANIATION AND FINANCING TO	
SUPPORT ACCESSIBLE, AFFORDABLE, SUSTAINABLE SERVICES.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
PHILIPPINES, RWANDA, SENEGAL, SOUTH AFRICA,	
TANZANIA, UGANDA, UKRAINE, AFGHANISTAN,	
CAMEROON, BANGLADESH, BENIN, BURKINA FASO,	
COTE D IVOIRE, CONGO (BRAZZAVILLE), ETHIOPIA, GUATEMALA,	
HAITI, NEPAL, KENYA, LIBERIA,	
MADAGASCAR, MALAWI, MALI, NIGERIA,	
MOZAMBIQUE	
FORM 990, PART VI, SECTION B, LINE 11B:	

A COPY OF THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE. SUBSEQUENT TO

Name of the organization  MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
AUDIT COMMITTEE REVIEW THE FORM IS PROVIDED TO THE REMAINING BOARD MEMBERS	
FOR THEIR REVIEW.	
TOX THEIR REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES ALL EMPLOYEES TO SIGN ITS CODE OF BUSINESS ETHICS	
AND CONDUCT (WHICH INCLUDES ITS CONFLICT OF INTEREST POLICY) EACH YEAR TO	_
ACKNOWLEDGE COMPLIANCE. EMPLOYEES ARE OBLIGED TO REPORT ILLEGAL OR	
UNETHICAL BEHAVIOR TO THE ORGANIZATION AND WHISTLEBLOWERS ARE PROTECTED.	
THE ORGANIZATION'S RIGOROUS INTERNAL AUDIT PROCESS INCLUDED MONITORING OF	
COMPLIANCE. IN ADDITION, EACH MEMBER OF THE ORGANIZATION'S BOARD OF	
DIRECTORS IS REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE MSH BOARD OF DIRECTORS (BOD) ANNUALLY REVIEWS AND APPROVES COMPENSATION	
FOR THE CEO, CFO AND VICE PRESIDENTS OF EACH GROUP/OFFICE CONSISTENT WITH	
THE ORGANIZATION'S COMPENSATION PHILOSOPHY, THE MANAGEMENT, DEVELOPMENT AND	
COMPENSATION COMMITTEE (MDCC) OF THE BOD REVIEWS THE PERFORMANCE	
EVALUATIONS AND A COMPETITIVE COMPENSATION ANALYSIS BASED ON INDEPENDENT	
THIRD-PARTY MARKET DATA AND THE 990S OF PEER ORGANIZATIONS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN	
UT,VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND	
UPON REQUEST IT IS ALSO SHARED DURING MEETINGS WITH POTENTIAL DONORS AND	
VIA MAILING IN RESPONSE TO DONOR REQUESTS OR INTERESTS.	

Name of the organization  MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
	•
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE FROM THE SECRETARY OF	
THE COMMONWEALTH OF MASSACHUSETTS. THE ORGANIZATION'S CONFLICT OF INTEREST	
POLICY IS SET OUT ON THE ORGANIZATION'S INTRANET SITE BUT IS NOT CURRENTLY	
AVAILABLE TO THE PUBLIC. A SUMMARY OF THE FINANCIAL STATEMENTS IS MADE	
AVAILABLE IN THE ORGANIZATION'S ANNUAL REPORT. THE 990 IS AVAILABLE ON THE	
ORGANIZATION'S WEBSITE, MSH.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
OTHER COMPREHENSIVE INCOME -178,574.	
OTHER ADJUSTMENTS -57,176.	
TOTAL TO FORM 990, PART XI, LINE 9 -235,750.	
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT	
OF THE AUDIT OF THE FINANCIAL STATEMENTS.	

## **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

04 - 2482188

Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity  Legal domicile (state of foreign country)		r Total inco	me End-of-year	r assets			)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more rel	ated tax-exen	npt	
(a)	(b)	(c)	(d)	(e)		(f)	Section 5	9)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		t controlling entity	controlled entity?	
				501(c)(3))			Yes	No
MANAGEMENT SCIENCES FOR HEALTH LTD/GTE -								
99-9999999, PLOT 5647565 INDEPENDENCE AVE, ,								
	SEE PART VII	NIGERIA	501(C)(3)		MSH		Х	
MANAGEMENT SCIENCES FOR HEALTH-ESWATINI -								
99-999999, #110 THE NEW MALL, DR. SISHAYI, MBABANE, OTHER COUNTRY	SEE PART VII	OTHER COUNTRY	501(C)(3)		MSH		x	
MDADANE, OTHER COUNTRI	SEE FARI VII	OTHER COUNTRY	501(0/(3/		Mon			

MANAGEMENT SCIENCES FOR HEALTH, INC.

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10			

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled iity?
MSH DEVELOPMENT SERVICES - 04-2679727		Courti y)						Yes	No
	-								
200 RIVERS EDGE DRIVE	4				_	_			ĺ
MEDFORD, MA 02155	INACTIVE	MA	MSH	C CORP	0.	0.	100%	X	<u> </u>
MEDSOURCE GROUP LIMITED									ĺ
RIVAAN CTR, MUGUGA BROOKSIDE DR									ĺ
NAIROBI, KENYA 00800	SEE PART VII	KENYA	MSH	C CORP	509,196.	1,966,040.	100%	х	

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
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?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
	Gift, grant, or capital contribution to related organization(s)	1b	Х				
	Gift, grant, or capital contribution from related organization(s)						
	Loans or loan guarantees to or for related organization(s)	1d	Х				
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1g		Х			
	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
-							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х				
	Sharing of paid employees with related organization(s)	10		Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
	q Reimbursement paid by related organization(s) for expenses						
·							
r	Other transfer of cash or property to related organization(s)	1r		Х			
	Other transfer of cash or property from related organization(s)	1s		Х			
	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) (b) (c) (d)	L I					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount involved
(1) MEDSOURCE GROUP LIMITED	В	89,018.	FY21 RESERVE
(2) MEDSOURCE GROUP LIMITED	В	111,476.	EXP INCURRED
(3) MEDSOURCE GROUP LIMITED	D	1,005,176.	NOTES/NOTES REC
(4) MEDSOURCE GROUP LIMITED	L	1,005,176.	FY21 RESERVE
(5) MEDSOURCE GROUP LIMITED	N	1,005,176.	FY21 RESERVE
(6)			

04-2482188

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		Genera manag partne Yes	(k) Percentage ownership
								Ochodolo	$\coprod$	

# 5471 Information Re

# Information Return of U.S. Persons With Respect to Certain Foreign Corporations

(Rev. December 2020)

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 0.7/0.1/2.0.20, and ending 0.6/3.0/2.0.21

OMB No. 1545-0123

Attachment Sequence No. **121** 

nternal Revenue Service	section 898) (s	see instructions	) beginning 07/01	L/2020	, a	and ending	06/30/	2021		
Name of person filing this return	1			1	A Identifyii	ng number		•		
MANAGEMENT SCIEN	CES FOR HE	CALTH, INC					04-2	2482188		
Number, street, and room or st	uite no. (or P.O. bo	x number if mail is	not delivered to street	address) [	3 Category	y of filer (See i	nstructions.	Check applicat	ble box(es	TMT 1
200 RIVERS EDGE 1	DRIVE				1a X 11	1c 2	2 3 X	4 X 5a X	5b 5c	
City or town, state, and ZIP code	e			(	C Enter the	e total percen	tage of the	foreign corpora	ation's voting	
MEDFORD, MA 0215!	5				stock yo	u owned at th	e end of its	annual accoun	ting period	NONE %
Filer's tax year beginning 07/	01/2020	, an	d ending 06/30/	2021						
D Check box if this is a final F	orm 5471 for the f	oreign corporation								X
E Check if any excepted speci	fied foreign financi	ial assets are repor	ted on this form (see i	nstructions).						
F Check the box if this Form 5	471 has been co	mpleted using "Alte	ernative Information" u	ınder Rev. Pro	c. 2019-40					
<b>G</b> If the box on line F is check	ed, enter the corre	esponding code for	"Alternative Information	on" (see instru	ctions)					
H Person(s) on whose behalf t	his information retu	urn is filed:								
/43.NI			(0) 4 11			(0)     ('(		(4) Chec	ck applicable	box(es)
<b>(1)</b> Name			(2) Address			(3) Identify	ing number	Shareholder	Officer	Director
mportant: Fill in all ap	plicable lines	and schedule	s. All informatio	n <b>must</b> be	in Engl	lish. All an	nounts <b>m</b>	<b>ust</b> be stat	ted in U.	S. dollars
unless other	wise indicated.									
1a Name and address of fore	ign corporation						b(1) Emplo	oyer identifica	tion number	, if any
MANAGEMENT SCIE	NCES FOR H	IEALTH-PER	U				FORE	IGNUS		
CAL. GONZALES PI	RADA 350						b(2) Refer	ence ID numb	er (see instru	uctions)
MIRAFLORES, LIM	A LIMA 18	PE					MSH-PERU	ī		
							<b>c</b> Coun	try under who	se laws inco	rporated
							PE			
d Date of incorporation	e Principal plac	e of business	f Principal business code number	activity	g Princip	pal business a	ctivity	<b>h</b> Functional	currency co	de
			Code Hamber		PUBLIC	HEALTH RES	EARCH			
11/25/2014	PE		81300	00				PEN		
2 Provide the following info	mation for the for	eign corporation's	accounting period sta	ted above.						
a Name, address, and iden United States	tifying number of b	oranch office or age	nt (if any) in the	<b>b</b> If a U.S. i	ncome tax	return was file	d, enter:			
Officed States				(i) Ta	axable inco	me or (loss)		(ii) U.S. in	come tax pa	ıid
								(after	r all credits)	
c Name and address of fore of incorporation	eign corporation's	statutory or residen	t agent in country					rtment, if applic s of the foreigr		
MEDINA FIGUEROA EDGAR	BALTAZAR					books and red			ii corporatio	ii, and
				GORDON KI	HUGURU					
CAL. GONZALES PRADA 35	0 LIMA 15			200 RIVER	RS EDGE I	DRIVE				
				MEDFORD,	MA 02155	5				
MIRAFLORES, LIMA PE										
Schedule A Stock	of the Foreig	gn Corporati	on							
					(b)	Number of sh	nares issued	and outstandi	ng	
(a) D	escription of each	class of stock			Beginning			` '	d of annual	
				-	accounting			accoun	nting period	
EQUITY INTERE	EST						1.			NONE
									E 474	
For Paperwork Reduction	Act Notice, see	instructions.						Form	<b>34/1</b> (Re	ev. 12-2020)

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04-2482188

Form 5471 (Rev. 12-2020)

Schedule B Shareholders of Foreign Corporation Page 2

Part I U.S. Shareholders of Fo		orporation (see instructions)	1		
(a) Name, address, and identifying number of shareholder		Description of each class of stock held by hareholder. <b>Note</b> : This description should match the corresponding description	(c) Number of shares held at beginning of annual	(d) Number of shares held at end of annual	(e) Pro rata share of Subpart F income (enter as
		entered in Schedule A, column (a).	accounting period	accounting period	a percentage)
MANAGEMENT SCIENCES FOR HEALTH	EQUITY	INTEREST	1.	NONE	
200 RIVERS EDGE DRIVE					
MEDFORD, MA 02155					
04-2482188					100.0000000000
-					
-					
_					
_					
Part    Direct Shareholders of F	oreign	Corporation (see instructions)			
(a) Name, address, and identifying number of sha Also, include country of incorporation or formation, if applicable.	reholder.	(b) Description of each class of stock held the Note: This description should match the confidence of the description entered in Schedule A, colors.	orresponding	(c) Number of shares held at beginning of annual	(d) Number of shares held at end of annual
		·	- (-)	accounting period	accounting period
MANAGEMENT SCIENCES FOR HEALTH		EQUITY INTEREST		1.	NONE
200 RIVERS EDGE DRIVE					
MEDFORD, MA 02155					
04-2482188					

Form **5471** (Rev. 12-2020)

Form 5471 (Rev. 12-2020) Page **3** 

### Schedule C Income Statement (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

				Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a	NONE	NONE
	b	Returns and allowances	1b		
	С	Subtract line 1b from line 1a	1c	NONE	NONE
	2	Cost of goods sold	2		
	3	Gross profit (subtract line 2 from line 1c)	3	NONE	NONE
ne	4	Dividends	4		
Income	5	Interest	5		
<u>2</u>	6a	Gross rents	6a		
_	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
	b	Foreign currency transaction gain or loss - realized	8b		
	9	Other income (attach statement)	9		
	10	Total income (add lines 3 through 9)	10	NONE	NONE
	11	Compensation not deducted elsewhere	11	1101.2	
		Rents	12a		
		Royalties and license fees	12b		
ns	13	Interest	13		
ţį	14	Depreciation not deducted elsewhere	14		
Deductions	15	Depletion	15		
eq	16	Taxes (exclude income tax expense (benefit))	16		
	17	Other deductions (attach statement - exclude income tax expense			
	''	(benefit))	17		
	18	Total deductions (add lines 11 through 17)	18		
	19	Net income or (loss) before unusual or infrequently occurring items,	10		
пе	19	and income tax expense (benefit) (subtract line 18 from line 10)	19	NONE	NONE
Net Income	20	Unusual or infrequently occurring items	20	NONE	NONE
<u> </u>		Income tax expense (benefit) - current	21a		
et		Income tax expense (benefit) - deferred	21b		
Ž				NONE	NONE
	22	Current year net income or (loss) per books (combine lines 19 through 21b) .  Foreign currency translation adjustments	22 23a	NONE	NONE
Other Comprehensive Income		Other	23a 23b		
Other preher ncome		Income tax expense (benefit) related to other comprehensive income			
בַּ בַּ בַּ		Other comprehensive income (loss), net of tax (line 23a plus line 23b	230		
E O	24		24		
	<u> </u>	less line 23c)	24		E 471 (D. 40.000)

Form **5471** (Rev. 12-2020)

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## Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	57,473.	NONE
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	( )	(
3	Derivatives	3		
4	Inventories	4		
5	Other current assets (attach statement) SEE STATEMENT 2	5	135,439.	NONE
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a	12,228.	NONE
b	Less accumulated depreciation	9b	(	(
10 a	Depletable assets	10a		
b	Less accumulated depletion	10b	(	(
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
С	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	(	(
13	Other assets (attach statement)	13		
14	Total assets	14	205,140.	NONE
	Liabilities and Shareholders' Equity			
15	Accounts payable	15	220,677.	NONE
16	Other current liabilities (attach statement) SEE STATEMENT 2	16	41,640.	NONE
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement) SEE STATEMENT 2	19	11,254.	NONE
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22	-68,431.	NONE
23	Less cost of treasury stock	23	(	(
24	Total liabilities and shareholders' equity	24	205,140.	NONE

## Schedule G Other Information

649N

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from		
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign		
	branches (see instructions)?		X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		X
	If "Yes," complete lines 4b and 4c.		
b	Enter the total amount of the base erosion payments		
С	Enter the total amount of the base erosion tax benefit		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
	allowed under section 267A?		X
	If "Yes," complete line 5b.		
h	Enter the total amount of the disallowed deductions (see instructions)		

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Sche	dule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with		
	respect to any amounts listed on Schedule M?		Х
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived		
	deduction eligible income (FDDEI) (see instructions)		
С	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer		
	included in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included		
-	in its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement?		Х
8	During the course of the tax year, did the foreign corporation become a participant in any cost-sharing arrangement?		Х
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost-sharing arrangement that		
ŭ	was in effect before January 5, 2009?		
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		
	Regulations section 1.482-7(c) to that cost-sharing arrangement during the taxable year?		
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S.		
• •	dollars		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
12	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method  Residual profit split method  Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
10	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		Х
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		21
174	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		х
	If "Yes," go to line 14b.		21
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable		
b	year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
13	1.7874-12(a)(9)?		Х
	If "Yes," see instructions and attach statement.		21
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
10			Х
	section 1.6011-4?  If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		21
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
.,	section 901(m)?		Х
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		Λ
10	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		X
13	If "Yes," enter the corresponding code(s) from the instructions and attach statement ▶		21
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		Х
20	If "Yes," enter the amount		21
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to		
<b>4</b> I			Х
	the current tax year (see instructions)?  If "Yes," enter the amount		Λ
22.5	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		
<b>22</b> d			v
L	(see instructions)?		X
a	If the answer to question 22a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
	as an extraoromary reduction amount of neted extraoromary reduction amount (see instructions)?	1	1

Form **5471** (Rev. 12-2020)

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Form 5471 (Rev. 12-2020) Page **6** 

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name	e of U.S. shareholder ▶management sciences for health, inc. Identifying number ▶ 04-2482188				
	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b			
С	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception				
	under section 954(c)(6)	1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
	under section 954(c)(6)	1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A).	1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2			
3	Reserved for future use	3			
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
С	Extraordinary reduction amounts (see instructions)				
d	Section 245A(e) dividends (see instructions)				
е	Dividends not reported on line 5a, 5b, 5c, or 5d				
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6			
				Yes	No
7a	Was any income of the foreign corporation blocked?				X
b	Did any such income become unblocked during the tax year (see section 964(b))?				X
	answer to either question is "Yes," attach an explanation.				
8a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign cor				
	any time during the tax year (see instructions)?				X
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of				
	\$ and at the end of the tax year \$ Provide an attachment detail	ling a	ny chai	nges fro	om the
_	beginning to the ending balances.	- 05/	· · · · · · ·		
С	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the		•		
	\$ and at the end of the tax year \$ Provide an attachment detail	ling a	ny chai	nges fro	om the
9	beginning to the ending balances.  Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instr	uction	2 (ac		MONT
9	Lines the sum of the hyprid deduction accounts with respect to stock of the foreign corporation (see insti-			(Pay 1	NONE

7345RO 649N 04-2482188

# SCHEDULE E (Form 5471) (Rev. December 2020)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

► Attach to Form 5471.

Department of the Treasury

OMB No. 1545-0123

Intern	al Revenue Service				► Go to	www.irs.gov	/⊢orm54	77 for ins	structions a	nd the	latest infor	mation.																
Name	of person filing Form 5471														Identifyi	ng number												
MAN	AGEMENT SCIENCES	FOR	HE	ALTH,	INC.										04-24	482188												
	of foreign corporation										EIN (if any)	)			Referen	ce ID number (see instructions)												
MAN	AGEMENT SCIENCES	FOR	HEA	ALTH-P	ERU		FOREIGNUS						MSH-PERU															
а	Separate Category (E	nter co	de - s	see instru	ctions.)											GEN												
	If code 901j is entered	l on line	e a, e	enter the	country code for	or the sanc	tioned o	country (	see instruc	tions).						<u> </u>												
Par																												
Secti	on 1 - Taxes Paid or A	ccrue	d Dire	ectly by F	oreign Corpora																							
	N	(ame of P	a) Payor E	Entity		ID Number of Paid			(c)  y or U.S. Possession to Which Tax Is id (Enter code - see instructions.  Use a separate line for each.)			(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)			(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)													
1_	MANAGEMENT SCIENCES FO	R HEALT	TH-PE	RU		MSH-PERU			PE				2021/06/30			2021/06/30												
2																												
3_																												
4													<b>-</b>															
	Income Subject to Tax in the Foreign Jurisdiction (see instructions)	U.S.		e paid on e income,	(h) Local Curre Which Tax Is (enter code - see	Payable	(in lo	(i) ax Paid or A cal currenc he tax is pay	y in which	(j) Conversion Rate to U.S. Dollars		ate to In U.S. Dollars		ate to In U.S. Dollars		ersion Rate to In U.S. Dol		onversion Rate to				In U.S. Dollars				` ,		(I) In Functional Currency of Foreign Corporation
_1	NONE	:			PEN				NONE		3.6495	5789			NONE	NONE												
2																												
3																												
4																												
5	Total (combine lines 1	throug	jh 4 c	of columr	n (k)). Also repo	ort amount	on Sche	edule E-1	, line 4			▶			NONE													
	Total (combine lines 1														. ▶	NONE												
Secti	on 2 - Taxes Deemed	Paid (S	Section	on 960(b	))																							
		Name o	(a) of Payo	or Entity		ID Number of Pa			(c) untry or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)		(d) PTEP Group (enter code)		(e) Annual PTEP Account (enter year)		unt													
1_																												
2																												
3_																												
4					_			<u> </u>																				
							TEP Group (USD) and			and r	(i) ome Taxes Properly Attributable to PTEP d not Previously Deemed Paid n (f)/column (g)) x column (h)) (USD)																	
1_																												
2																												
3_																												
4																												
5_	Total (combine lines 1	throug	jh 4 c	of columr	n (i)). Also repo	rt amount c	on Sche	dule E-1,	, line 6				<b></b>															
Ear D	anarwark Daduation Ast	Motico	coo ii	netruction	•										Cahadul	In E /Form E474) /Boy 42 2020)												

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2020)

Schedul	e E (Form 5471) (Rev. 12-2020)								
Part l	Election								
For tax	years beginning after December 31,	2004, has an elec	tion been made	under section 986	6(a)(1)(D) to tran	slate taxes using	the exchange rate	on the date of payr	ment?
	Yes x No If "Yes," sta	te date of election	<b>&gt;</b>						
Part	Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)								
		(b)					(a)	,,,	T

Part	I axes for Which a Foreign 1a	ax Credit is Disa	allowed (Enter	in functional curi	ency of foreign	corporation.)			
	<b>(a)</b> Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Taxes Related to Section 959(c)(3) E&P	<b>(h)</b> Other	<b>(i)</b> Total
1									
2									
3	In functional currency (combine lines 1	and 2)							

the remaining columns, combine lines 8 through 14......

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))...... Taxes Paid. Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation Schedule E-1 Taxes related to: **IMPORTANT:** Fnter amounts in (c) Pre-1987 E&P (b) U.S. dollars unless otherwise noted (d) Hovering Deficit and Post-1986 Not Previously Taxed (see instructions). Undistributed Earnings Current E&P (pre-1987 Suspended (post-1986 and pre-2018 section 959(c)(3) balance) Taxes section 959(c)(3) balance) (in functional currency) Balance at beginning of year (as reported in prior year Schedule E-1)...... -0-С 2 3a b 4 Taxes reported on Schedule E, Part I, Section 1, line 5, column (k) . . . . . . . . . . 5a b Taxes reclassified as related to hovering deficit after nonrecognition transaction. . . . 6 Taxes reported on Schedule E, Part I, Section 2, line 5, column (i). . . . . . . . . . 7 8 Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions) 9 10 Taxes deemed paid with respect to inclusions under section 951A (see instructions). 11 Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P . 12 13 14 Taxes related to hovering deficit offset of undistributed post-transaction E&P . . . . . Balance of taxes paid or accrued (combine lines 8 through 14 in column (a)) 15 16 17 Balance of taxes paid or accrued at the beginning of the next year. Line 18, column 18 (a), must always equal zero. So, if necessary, enter negative amounts on lines 16 and 17 of column (a) in amounts sufficient to reduce line 15, column (a), to zero. For

Schedule E (Form 5471) (Rev. 12-2020)

# Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

	(e) Taxes related to previously taxed E&P (see instructions)											
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951 (a)(1)(A) PTEP		
1a												
b												
c												
2												
3a												
b												
4												
5a												
b												
6												
7												
8												
9												
10												
_11												
12												
13												
14												
15												
16												

Schedule E (Form 5471) (Rev. 12-2020)

17 18

04-2482188

### **Current Earnings and Profits**

Attach to Form 5471.

(Rev. December 2020) Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form5471 for instructions and the latest information. OMB No. 1545-0123

Name of person filing Form 5471 Identifying number MANAGEMENT SCIENCES FOR HEALTH, INC. 04-2482188 Name of foreign corporation EIN (if any) Reference ID number (see instructions) MANAGEMENT SCIENCES FOR HEALTH-PERU MSH-PERU FOREIGNUS

IMPORTANT: Enter the amounts on lines 1 through 5c in functional currency

**SCHEDULE H** 

(Form 5471)

	RTANT. Enter the amounts on lines 1 through 5c in functional cu	monoy.				
1	Current year net income or (loss) per foreign books of account.	. <u> </u>			1	NONE
2	Net adjustments made to line 1 to determine current					
	earnings and profits according to U.S. financial and tax					
	accounting standards (see instructions):	Net Add	itions	Net Subtractions		
а	Capital gains or losses	ı				
b	Depreciation and amortization 2b	)				
С	Depletion	;				
d	Investment or incentive allowance	I				
е	Charges to statutory reserves 26					
f	Inventory adjustments 2f					
g	Income taxes (see Schedule E, Part I, Section 1, line 6,					
	column (I), and Part III, line 3, column (i)) 2g	ı				
h	Foreign currency gains or losses 2h	1				
i	Other (attach statement)					
3	Total net additions					
4	Total net subtractions 4					
5 a	Current earnings and profits (line 1 plus line 3 minus line 4)				5a	NONE
b	DASTM gain or (loss) for foreign corporations that use DASTM	(see instructions).			5b	
С	Combine lines 5a and 5b and enter the result on line	5c. Then enter	on lines 5	ic(i), 5c(ii), and 5c(iii)(A)		
	through 5c(iii)(C) the portion of the line 5c amount v	vith respect to	the categ	ories of income shown		
	on those lines				5с	NONE
	(i) General category (enter amount on applicable Scher	dule J, Part I,				
	line 3, column (a))		5c(i)			
	(ii) Passive category (enter amount on applicable Scher	dule J, Part I,				
	line 3, column (a))		5c(ii)			
	(iii) Section 901(j) category:					
	(A) Enter the country code of the sanctioned country	<b>&gt;</b>				
	and enter the line 5c amount with respect to	the sanctioned				
	country on this line 5c(iii)(A) and on the applicat	ole Schedule J,				
	Part I, line 3, column (a)		5c(iii)(A)			
	(B) Enter the country code of the sanctioned country	<b>-</b>				
	and enter the line 5c amount with respect to	the sanctioned				
	country on this line 5c(iii)(B) and on the applicat	ole Schedule J,				
	Part I, line 3, column (a)		5c(iii)(B)			
	(C) Enter the country code of the sanctioned country	<b>-</b>				
	and enter the line 5c amount with respect to	the sanctioned				
	country on this line 5c(iii)(C) and on the applical	ole Schedule J,				
	Part I, line 3, column (a)		5c(iii)(C)			
d	Current earnings and profits in U.S. dollars (line 5d	translated at	the aver	age exchange rate, as		
	defined in section 989(b)(3) and the related regulations (see ins	tructions)) · · ·			5d	NONE
е	Enter exchange rate used for line 5d		🕨	3.6495789		

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2020)

### **SCHEDULE J** (Form 5471) (Rev. December 2020)

Department of the Treasury

Internal Revenue Service Name of person filing Form 5471

# Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

M	ANAGEMENT SCIENCES FOR HEALTH, INC.				0	4-2482188	
Name	of foreign corporation			EIN (if any)	Ret	erence ID number (see instruc	tions)
M	ANAGEMENT SCIENCES FOR HEALTH-PERU			FOREIGNUS	MSI	I-PERU	
а	Separate Category (Enter code - see instructions.)					▶ _GE	IN .
b	If code 901j is entered on line a, enter the country	code for the sanction	ed country (see instruc	tions)		<b>▶</b> ¯	
Part	Accumulated E&P of Controlled Foreign	Corporation					
	Check the box if person filing return does not have	all U.S. shareholders	' information to compl	ete an amount in colu	mn (e) (see instruction	ons).	
Impo	rtant: Enter amounts in functional currency.	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit an Deduction for Suspended Taxes	d	E&P (see instructions)  (ii) Reclassified section 965(b) PTEP
1 a	Balance at beginning of year (as reported on prior						
	year Schedule J)	-587,748.	412,654.				
b	Beginning balance adjustments (attach statement)						
С	Adjusted beginning balance (combine lines 1a and 1b)	-587,748.	412,654.				
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under						
	anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount						
	from applicable line 5c of Schedule H)						
4	E&P attributable to distributions of previously taxed						
	E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after						
	nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines						
	1c through 6)	-587,748.	412,654.				
8	Amounts reclassified to section 959(c)(2) E&P from						
	section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from						
	section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property						
	and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)	587,748.	-412,654.				
13	Hovering deficit offset of undistributed post-						
	transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)					2	5474) (D 40 0000)

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

0X1665 3.000

15 04-2482188 7345RO 649N

Schedule J (Form 5471) (Rev. 12-2020)

Part I	Accumulated E&P of Contr	olled Fo					
				(e) Previously Taxed E	&P (see instructions	)	I
	(iii) General section 959(c)(1) PTEP	<i>(iv)</i> Red	classified section 951A PTEP	(v) Reclassified secti	on 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a							
b							
С							
2a							
b							
3							
4							
5a							
b							
6							
7							
8							
9							
10							
11							
12							
13							
14							
			(e) Previously Taxed E&F	P (see instructions)			<b>(f)</b>
	(viii) Section 951A PTEP		(ix) Section 245A	(ix) Section 245A(d) PTEP		ction 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a							-175,094.
b							
С							-175,094.
2a							
b							
3							
4							
5a							
b							
6							
7							-175,094.
7 8 9							
9							
10							
11							
12							175,094.
13							
14			1				

Schedule J (Form 5471) (Rev. 12-2020)

Part	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))		
mpo	tant: Enter amounts in functional currency.		
1	Balance at beginning of year	1	
2	Additions (amounts subject to future recapture)	2	
3	Subtractions (amounts recaptured in current year)	3	
4	Balance at end of year (combine lines 1 through 3)	4	

Schedule J (Form 5471) (Rev. 12-2020)

### **SCHEDULE M** (Form 5471) (Rev. December 2018)

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

Attach to Form 5471.

OMB No. 1545-0123

	Department of the Treasury Internal Revenue Service	► Attach to Form  Go to www.irs.gov/Form5471 for instruction			
	Name of person filing Form 5471			Identifying	number
ľ	MANAGEMENT SCIENCES FOR HEALTH, INC.			04-248218	18
	Name of foreign corporation		EIN (if any)	Reference	ID number (see instructions
1	MANAGEMENT SCIENCES FOR HEALTH-PERU		FOREIGNUS	MSH-PERU	
	les es enteret. Or esculato a compensato Calcadada A	A fam a a a la casa tualla al famaiana a anno anatiana	Fortage than the fortage of the constitution o	(1(	al alcontra ac

**Important:** Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

(a) Transactions	(b) U.S. person	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or	(e) 10% or more U.S. shareholder of controlled foreign	(f) 10% or more U.S shareholder of any
of foreign corporation	filing this return	by U.S. person filing this return	corporation or partnership controlled by U.S. person filing this return	corporation (other than the U.S. person filing this return)	corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other					
than stock in trade					
3 Sales of property rights (patents,					
trademarks, etc.)					
Platform contribution transaction					
payments received					
6 Cost sharing transaction pay-					
ments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
Commissions received					
Rents, royalties, and license fees received					
Hybrid dividends received (see instructions)					
Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
Interest received					
Premiums received for insurance					
or reinsurance					
Add lines 1 through 12					
Purchases of stock in trade (inventory)					
Purchases of tangible property					
other than stock in trade					
6 Purchases of property rights					
(patents, trademarks, etc.)					
Platform contribution transaction					
payments paid					
Cost sharing transaction payments paid					
Compensation paid for tech-					
nical, managerial, engineering,					
construction, or like services					
Commissions paid					
· ·					
Rents, royalties, and license fees paid Hybrid dividends paid (see instructions)					
' ' '					
Dividends paid (exclude hybrid					
dividends paid					
Interest paid					
Premiums paid for insurance or reinsurance					
Add lines 14 through 25					
Accounts Payable					
Accounts Receivable					
Amounts loaned (enter the					
maximum loan balance during					
the year) - see instructions					

# SCHEDULE O (Form 5471)

(Rev. December 2012)

Department of the Treasury Internal Revenue Service

# Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471							Identi	ifying nu	ımber		
MANAGEMENT SCIENCES FOR HEALT	H, INC.						04-2	482188			
Name of foreign corporation	,			EIN (if any)			Refer	ence ID	number (see in	struct	ions)
MANAGEMENT SCIENCES FOR HEALT	H-PERU			FOREIGNUS			MSH-P	ERU			
Important: Complete a separa	te Schedule O for e	ach fore	eian cori	poration for wh	ich inf	formation must be re	eported	!.			_
	ted by U.S. Office										—
(a)	led by 0.3. Offic	cis aii	(b)	Clors		(c)	(d)		(e)	)	—
Name of shareholder for w acquisition information is rep		Addres	s of shareh	nolder		ntifying number	ate of o		Date of ac		
acquisition information is to	Jones					i stratetiolaet	0 70 doqu	nout of the	10 % deq	aisitioi	<u>-</u>
Note: If this return	ted by U.S. Shar n is required becaus nd the date each bed	se one o	r more s		ecam	e U.S. persons, atta	ach a l	ist sho	wing the na	ames	;
	Section	on A - C	Seneral	Shareholder	Info	rmation					
					-	b)			<b>(c)</b> Date (if any) sh	areho	older
(a)					st U.S. i	income tax return filed, inc	dicate:		last filed info	rmatio	on
Name, address, and ider shareholder(s) filing	Type (en	(1) e of return iter form umber)	(2) Date return file	d	(3) Internal Revenue Ser where filed		ter	return under 6046 for the corporat	foreig		
MANAGEMENT SCIENCES	FOR HEALTH, II										
200 RIVERS EDGE DRIV	E										
MEDFORD, MA 02155 04	-2482188	990	0	05/15/202	1   1	EFILE					
Section	B - U.S. Persons	Who A	re Offic	cers or Direc	tors	of the Foreign Co	orpora	ition			
(a)					(b)				(c)	app	
Name of U.S. office	er or director			А	ddress			Social se	ecurity number	pri:	(es)
										Ofcr	Dir
		Sectio	n C - A	cquisition of	Stoc	k					_
(a)	(b)		(c)	(d)		Nur	mber of s	(e) shares ac	equired		
Name of shareholder(s) filing this schedule	Class of stock acquired		Date of N		l of tion	(1) Directly	(1) (2)		(3)		
											—
	1			1		1			1		

ANAGEMENT SCIE	NCES FOR H	EALTH, INC			(	04-2482188
chedule O (Form 5471) (Rev.	12-2012)					Page <b>2</b>
<b>(f)</b> Amount paid or value given		Name a	<b>(g</b> and address of person fr		cquired	
		Section D —	Disposition of S	tock		
(a)			(d)		(e)	
ame of shareholder disposing of	(b)	(c)	Method		nber of shares dispose	
stock	Class of stock	Date of disposition	of disposition	(1) Directly	<b>(2)</b> Indirectly	(3) Constructively
ANAGEMENT SCIENCES FOR H	EQUITY INT	06/30/2021	LIQUIDATIO	1.	-	
(f) Amount received		Name and	(g address of person to w		was made	
	,		·			
NONE						

Sec	ion E — Organization or	Reorganization of Foreign	n Corporation	
N	(a) ame and address of transferor		<b>(b)</b> Identifying number (if any)	(c) Date of transfer
Asset	(d) s transferred to foreign corporation		(e) Description of assets transf	
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	securities issued by, for	eign corporation

### Section F — Additional Information

- (a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).
- (b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock
- (c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

Schedule O (Form 5471) (Rev. 12-2012)

### **SCHEDULE P** (Form 5471)

Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

(Rev. December 2020)

Department of the Treasury Internal Revenue Service

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

IIICIIIC	1 Revenue Service			I		
lame o	f person filing Form 5471			Identifying nur	mber	
MANA	GEMENT SCIENCES FOR HEALTH, INC.			04-248	2188	
lame o	U.S. shareholder			Identifying nur	mber	
lame o	f foreign corporation	EIN (if any)		Reference ID r	number (see instructions)	
MANA	GEMENT SCIENCES FOR HEALTH-PERU	FOREIGNUS		MSH-PERU		
а	Separate Category (Enter code - see instructions.)			G	EN	
b	If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)			🕨		
Part	Previously Taxed E&P in Functional Currency (see instructions)					
		(a)		(b)	(c)	
		Reclassified section	Reclass	sified section	General section	
		965(a) PTEP	965(	b) PTEP	959(c)(1) PTEP	
1a	Balance at beginning of year (see instructions)					
b	Beginning balance adjustments (attach statement)					
	, , , , , , , , , , , , , , , , , , , ,					
С	Adjusted beginning balance (combine lines 1a and 1b)					
	, , , , , , , , , , , , , , , , , , , ,					
2	Reduction for taxes unsuspended under anti-splitter rules					
						-
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation	on				
4	Previously taxed E&P carried over in nonrecognition transaction					
•		• •				-
5	Other adjustments (attach statement)					
	Other adjustments (attach statement)					-
6	Total previously taxed E&P (combine lines 1c through 5)					
	Total previously taxed Ext. (combine lines to through 5)					-
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P					
	Amounts rectassified to section 959(c)(2) Ear from section 959(c)(5) Ear					-
8	Actual distributions of proviously toyed ERD					
0	Actual distributions of previously taxed E&P					-
•	Amounta replaceified to postion OFO(a)(1) F 9 D from postion OFO(a)(2) F 9 D					
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P  Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see					-
10						
	instructions)					_
11	Other adjustments (attach statement)					-
12	Balance at beginning of next year (combine lines 6 through 11)					-
or Pa	perwork Reduction Act Notice, see instructions.			Schedule P (	Form 5471) (Rev. 12-2020	J

Schedule P (Form 5471) (Rev. 12-2020)

Part I	Previously Taxe	ed E&P in Function	al Currency (see ins	tructions) (continue	d)			
	<b>(d)</b> Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	<b>(k)</b> Total
1a								
b								
с								
_ 2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
_ 2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part	rt II Previously Taxed E&P in U.S. Dollars (continued)											
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	<b>(k)</b> Total				
1a												
b												
с												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Schedule P (Form 5471) (Rev. 12-2020)

### SCHEDULE Q (Form 5471)

(December 2020)
Department of the Treasury
Internal Revenue Service

# **CFC Income by CFC Income Groups**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Internal Neverlae Colvice								
Name of person filing Form 5471						Ide	entifying nun	mber
MANAGEMENT SCIENCES FOR HEALT	H, IN	С.				0	4-24821	.88
Name of foreign corporation					EIN (if any)	Re	eference ID r	number (see instructions)
MANAGEMENT SCIENCES FOR HEALT	H-PERI	IJ			FOREIGNUS	MS	MSH-PERU	
Complete a separate Schedule Q with resp	ect to e	ach applicable catego	ory of income (see instr	uctions).				
A Enter separate category code with i			• .	•	*			
B If category code "PAS" is entered o		• • •		tructions)		1	<b>-</b>	
Complete a separate Schedule Q for U.S.								
C Indicate whether this Schedule Q is	-		U.S. source income or	X Foreign s	source income			
Complete a separate Schedule Q for FOGEI								
<b>D</b> If this Schedule Q is being complete		OGEI or FORI income,	check this box				• • • • •	
Enter amounts in functional currency	(i)	(ii)	(iii)	(iv)	(v)	(vi)		(vii)
of the foreign corporation (unless otherwise noted).	Country	Gross Income	Definitely Related	Related Persor		Research & Ex		Other Expenses
	Code		Expenses	Interest Expens	e Expense	Expens	ses	(attach schedule)
1 Subpart F Income Groups								
a Dividends, Interest, Rents, Royalties,								
& Annuities (Total)								
(1) Unit name ►								
(2) Unit name >								
<b>b</b> Net Gain From Certain Property								
Transactions (Total)								
(1) Unit name >								
(2) Unit name ► c Net Gain From Commodities								
Transactions (Total)								
<ul><li>(1) Unit name ►</li><li>(2) Unit name ►</li></ul>								
d Net Foreign Currency Gain (Total)							+	
(1) Unit name								
(2) Unit name								
e Income Equivalent to Interest (Total)								
(1) Unit name								
(2) Unit name >								
f Foreign Base Company Sales								
Income (Total)								
(1) Unit name ►								
(2) Unit name								
					<u>'</u>	•		

Important: See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

7345RO 649N

Schedule Q (Form 5471) (12-2020)

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Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
_ <u>a</u> (1)									
(2)									
b									
(1)									
(2)_									
_									
 (1)									
(2)									
_d									
(1)_									
(2)_									
_									
<u>e</u> (1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

Schedule Q (Form 5471) (12-2020)

Enter amounts in functional currency	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
of the foreign corporation (unless otherwise noted).	Country Code	Gross Income	Definitely Related Expenses	Related Person Interest Expense	Other Interest Expense	Research & Experimental Expenses	Other Expenses (attach schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
<b>(1)</b> Unit name ▶							
(2) Unit name ▶							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
i Insurance Income (Total)							
<b>(1)</b> Unit name ▶							
(2) Unit name >							
j International Boycott Income							
<b>k</b> Bribes, Kickbacks, and Other							
Payments							
I Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		NONE	NONE				
(1) Unit name _ MANAGEMENT SCIE	PE	NONE	NONE				
(2) Unit name							
4 Residual Income Group (Total)							
(1) Unit name ►							
(2) Unit name ▶							
5 Total		NONE	NONE				

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

7345RO 649N 04-2482188

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
<u>g</u>									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
_ <u>``</u>									
2									
3				NONE		362,836.			
(1)				NONE		362,836.			
(2)									
4									
(1)									
(2)									
5				NONE		362,836.			

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

**SCHEDULE R** (Form 5471) (December 2020)

# **Distributions From a Foreign Corporation**

Attach to Form 5471.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name	of person filing Form 5471		Identifying number			
	EMENT SCIENCES FOR HEALTH, INC.		04-2482188			
Name	of foreign corporation	EIN (if any)	Reference ID number	(see instructions)		
MANAG	EMENT SCIENCES FOR HEALTH-PERU	FOREIGNUS	MSH-PERU	Г		
	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency		
1	NONE					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

FORM 5471, PAGE 1 DETAIL

\_\_\_\_\_\_

# CATEGORY 3 FILER STATEMENT

NAME LINE 1: MANAGEMENT SCIENCES FOR HEALTH, INC.

EIN: 04-2482188

ADDRESS LINE 1: 200 RIVERS EDGE DRIVE

CITY: MEDFORD

STATE: MA
ZIP: 02155
TYPE OF INDEBTEDNESS: NONE

AMOUNT: NONE NUMBER OF SHARES: NONE

7345RO 649N 04-2482188 STATEMENT 1

FORM 5471, PAGE 4 DETAIL

\_\_\_\_\_

	BEG	INNING	END	ING	
	FUNC CURRENCY		FUNC CURRENCY		
SCH F, LINE 5 - OTHER CURRENT ASS	ETS				
GRANTS & CONTRACTS RECEIVABLE EMP ADVANCES & OTH RECEIVABLES		80,897. 54,542.		NONE NONE	
TOTALS	OTALS 135,439.				
SCH F, LINE 16 - OTHER CURRENT LIA	ABILITIES				
ACCRUED EXP & OTHER LIAB ST NOTE PAYABLE		4,396. 37,244.		NONE NONE	
TOTALS		41,640.		NONE	
SCH F, LINE 19 - OTHER LIABILITIES	5				
UNRESTRICTED NET ASSETS	-	11,254.		NONE	
TOTALS		11,254.		NONE	

7345RO 649N 04-2482188 **27** 

(Rev. December 2020)

# Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 0.7 / 0.1 / 2.0.2.0 and ending 06/30/2021 Attachment Sequence No. 121

	, ,		0 0 - 1 / -	_,			,,			
Name of person filing this return					A Identifyi	ng number				
MANAGEMENT SCIENC	ES FOR HE	CALTH, INC	•				04-2	482188		
Number, street, and room or su	ite no. (or P.O. bo	x number if mail is	not delivered to street	t address)	B Category	of filer (See i	nstructions.	Check applicat	ole box(es).)	<u>:</u>
200 RIVERS EDGE D	RIVE				1a X 1	1c :	2 3	4 X 5a X	5b 5c	
City or town, state, and ZIP code					C Enter the	e total percen	tage of the f	oreign corpora	tion's voting	
MEDFORD, MA 02155					stock yo	u owned at th	e end of its	annual accoun	ting period $_1$	00.0000 %
Filer's tax year beginning 07/(	01/2020	, and	d ending 06/30/	/2021						
D Check box if this is a final Fo	orm 5471 for the fo	oreign corporation								
E Check if any excepted specifi	ed foreign financi	ial assets are repor	ted on this form (see i	instructions).						
F Check the box if this Form 54	171 has been co	mpleted using "Alte	ernative Information" u	ınder Rev. Pro	c. 2019-40					
G If the box on line F is checke	d, enter the corre	esponding code for	"Alternative Information	on" (see instru	ctions)					
H Person(s) on whose behalf the	is information retu	ırn is filed:								
(4) No			(O) A dalar			(0) Islamiče		<b>(4)</b> Ched	ck applicable	box(es)
(1) Name			(2) Address			(3) Identily	ring number	Shareholder	Officer	Director
mportant: Fill in all app	olicable lines	and schedules	s. All informatio	n <b>must</b> be	in Eng	lish. All an	nounts <b>m</b>	<b>ust</b> be stat	ted in U.	S. dollars
unless otherv	vise indicated.									
1a Name and address of foreign	gn corporation						b(1) Emplo	oyer identifica	tion number	, if any
MANAGEMENT SCIEN	ICES FOR H	EALTH (MS	H) LTD/GTE				FORE	IGNUS		
BLK B, PLOT 564/	565, INDE	PENDENT A	V				b(2) Refere	ence ID numb	er (see instru	uctions)
ABUJA, NI							MSH002			
							<b>c</b> Count	ry under who	se laws inco	rporated
							NI			
<b>d</b> Date of incorporation	e Principal place	e of business	f Principal business code number	activity	g Princi	oal business a	ctivity	h Functional	currency co	de
			code namber		PUBLIC	HEALTH RES	EARCH			
03/02/2006	NI		81300	0.0				USD		
2 Provide the following inform	mation for the for	eign corporation's	accounting period sta	ited above.						
a Name, address, and identi United States	fying number of b	ranch office or age	nt (if any) in the	<b>b</b> If a U.S. i	ncome tax	return was file	d, enter:			
United States				(i) Ta	axable inco	me or (loss)			come tax pa	iid
								(after all credits)		
c Name and address of forei	gn corporation's	statutory or residen	t agent in country					tment, if applic s of the foreigr		
of incorporation						books and re			Corporatio	ii, aiiu
Schedule A Stock	of the Foreig	gn Corporati	on							
					(b)	Number of sl	hares issued	and outstandi	ng	
<b>(a)</b> De	scription of each	class of stock		\ /	Beginning				d of annual	
				•	accounting	period		accoun	ting period	
EQUITY INTERE	ST						1.			1.
For Paperwork Reduction A	Act Notice, see	instructions.	·	<u></u>		<u> </u>		Form	<b>5471</b> (Re	v. 12-2020)

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Form 5471 (Rev. 12-2020)

Schedule B Shareholders of Foreign Corporation Page 2

Part I U.S. Shareholders of For		orporation (see instructions)			· · · -
(a) Name, address, and identifying number of shareholder		Description of each class of stock held by hareholder. <b>Note:</b> This description should match the corresponding description	(c) Number of shares held at beginning of annual	(d) Number of shares held at end of annual	(e) Pro rata share of Subpart F income (enter as
		entered in Schedule A, column (a).	accounting period	accounting period	a percentage)
MANAGEMENT SCIENCES FOR HEALTH	EQUITY	INTEREST	1.	1.	
200 RIVERS EDGE DRIVE					
MEDFORD, MA 02155					
04-2482188					100.0000000000
_					
_					
_					
_					
_					
_					
_					
_					
Part   Direct Shareholders of F	oreign	Corporation (see instructions)			
(a) Name, address, and identifying number of shar Also, include country of incorporation or formation, if applicable.	reholder.	(b) Description of each class of stock held Note: This description should match the of description entered in Schedule A, co	orresponding	(c) Number of shares held at beginning of annual	(d) Number of shares held at end of annual
MANAGEMENT SCIENCES FOR HEALTH		EQUITY INTEREST		accounting period	accounting period
200 RIVERS EDGE DRIVE		EQUIII INIERESI		1.	1.
MEDFORD, MA 02155					
04-2482188					
				1	

Form **5471** (Rev. 12-2020)

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### Schedule C Income Statement (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

				Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a		30,167,409.
	b	Returns and allowances	1b		
	С	Subtract line 1b from line 1a	1c		30,167,409.
	2	Cost of goods sold	2		
	3	Gross profit (subtract line 2 from line 1c)	3		30,167,409.
ne	4	Dividends	4		
Income	5	Interest	5		
<u>=</u>	6a	Gross rents	6a		
	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
	b	Foreign currency transaction gain or loss - realized	8b		
	9	Other income (attach statement)	9		
	10	Total income (add lines 3 through 9)	10		30,167,409.
	11	Compensation not deducted elsewhere	11		
	12 a	Rents	12a		
<b>,</b> 0	b	Royalties and license fees	12b		
ű	13	Interest	13		
cţi	14	Depreciation not deducted elsewhere	14		
Deductions	15	Depletion	15		
De	16	Taxes (exclude income tax expense (benefit))	16		
	17	Other deductions (attach statement - exclude income tax expense			
		(benefit))	17		28,349,195.
	18	Total deductions (add lines 11 through 17)	18		28,349,195.
ø.	19	Net income or (loss) before unusual or infrequently occurring items,			
Net Income		and income tax expense (benefit) (subtract line 18 from line 10) $ .  . $	19		1,818,214.
ည	20	Unusual or infrequently occurring items	20		
<u>+</u>	21 a	Income tax expense (benefit) - current	21a		
Se	b	Income tax expense (benefit) - deferred	21b		
	22	Current year net income or (loss) per books (combine lines 19 through 21b) .	22		1,818,214.
Other Comprehensive Income	23 a	Foreign currency translation adjustments	23a		
er ne		Other	23b		
Ę je je	С	Income tax expense (benefit) related to other comprehensive income	23c		
֝֟֝֟֝֟֝֟֝֟֝ <u>֚</u>	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b $$			
<u> </u>		less line 23c)	24		F <b>F 471</b> (D 40,000)

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Form 5471 (Rev. 12-2020) Page 4

## Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	328,536.	465,501.
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	( )	(
3	Derivatives	3		
4	Inventories	4		
5	Other current assets (attach statement) SEE STATEMENT 2	5	2,980,355.	2,764,493.
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	(	(
	Depletable assets	10a		
	Less accumulated depletion	10b	(	(
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
С	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	( )	(
13	Other assets (attach statement) SEE STATEMENT 2	13	962,226.	NONE
14	Total assets	14	4,271,117.	3,229,994.
	Liabilities and Shareholders' Equity			
15	Accounts payable	15	259,841.	118,918.
16	Other current liabilities (attach statement) SEE STATEMENT 2	16	3,851,207.	984,543.
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22	160,069.	2,126,533.
23	Less cost of treasury stock	23	(	(
24	Total liabilities and shareholders' equity	24	4,271,117.	3,229,994.

# Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		Х
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from		
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign		
	branches (see instructions)?		X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		Х
	If "Yes," complete lines 4b and 4c.		
h	Enter the total amount of the base erosion payments		
	Enter the total amount of the base erosion tax benefit		
	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
Ja	allowed under section 267A?		Х
h	If "Yes," complete line 5b.  Enter the total amount of the disallowed deductions (see instructions)		

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Sche	dule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with		
	respect to any amounts listed on Schedule M?		Х
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived		
	deduction eligible income (FDDEI) (see instructions)		
С	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer		
	included in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement?		Х
8	During the course of the tax year, did the foreign corporation become a participant in any cost-sharing arrangement?		Х
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost-sharing arrangement that		
	was in effect before January 5, 2009?		
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		
	Regulations section 1.482-7(c) to that cost-sharing arrangement during the taxable year?		
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S.		
	dollars		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method Residual profit split method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		Х
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		Х
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable		
	year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
	1.7874-12(a)(9)?		X
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	section 1.6011-4?		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement ►		37
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
0.4	If "Yes," enter the amount		
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to		37
	the current tax year (see instructions)?		X
	If "Yes," enter the amount		
22 a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		37
	(see instructions)?		X
b	If the answer to question 22a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
	as an extraoromary reduction amount of nered extraoromary reduction amount (see instructions)?	1	i .

Form **5471** (Rev. 12-2020)

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Schedule I S	ummary of	f Shareholder's	Income From Fo	oreian Corp	oration (s	see instructions
	annina y O	. Onaronoraci c		JI OIGII OOI P	o auoi l	

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name	e of U.S. shareholder ▶management sciences for health, inc. Identifying number ▶ 04-2482188				
1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b			
С	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception				
	under section 954(c)(6)	1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception	1			
	under section 954(c)(6)	1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2			
3	Reserved for future use	3			
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
С	Extraordinary reduction amounts (see instructions)	5c			
d	Section 245A(e) dividends (see instructions)	5d			
е	Dividends not reported on line 5a, 5b, 5c, or 5d	5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits				
				Yes	No
7a	Was any income of the foreign corporation blocked?				X
b	Did any such income become unblocked during the tax year (see section 964(b))?				X
	answer to either question is "Yes," attach an explanation.				
8a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corp				
	any time during the tax year (see instructions)?				X
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of	the C	CFC year	ar	
	\$ and at the end of the tax year \$ Provide an attachment detai	ling a	ny chai	nges fro	om the
	beginning to the ending balances.				
С	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the	e CFC	) year		
	\$ and at the end of the tax year \$ Provide an attachment detail	ling a	ny chai	nges fro	om the
	beginning to the ending balances.				
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instr	uction	ıs) \$		NONE
		Form	5471	(Rev. 1	2-2020)

# SCHEDULE E (Form 5471) (Rev. December 2020)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

► Attach to Form 5471.

Department of the Treasury

OMB No. 1545-0123

Interna	al Revenue Service				► Go to I	www.irs.gov/	rorm54	71 for instruction	ons and the	e latest infor	mation.						
Name	Name of person filing Form 5471												Identifying number			_	
MAN	MANAGEMENT SCIENCES FOR HEALTH, INC.												04-2482188				
Name	lame of foreign corporation									EIN (if any	')			Reference ID number (see instructions)			
MAN	MANAGEMENT SCIENCES FOR HEALTH (MSH) LTD/G					Œ				FORE	IGNUS			MSH002			
а	Separate Category (E	nter co	de - :	see instru	ctions.)									1	<b>▶</b> GEN		
b	If code 901j is entere	d on lin	еa,	enter the	country code for	or the sanc	tioned c	country (see in	structions)						<b>&gt;</b>		
Part	Taxes for Wh	ich a l	Fore	ign Tax	Credit Is Allov	ved											
Secti	on 1 - Taxes Paid or	Accrue	d Dir	ectly by F	Foreign Corpora												
	(a) Name of Payor Entity				(b) EIN or Reference Co ID Number of Payor Entity		(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)		(d) Is Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)			(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)		_			
1_	MANAGEMENT SCIENCES F	OR HEAL'	TH (M	MSH) LTD/G	FTE	MSH002			NI			2021/06/30			2021/06/30	_	
2																_	
3																	
4																	
	(f) Income Subject to Tax in the Foreign Jurisdictior (see instructions)		(g) If taxes are paid on U.S. source income, check box		If taxes are paid on  J.S. source income,  Which Tax Is		Payable (in local		(i) x Paid or Accrued cal currency in whi le tax is payable)		(j) Conversion R U.S. Dolla			l.S. Dollars	mn (j))	(I) In Functional Currency of Foreign Corporation	
1_	NON	E			USD			1	NONE	1.0000000		NO		NONE	NONE	E	
2																_	
3																_	
4																_	
5 Total (combine lines 1 through 4 of column (k)). Also repo													NONE				
6 Total (combine lines 1 through 4 of column (I))													. ▶	NONE	E		
Secti	on 2 - Taxes Deemed	Paid (	Sect	ion 960(b	))											_	
	(a) Name of Payor Entity				(b) EIN or Ref ID Numb Payor E	erence per of	Paid (Enter c	(c) try or U.S. Possession to Which Tax Is aid (Enter code - see instructions. Use a separate line for each.)				Annual PT	e) EP Accou r year)	unt			
3																	
4															m ·	_	
					(g) tal Amount of PTEP Group (in functional currency)			(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)			espect Fo	Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)					
1																_	
2																_	
3																_	
4																_	
5	Total (combine lines	throug	gh 4	of column	n (i)). Also repoi	rt amount o	n Sche	dule E-1, line 6				<b>•</b>				_	
For Pa	aperwork Reduction Ac	t Notice,	see	instruction	s.									Schedul	le E (Form 5471) (Rev. 12-202	20)	

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Conodate E	. (1 01111 0	., ., (	10V. 12 20
Part II	Elec	tion	
_			

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes No If "Yes," state date of election

Part I	Taxes for Which a Foreign Ta	x Credit Is Disa	Illowed (Enter	in functional curr	ency of foreign	corporation.)			
	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	<b>(c)</b> Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Taxes Related to Section 959(c)(3) E&P	<b>(h)</b> Other	<b>(i)</b> Total
1									
2									
2 1	n functional currency (combine lines 1	and 2)							

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

			Taxes re	lated to:	
U.S. a	RTANT: Enter amounts in lollars unless otherwise noted instructions).	(a) Current E&P	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	lated to:  (c) Pre-1987 E&P Not Previously Taxed (pre-1987) section 959(c)(3) balance) (in functional currency)	(d) Hovering Deficit and Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-			
b	Beginning balance adjustments (attach statement)				
С	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (k)				
5a	Taxes carried over in nonrecognition transactions				
b	Taxes reclassified as related to hovering deficit after nonrecognition transaction				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)				
_ 7	Other adjustments (attach statement)				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines				
	1c through 7)				
9	Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions)				
10	Taxes deemed paid with respect to inclusions under section 951A (see instructions) .				
11	Taxes deemed paid with respect to actual distributions				
12	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .				
13	Other (attach statement)				
14	Taxes related to hovering deficit offset of undistributed post-transaction E&P				
15	Balance of taxes paid or accrued (combine lines 8 through 14 in column (a))				
16	Reduction for tested income taxes not deemed paid				
17	Reduction for other taxes not deemed paid				
18	Balance of taxes paid or accrued at the beginning of the next year. Line 18, column				
	(a), must always equal zero. So, if necessary, enter negative amounts on lines 16				
	and 17 of column (a) in amounts sufficient to reduce line 15, column (a), to zero. For				
	the remaining columns, combine lines 8 through 14 · · · · · · · · · · · · · · · · · ·	-0-			

## Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

·	(e) Taxes related to previously taxed E&P (see instructions)									
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951 (a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5a										
b										
6										
7										
8										
9										
10										
_11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2020)

17 18

04-2482188

#### **Current Earnings and Profits**

Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name of person filing Form 5471 Identifying number MANAGEMENT SCIENCES FOR HEALTH, INC. 04-2482188 EIN (if any) Reference ID number (see instructions) Name of foreign corporation MSH002 MANAGEMENT SCIENCES FOR HEALTH (MSH) LTD/GTE FOREIGNUS IMPORTANT: Enter the amounts on lines 1 through 5c in functional currency.

**SCHEDULE H** 

(Form 5471)

(Rev. December 2020)

	Terration the amounte of miles i through 60 m increases at					
1	Current year net income or (loss) per foreign books of account.	. <u> </u>			1	1,818,214.
2	Net adjustments made to line 1 to determine current					
	earnings and profits according to U.S. financial and tax					
	accounting standards (see instructions):	Net Add	itions	Net Subtractions		
а	Capital gains or losses	а				
b	Depreciation and amortization 2	b				
С	Depletion	С				
d	Investment or incentive allowance	d				
е	Charges to statutory reserves	e				
f	Inventory adjustments	f				
g	Income taxes (see Schedule E, Part I, Section 1, line 6,					
	column (I), and Part III, line 3, column (i)) 2	g				
h	Foreign currency gains or losses	h				
i	Other (attach statement)	i				
3	Total net additions					
4	Total net subtractions					
5 a	Current earnings and profits (line 1 plus line 3 minus line 4)				5a	1,818,214.
b	DASTM gain or (loss) for foreign corporations that use DASTM	(see instructions).			5b	
С	Combine lines 5a and 5b and enter the result on line	5c. Then enter	on lines 5	ic(i), 5c(ii), and 5c(iii)(A)		
	through 5c(iii)(C) the portion of the line 5c amount	with respect to	the categ	ories of income shown		
	on those lines				5c	1,818,214.
	(i) General category (enter amount on applicable Sche	edule J, Part I,				
	line 3, column (a))		5c(i)	1,818,214.		
	(ii) Passive category (enter amount on applicable Sche	dule J, Part I,				
	line 3, column (a))		5c(ii)			
	(iii) Section 901(j) category:					
	(A) Enter the country code of the sanctioned country	<b>&gt;</b>				
	and enter the line 5c amount with respect to	the sanctioned				
	country on this line 5c(iii)(A) and on the applica	ble Schedule J,				
	Part I, line 3, column (a)		5c(iii)(A)		-	
	(B) Enter the country code of the sanctioned country	<b>&gt;</b>				
	and enter the line 5c amount with respect to	the sanctioned				
	country on this line 5c(iii)(B) and on the applica	ble Schedule J,				
	Part I, line 3, column (a)		5c(iii)(B)			
	(C) Enter the country code of the sanctioned country	<b>&gt;</b>				
	and enter the line 5c amount with respect to	the sanctioned				
	country on this line 5c(iii)(C) and on the applica	•				
	Part I, line 3, column (a)		5c(iii)(C)			
d	Current earnings and profits in U.S. dollars (line 5			•		
	defined in section 989(b)(3) and the related regulations (see in				5d	1,818,214.
е	Enter exchange rate used for line 5d		🕨	1.000000		

For Paperwork Reduction Act Notice, see instructions.

### SCHEDULE I-1 (Form 5471)

## Information for Global Intangible Low-Taxed Income

(Rev. December 2019)

Department of the Treasury Internal Revenue Service ► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0704

Name of person filing Form 5471			Identifying number	
MANAGEMENT SCIENCES FOR HEALTH, INC.			04-248218	8
Name of foreign corporation E	IN (if any)		Reference ID numb	er (see instructions)
MANAGEMENT SCIENCES FOR HEALTH (MSH) LTD/GTE	FOREIG	NUS	MSH002	
Separate Category (Enter code - see instructions.)			▶GEN	
		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income	1	30,167,409.		
2 Exclusions	•			
a Effectively connected income 2a				
b Subpart F income 2b				
c High-tax exception income per section				
954(b)(4) <b>2c</b>				
d Related party dividends 2d				
e Foreign oil and gas extraction income 2e				
3 Total exclusions (total of lines 2a-2e)	. 3			
4 Gross income less total exclusions (line 1 minus line 3)		30,167,409.		
5 Deductions properly allocable to amount on line 4	5	28,349,195.		
6 Tested income (loss) (line 4 minus line 5)	6	1,818,214.	1.0000000	1,818,214.
7 Tested foreign income taxes	. 7			
8 Qualified business asset investment (QBAI)				
9 a Interest expense included on line 5 9a				
b Qualified interest expense 9b				
c Tested loss QBAI amount 9c				
d Tested interest expense (line 9a minus the sum of line 9b and line				
9c). If zero or less, enter -0-	9d			
10 a Interest income included in line 4 10a				
b Qualified interest income 10b				
c Tested interest income (line 10a minus line 10b). If zero or less,				
enter -0-	. 10c			

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

#### **SCHEDULE J** (Form 5471) (Rev. December 2020)

Department of the Treasury

Internal Revenue Service Name of person filing Form 5471

## Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

M	ANAGEMENT SCIENCES FOR HEALTH, INC.					04-2482188	
Name	of foreign corporation			EIN (if any)		Reference ID number (see instru	ctions)
M	ANAGEMENT SCIENCES FOR HEALTH (MSH)	LTD/GTE		FOREIGNUS	1	MSH002	
а	Separate Category (Enter code - see instructions.)						EN
b	If code 901j is entered on line a, enter the country	code for the sanction	ed country (see instruc	tions)		<u> </u>	
Part	Accumulated E&P of Controlled Foreign	Corporation					
	Check the box if person filing return does not have	all U.S. shareholders	' information to comple	ete an amount in colu	umn (e) (see instruc	ctions).	
Impo	rtant: Enter amounts in functional currency.	(a)	(b)	(c)	(d)		E&P (see instructions)
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)  Post-198 Undistributed E (post-1986 and section 959(c)(3)		Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit Deduction for Suspended Tax	(i) Reclassified section	(ii) Reclassified section 965(b) PTEP
1 a	Balance at beginning of year (as reported on prior						
	year Schedule J)	160,069.					
b	Beginning balance adjustments (attach statement)						
С	Adjusted beginning balance (combine lines 1a and 1b)	160,069.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under						
	anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount						
	from applicable line 5c of Schedule H).	1,818,214.					
4	E&P attributable to distributions of previously taxed						
	E&P from lower-tier foreign corporation						
5 a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after						
	nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines						
	1c through 6)	1,978,283.					
8	Amounts reclassified to section 959(c)(2) E&P from						
	section 959(c)(3) E&P	-1,156,717.					
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from						
	section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property						
	and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-						
	transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	821,566.					
For D	Concruent Deduction Act Notice and the Instructi	for Form E474				Cabadula I/F	F474\ /D 40 0000\

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

0X1665 3.000

04-2482188 38 7345RO 649N

Accumulated E&P of Controlled Foreign Corporation (continued)

			(e) Previously Taxed E	&P (see instructions	)	
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified sec	tion 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1 a						
b						
С						
2a						
b						
3						
4						
5a						
b						
6						
_7						
8						
9						
10						
11						
12						
13						
14		(e) Previously Taxed E	ERD (coo instructions)			
	(viii) Section 951A PTEP			(x) Sec	(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))	
1 a						160,069.
b						
С						160,069.
2a						
b						
3						1,818,214.
4						
5 a						
b						
6						
_ 7						1,978,283.
8	1,156,	717.				
9						
10						
11						
12						
13						
14	1.156.	717				1.978.283.

Part	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))		
mpo	tant: Enter amounts in functional currency.		
1	Balance at beginning of year	1	
2	Additions (amounts subject to future recapture)	2	
3	Subtractions (amounts recaptured in current year)	3	
4	Balance at end of year (combine lines 1 through 3)	4	

## **SCHEDULE M** (Form 5471) (Rev. December 2018)

# Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons Attach to Form 5471.

OMB No. 1545-0123

De	partment of the Treasury ernal Revenue Service	Go to www.irs	gov/Form5471 for instru	m 5471. ctions and the latest informat	tion.		
	me of person filing Form 5471					Identifying	number
MAN	NAGEMENT SCIENCES FOR HEALTH,	INC.				04-24821	88
Na	me of foreign corporation			EIN (if any)		Reference	ID number (see instructions)
MAN	NAGEMENT SCIENCES FOR HEALTH (N	MSH) LTD/GTE		FOREIGNUS		MSH002	
	portant: Complete a separate Scheen annual accounting period between						
	llars translated from functional curi					or be state	u III 0.0.
En	ter the relevant functional currency	y and the exchange rate	used throughout this so	chedule ► USD			1.0000000
	(a) Transactions	4 >	(c) Any domestic	(d) Any other foreign	(e) 10% or m	ore U.S. ler of	(f) 10% or more U.S.
	of	(b) U.S. person filing this return	corporation or partnership controlled by U.S. person filing this return	corporation or partnership controlled by U.S. person filing this return	sharehold controlled f corporation than the U.S.	oreign (other	shareholder of any corporation
	foreign corporation	-	this return	this return	than the U.S. filing this re	person eturn)	controlling the foreign corporation
1	Sales of stock in trade (inventory)						
2	Sales of tangible property other						
	than stock in trade						
3	Sales of property rights (patents,						
	trademarks, etc.)						
4	Platform contribution transaction						
	payments received						
5	Cost sharing transaction pay-						
	ments received						
6	Compensation received for tech-						
	nical, managerial, engineering, construction, or like services						
7	Commissions received						
8	Rents, royalties, and license fees received						
9	Hybrid dividends received (see instructions)						
10	Dividends received (exclude hybrid						
	dividends, deemed distributions under subpart F, and distributions						
	of previously taxed income)						
11	Interest received						
12	Premiums received for insurance						
	or reinsurance						
13	Add lines 1 through 12						
14	Purchases of stock in trade (inventory)						
15	Purchases of tangible property						
	other than stock in trade						
16	Purchases of property rights						
	(patents, trademarks, etc.)						
17	Platform contribution transaction						
	payments paid						
	Cost sharing transaction payments paid						
19	Compensation paid for tech-						
	nical, managerial, engineering,						
	construction, or like services						
	Commissions paid						
	Rents, royalties, and license fees paid						
	Hybrid dividends paid (see instructions)						
23	Dividends paid (exclude hybrid						
	dividends paid)						
	Interest paid						
	Premiums paid for insurance or reinsurance						
	Add lines 14 through 25						
	Accounts Payable Amounts borrowed (enter the						
_0	maximum loan balance during						
20	the year) - see instructions  Accounts Receivable						
	Accounts Receivable  Amounts loaned (enter the						
55	maximum loan balance during						
	the year) - see instructions						
					·		

### **SCHEDULE P** (Form 5471)

# Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

(Rev. December 2020)

Department of the Treasury

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

петпа	Revenue Service					
lame o	f person filing Form 5471			Identifying nur	mber	
MANA	GEMENT SCIENCES FOR HEALTH, INC.			04-2483	2188	
lame o	f U.S. shareholder			Identifying nur	mber	
lame o	f foreign corporation	EIN (if any)		Reference ID r	number (see instructions)	
MANA	GEMENT SCIENCES FOR HEALTH (MSH) LTD/GTE	FOREIGNUS		MSH002		
	Separate Category (Enter code - see instructions.)			<b>▶</b> Gi	EN	_
	If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)					_
	Previously Taxed E&P in Functional Currency (see instructions)					_
		(a)		(b)	(c)	_
		Reclassified section		sified section	General section	
		965(a) PTEP	965(	(b) PTEP	959(c)(1) PTEP	
						-
1a	Balance at beginning of year (see instructions)					
						-
b	Beginning balance adjustments (attach statement)					
						-
С	Adjusted beginning balance (combine lines 1a and 1b)					
						-
2	Reduction for taxes unsuspended under anti-splitter rules					
						-
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation	nn				
	Troviously taxou car attributable to distributions of proviously taxou car from lower for foreign ociporation	211				-
4	Previously taxed E&P carried over in nonrecognition transaction					
	The violatify taked Earl Carried Over in nonrecognition transaction.					-
5	Other adjustments (attach statement)					
	Other adjustments (attach statement)					-
6	Total previously taxed E&P (combine lines 1c through 5)					
	Total previously taxed Extr (combine lines in tillough 3)		<del>                                     </del>			_
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P					
	Amounts rectassined to section 959(c)(2) Ear noin section 959(c)(5) Ear					_
8	Actual distributions of proviously toyod EXP		1			
0	Actual distributions of previously taxed E&P					-
0	Amounta realization of 0.50(a)(1) E.S.D. from section 0.50(a)(2) E.S.D.		1			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P					_
10			1			
	instructions)					_
	Others a Proof to a star (attach at a to a sea)		1			
11	Other adjustments (attach statement)					_
			1			
12	Balance at beginning of next year (combine lines 6 through 11)					_
or Pa	perwork Reduction Act Notice, see instructions.			Schedule P (	Form 5471) (Rev. 12-202	J

Part I	Previously Tax	Previously Taxed E&P in Functional Currency (see instructions) (continued)										
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	<b>(k)</b> Total				
1a												
b												
с												
_ 2												
3												
4												
5												
6												
7					1,156,717.			1,156,717.				
8												
9												
10												
11												
12					1,156,717.			1,156,717.				

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
_ 2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Part	Previously Taxed E&P in U.S. Dollars (continued)										
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	<b>(k)</b> Total			
1a											
b											
с											
2											
3											
4											
5											
6											
_ 7					1,156,717.			1,156,717.			
_ 8											
9											
10											
11											
12					1,156,717.			1,156,717.			

#### SCHEDULE Q (Form 5471)

(December 2020)
Department of the Treasury
Internal Revenue Service

## **CFC Income by CFC Income Groups**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

THE THE TREVENUE COLVICE								
Name of person filing Form 5471						Identifying	number	
MANAGEMENT SCIENCES FOR HEALT	H, IN	C.				04-248	2188	
Name of foreign corporation					EIN (if any)	Reference	Reference ID number (see instructions)	
MANAGEMENT SCIENCES FOR HEALT	H (MS	H) LTD/GTE			FOREIGNUS	MSH002		
Complete a separate Schedule Q with resp	ect to e	ach applicable catego	ory of income (see instru	uctions).				
A Enter separate category code with r	respect	to which this Schedul	e Q is being complete	d (see instructions	s for codes)	▶ <u>GEN</u>	<u> </u>	
B If category code "PAS" is entered o	n line A	, enter the applicable	grouping code (see inst	tructions)		▶		
Complete a separate Schedule Q for U.S.	source i	ncome and foreig <u>n s</u> ou	rce income.					
C Indicate whether this Schedule Q is	being c	ompleted for:	U.S. source income or	X Foreign s	ource income			
Complete a separate Schedule Q for FOGEI	or FOR	I income.						
D If this Schedule Q is being complete	d for FC	OGEI or FORI income,	check this box				<u> ▶               </u>	
Enter amounts in functional currency	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	
of the foreign corporation (unless	Country	Gross Income	Definitely Related	Related Person		Research & Experimen		
otherwise noted).	Code		Expenses	Interest Expense	e Expense	Expenses	(attach schedule)	
<ol> <li>Subpart F Income Groups</li> </ol>								
a Dividends, Interest, Rents, Royalties,								
& Annuities (Total)								
(1) Unit name ►								
(2) Unit name ►								
<b>b</b> Net Gain From Certain Property								
Transactions (Total)								
(1) Unit name ►								
(2) Unit name ►								
c Net Gain From Commodities								
Transactions (Total)								
(1) Unit name ►								
(2) Unit name ►								
d Net Foreign Currency Gain (Total)								
(1) Unit name ►								
(2) Unit name ►								
e Income Equivalent to Interest (Total)								
(1) Unit name ►								
(2) Unit name ►								
f Foreign Base Company Sales								
Income (Total)								
(1) Unit name ►								
(2) Unit name ►								

Important: See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

7345RO 649N

Schedule Q (Form 5471) (12-2020)

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
_ <u>a</u> (1)									
(2)									
b									
(1)									
(2)_									
_									
 (1)									
(2)									
d									
(1)									
(2)_									
_									
<u>e</u> (1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

Schedule Q (Form 5471) (12-2020)

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
<b>(1)</b> Unit name ►							
(2) Unit name ▶							
h Full Inclusion Foreign Base Company							
Income (Total)							
<b>(1)</b> Unit name <b>▶</b>							
(2) Unit name ▶							
i Insurance Income (Total)							
<b>(1)</b> Unit name ▶							
(2) Unit name ▶							
j International Boycott Income							
<b>k</b> Bribes, Kickbacks, and Other							
Payments							
I Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		30,167,409.	28,349,195.				
(1) Unit name MANAGEMENT SCIE	NI	30,167,409.	28,349,195.				
(2) Unit name							
4 Residual Income Group (Total)							
(1) Unit name ►							
<b>(2)</b> Unit name ►							
5 Total		30,167,409.	28,349,195.				

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

7345RO 649N 04-2482188

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi)  Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
<u>g</u>									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
ı									
2									
3				1,818,214.		3,750,556.			
(1)_				1,818,214.		3,750,556.			
(2)									
4									
(1)_									
(2)									
5	net Con Committee Comm			1,818,214.		3,750,556.			

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

**SCHEDULE R** (Form 5471)

## **Distributions From a Foreign Corporation**

Attach to Form 5471.

OMB No. 1545-0123

(December 2020) Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name (	of person filing Form 5471		Identifying number	
	EMENT SCIENCES FOR HEALTH, INC.		04-2482188	
Name (	of foreign corporation	EIN (if any)	Reference ID number	(see instructions)
MANAG:	EMENT SCIENCES FOR HEALTH (MSH) LTD/GTE	FOREIGNUS	MSH002	
	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

FORM 5471, PAGE 3 DETAIL

SCH C, LINE 17 - OTHER DEDUCTIONS

PROGRAM SERVICES

MANAGEMENT & GENERAL

TOTAL

26,167,403. 2,181,792.

28,349,195.

==========

7345RO 649N 04-2482188 49 FORM 5471, PAGE 4 DETAIL

\_\_\_\_\_

	BEG	INNING	END	ING
		US CURRENCY	FUNC CURRENCY	US CURRENCY
SCH F, LINE 5 - OTHER CURRENT ASSE	ETS			
RESTRICTED USE CASH		2,233,566.		1,114,657.
GRANTS & CONTRACTS RECEIVABLE		516,399.		827,466.
SVCS PERFORMED, NOT INVOICED		19,228.		508,728.
EMP ADVANCES & OTH RECEIVABLES		12,694.		3,886.
PREPAID EXPENSES & OTH ASSETS		198,468.		309,756.
TOTALS		2,980,355.		2,764,493.
	=========	=========	=========	=========
SCH F, LINE 13 - OTHER ASSETS				
UNRESTRICTED NET ASSETS		962,226.		NONE
TOTALS		962,226.		NONE
	=========	=========	=========	=========
SCH F, LINE 16 - OTHER CURRENT LIA	ABILITIES			
ACCRUED EXP & OTHER LIAB		1,733,761.		45,002.
UNPOSTED I/C ORG BALANCING ENTRY		24,225,458.		23,754,709.
DEFERRED REVENUE		-22,108,012.		-24,203,625.
ACCRUED PAYROLL & RELATED LIAB		NONE		1,388,457.
TOTALS		3,851,207.		984,543.
	=========	=========	=========	=========

7345RO 649N 04-2482188 **50** 

5471

(Rev. December 2020)

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 07/01/2020, and ending 06/30/2021

Attachment Sequence No. 121

51

OMB No. 1545-0123

mitorial revenue connec	Section 636) (See manachons		1/2020	, ,	ina chang	00/30/	/ Z U Z I		
Name of person filing this return				A Identifyii	ng number		-		
MANAGEMENT SCIENC	CES FOR HEALTH, INC	•				04-2	2482188		
	ite no. (or P.O. box number if mail is		t address)	B Category	of filer (See i	nstructions.	Check applicat	ole box(es).	):
200 RIVERS EDGE D	DRIVE			1a X 11	1c :	2 3	4 X 5a X	5b 5c	
City or town, state, and ZIP code							foreign corpora		
MEDFORD, MA 02155	)			stock yo	u owned at th	e end of its	annual accoun	ting period	100.0000 %
Filer's tax year beginning 07/	01/2020 , an	d ending 06/30,	/2021						
D Check box if this is a final Fo	orm 5471 for the foreign corporation								🔲
E Check if any excepted specif	ied foreign financial assets are repor	rted on this form (see	instructions).						🔲
F Check the box if this Form 54	471 has been completed using "Alt	ernative Information" ι	under Rev. Pro	c. 2019-40					
<b>G</b> If the box on line F is checked	ed, enter the corresponding code for	"Alternative Informati	ion" (see instru	ıctions)					
H Person(s) on whose behalf the	nis information return is filed:								
(4) 11		(0) 4 11			(0)			k applicabl	e box(es)
(1) Name		(2) Address			(3) Identity	ing number	Shareholder	Officer	Director
	plicable lines and schedule vise indicated.	s. All informatio	on <b>must</b> be	e in Engl	lish. All an	nounts <b>m</b>	<b>nust</b> be stat	ed in U	.S. dollars
1a Name and address of foreign						<b>b(1)</b> Empl	oyer identificat	ion numbe	r. if anv
MEDSOURCE GROUP	-					` ' '	EIGNUS		.,,
	JGUGA, BROOKSIDE DR						ence ID numbe	er (see insti	ructions)
NAIROBI, KE	GUGA, BROOKSIDE DR					MSH001		(	
NAIROBI, RE							try under who	se laws inc	orporated
						KE	,		
<b>d</b> Date of incorporation	e Principal place of business	f Principal business	s activity	<b>a</b> Princi	oal business a		<b>h</b> Functional	currency c	ode
		code number			HEALTH RES	-			
03/23/2017	KE	81300	0.0	FOBBIC	HEADIN KES	EARCH	KES		
	mation for the foreign corporation's	1					KED		
	ifying number of branch office or age			income tax	return was file	d. enter:			
United States			b If a U.S. income tax return was filed, enter:  (i) Taxable income or (loss)  (ii) U.S. income tax paid						aid
			(.,	a, a a a a a a a a a a a a a a a a a a	0. (.000)			all credits)	
c Name and address of fore	ign corporation's statutory or resider	nt agent in country	d Name an	d address	(including cor	porate depa	rtment, if applic	able) of pe	rson (or
of incorporation					ly of the books books and re		ls of the foreigr	corporation	on, and
			lile locati	on or such	DOOKS and let	corus, ii uille	erent.		
Schedule A Stock	of the Foreign Corporati	on							
				(b)	Number of sl	hares issued	d and outstandi	ng	
<b>(a)</b> De	escription of each class of stock			Beginning accounting				l of annual ting period	
					•	1		9 Pollod	
COMMON						1.			1.
			1						
F P 1.7 1.21	And Madina							E 474 ··	4
For Paperwork Reduction A	ACT NOTICE, SEE INSTRUCTIONS.						Form	34/1 (R	ev. 12-2020)

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04-2482188

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Schedule B Shareholders of Foreign Corporation Page 2

Part I U.S. Shareholders of Fo		orporation (see instructions)			· · · -
(a) Name, address, and identifying number of shareholder		Description of each class of stock held by hareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
MANAGEMENT SCIENCES FOR HEALTH	COMMON				a percentage)
200 RIVERS EDGE DRIVE	COMMOR	·	1.	1.	
<u> </u>					
MEDFORD, MA 02155					100 00000000
04-2482188					100.0000000000
-					
-					
_					
-					
-					
-					
Part II Direct Shareholders of I	Foreign	Corporation (see instructions)			
(a) Name, address, and identifying number of shat Also, include country of incorporation or formation, if applicable.	areholder.	(b) Description of each class of stock held I Note: This description should match the of description entered in Schedule A, co	orresponding	(c) Number of shares held at beginning of annual	(d) Number of shares held at end of annual
MANAGEMENT SCIENCES FOR HEALTH		COMMON		accounting period	accounting period
200 RIVERS EDGE DRIVE		COPINON		1.	±.
MEDFORD, MA 02155					
04-2482188					
04-2402100					

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#### Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

				Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a	1,767,595.	16,252.
		Returns and allowances	1b	, .	· ·
	С	Subtract line 1b from line 1a	1c	1,767,595.	16,252.
	2	Cost of goods sold	2	, .	·
	3	Gross profit (subtract line 2 from line 1c)	3	1,767,595.	16,252.
<u> </u>	4	Dividends	4	, .	,
Income	5	Interest	5	199,116.	1,831.
<u>မ</u>	6a	Gross rents	6a	, , , , , , , , , , , , , , , , , , , ,	,
_	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
	b	Foreign currency transaction gain or loss - realized	8b	-8,633,189.	-79,376.
	9	Other income (attach statement) SEE STATEMENT 1	9	53,414,878.	491,113.
	10	Total income (add lines 3 through 9)	10	46,748,400.	429,820.
	11	Compensation not deducted elsewhere	11	22,123,233	
	12 a	Rents	12a		
		Royalties and license fees	12b		
ns	13	Interest	13		
엹	14	Depreciation not deducted elsewhere	14		
<b>Deductions</b>	15	Depletion	15		
)ec	16	Taxes (exclude income tax expense (benefit))	16		
	17	Other deductions (attach statement - exclude income tax expense			
		(benefit))SEE.STATEMENT.1.	17	118,694,770.	1,091,317.
	18	Total deductions (add lines 11 through 17)	18	118,694,770.	1,091,317.
	19	Net income or (loss) before unusual or infrequently occurring items,		===, == , == ,	
Net Income		and income tax expense (benefit) (subtract line 18 from line 10)	19	-71,946,370.	-661,497.
ᅙ	20	Unusual or infrequently occurring items	20	, , , , , , , , , , , , , , , , , , , ,	,
<u>=</u>	1	Income tax expense (benefit) - current.	21a		
<u>et</u>	1	Income tax expense (benefit) - deferred	21b		
2	22	Current year net income or (loss) per books (combine lines 19 through 21b)	22	-71,946,370.	-661,497.
e ×		Foreign currency translation adjustments	23a	1 = 7 = 2 7 8 7 8	,,
Other Comprehensive Income		Other	23b		
Other prehen ncome	1	Income tax expense (benefit) related to other comprehensive income			
0 मू य	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b			
Çor		less line 23c)	24		
					E 471 (D. 10.000)

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### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets			(a) Beginning of annual accounting period		(b) End of annual accounting period
1	Cash	1		87,769.		72,009.
2a	Trade notes and accounts receivable	2a				
b	Less allowance for bad debts	2b	(	)	(	)
3	Derivatives	3				
4	Inventories	4				
5	Other current assets (attach statement) SEE STATEMENT 2	5		1,225,495.		1,730,862.
6	Loans to shareholders and other related persons	6				
7	Investment in subsidiaries (attach statement)	7				
8	Other investments (attach statement)	8				
9a	Buildings and other depreciable assets	9a		193,841.		163,170.
b	Less accumulated depreciation	9b	(	)	(	)
10 a	Depletable assets	10a				
b	Less accumulated depletion	10b	(	)	(	)
11	Land (net of any amortization)	11				
12	Intangible assets:					
а	Goodwill	12a				
	Organization costs	12b				
	Patents, trademarks, and other intangible assets	12c				
	Less accumulated amortization for lines 12a, 12b, and 12c	12d	(	)	(	)
13	Other assets (attach statement) SEE STATEMENT 2	13		1,132,242.		NONE
14	Total assets	14		2,639,347.		1,966,041.
	Liabilities and Shareholders' Equity					
15	Accounts payable	15		19,947.		9,172.
16	Other current liabilities (attach statement) SEE STATEMENT 2	16		2,754,346.		3,227,267.
17	Derivatives	17				
18	Loans from shareholders and other related persons	18				
19	Other liabilities (attach statement)	19				
20	Capital stock:					
а	Preferred stock	20a				
	Common stock	20b		1.		1
21	Paid-in or capital surplus (attach reconciliation) SEE STATEMENT 2	21		273,609.		-2,610.
22	Retained earnings	22		-408,556.		-1,267,789.
23	Less cost of treasury stock	23	(	)	(	)
24	Total liabilities and shareholders' equity	24	1	2,639,347.	1	1,966,041.
Sch	redule G Other Information					

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		Х
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		Х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from		
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign		
	branches (see instructions)?		Х
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		Х
	If "Yes," complete lines 4b and 4c.		
b	Enter the total amount of the base erosion payments		
С	Enter the total amount of the base erosion tax benefit		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
	allowed under section 267A?		Х
	If "Yes," complete line 5b.		
h	Enter the total amount of the disallowed deductions (see instructions)		

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Sche	dule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with		
	respect to any amounts listed on Schedule M?		Х
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived		
	deduction eligible income (FDDEI) (see instructions)		
С	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer		
	included in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included		
-	in its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement?		Х
8	During the course of the tax year, did the foreign corporation become a participant in any cost-sharing arrangement?		Х
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost-sharing arrangement that		
	was in effect before January 5, 2009?		
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		
. •	Regulations section 1.482-7(c) to that cost-sharing arrangement during the taxable year?		
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S.		
• •	dollars		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method  Residual profit split method  Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
13	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		Х
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
174	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		Х
	If "Yes," go to line 14b.		21
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable		
D	year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
13	1.7874-12(a)(9)?		Х
	If "Yes," see instructions and attach statement.		21
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
10			Х
	section 1.6011-4?  If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
17			Х
18	section 901(m)?  During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
10	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		X
19	If "Yes," enter the corresponding code(s) from the instructions and attach statement		Λ
20			Х
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		Λ.
24	If "Yes," enter the amount   \$\Bigs \_\ \square \ \quare \		
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to		v
	the current tax year (see instructions)?		X
00 -	If "Yes," enter the amount		
22 a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		37
	(see instructions)?		X
b	If the answer to question 22a is "Yes," was an election made to close the tax year such that no amount is treated		
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		

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If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name	e of U.S. shareholder ▶management sciences for health, inc. Identifying number ▶ 04-2482188				
	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions).	1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions).	1b			
C	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception	10			
•	under section 954(c)(6)	1c			
Ь	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
u	under section 954(c)(6)	1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A).	1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
q	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B).	2			
3	Reserved for future use	3			
4	Factoring income	4			
7	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	-			
5a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions).	5b			
C	Extraordinary reduction amounts (see instructions)	5c			
d	Section 245A(e) dividends (see instructions)				
e	Dividends not reported on line 5a, 5b, 5c, or 5d				
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits				
	Exchange gain or (1000) on a distribution of proviously taxed carriings and profits 1,1,1,1,1,1,1,1,1	0		Yes	No
7a	Was any income of the foreign corporation blocked?			163	X
b	Did any such income become unblocked during the tax year (see section 964(b))?				X
	answer to either question is "Yes," attach an explanation.				A
	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign cor	norat	ion at		
ou	any time during the tax year (see instructions)?				X
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of			ar	21
	\$ and at the end of the tax year \$ Provide an attachment detail		-		om tha
	beginning to the ending balances.	illig a	illy Cilai	iges iii	Jili tile
С	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the	e CF	? vear		
•	\$ and at the end of the tax year \$ Provide an attachment detail		-	naes fr	om tha
	beginning to the ending balances.	miy a	iny Unai	iyes iit	טווו נוופ
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instr	uction	ns) \$		NONE
				(Rev. 1	

# SCHEDULE E (Form 5471) (Rev. December 2020)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

► Attach to Form 5471.

OMB No. 1545-0123

	al Revenue Service			► Go to	www.irs.gov	/Form54	71 for instructions	and the	latest infor	mation.				
Name	of person filing Form 5471											1	ldentifying	number
MAN.	AGEMENT SCIENCES	FOR	HEALTH,	INC.									04-248	32188
Name	of foreign corporation								EIN (if any)			1	Reference	ID number (see instructions)
MED	SOURCE GROUP LIM	ITED							FOREI	GNUS			MSH001	1
а	Separate Category (Ent	ter cod	le - see instru	ctions.)									▶	GEN
b	If code 901j is entered	on line	a, enter the	country code for	or the sanc	tioned c	country (see instru	ctions).					▶	
Part														
Secti	on 1 - Taxes Paid or Ac	crued	Directly by	Foreign Corpora										
	(a) Name of Payor Entity			ID Number of Paid (		Country or U.S. Posse Paid (Enter code -	ter code - see instructions. to Wh		o Which Tax Re	• •		(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)		
1_	MEDSOURCE GROUP LIMITED				MSH001		K	E			2021/06/30			2021/06/30
2_														
3_														
4_											T			
	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	U.S. 9	(g) kes are paid on source income, check box	(h) Local Curre Which Tax Is (enter code - see	Payable	(in loc	(i) x Paid or Accrued cal currency in which e tax is payable)	С	(j) Conversion Ra U.S. Dollar		(k) In U.S. Dollars (divide column (i) by column			
1_	NONE			KES			NONE		108.7628	3904			NONE	NONE
2														
3_														
4														
	Total (combine lines 1 t	•											NONE	
	Total (combine lines 1 t												<u>. ▶  </u>	NONE
Secti	on 2 - Taxes Deemed P	aid (S	ection 960(b	o))										
	ı	Name of	(a) f Payor Entity		ID Number of Paid (Ent		Country or U.S. Posse Paid (Enter code -	U.S. Possession to Which Tax Is Enter code - see instructions.		PTE	PTEP Group Annual P1		e) EP Account year)	
1_														
3														
4													(i)	
			<b>(g)</b> al Amount of P Group (in funct				(h) TEP Group T P Group (US		espect Fo	and no	Taxes Propot Previous	perly Attributable to PTEP ly Deemed Paid )) x column (h)) (USD)		
1_														
2														
3_														
4_														
	Total (combine lines 1 t				rt amount c	on Sched	dule E-1, line 6				<b>•</b>			
For P	anerwork Reduction Act N	Jotice 4	see instruction	16									Schadula	F (Form 5471) (Rev. 12-2020)

Schedule E	(Form 5471) (Rev. 12-2020)
Part II	Election
For tax ye	ars beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes No If "Yes," state date of election

Part	Taxes for Which a Foreign Ta	x Credit Is Disa	Illowed (Enter	in functional curr	ency of foreign	corporation.)			
	<b>(a)</b> Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	<b>(c)</b> Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	<b>(f)</b> U.S. Taxes	(g) Taxes Related to Section 959(c)(3) E&P	<b>(h)</b> Other	<b>(i)</b> Total
1									
2									
3	In functional currency (combine lines 1	and 2)							

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))......

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

		Taxes related to:						
U.S. a	RTANT: Enter amounts in lollars unless otherwise noted instructions).	<b>(a)</b> Current E&P	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) (in functional currency)	(d) Hovering Deficit and Suspended Taxes			
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-						
b	Beginning balance adjustments (attach statement)							
С	Adjusted beginning balance (combine lines 1a and 1b)							
2	Adjustment for foreign tax redetermination							
3a	Taxes unsuspended under anti-splitter rules							
b	Taxes suspended under anti-splitter rules							
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (k)							
5a	Taxes carried over in nonrecognition transactions							
b	Taxes reclassified as related to hovering deficit after nonrecognition transaction							
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)							
7	Other adjustments (attach statement)							
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines							
	1c through 7)							
9	Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions)							
10	Taxes deemed paid with respect to inclusions under section 951A (see instructions) .							
11	Taxes deemed paid with respect to actual distributions							
12	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .							
13	Other (attach statement)							
14	Taxes related to hovering deficit offset of undistributed post-transaction E&P							
15	Balance of taxes paid or accrued (combine lines 8 through 14 in column (a))							
16	Reduction for tested income taxes not deemed paid • • • • • • • • • • • • • • • • • • •							
17	Reduction for other taxes not deemed paid							
18	Balance of taxes paid or accrued at the beginning of the next year. Line 18, column							
	(a), must always equal zero. So, if necessary, enter negative amounts on lines 16							
	and 17 of column (a) in amounts sufficient to reduce line 15, column (a), to zero. For							
	the remaining columns, combine lines 8 through 14	-0-						

## Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

·	(e) Taxes related to previously taxed E&P (see instructions)												
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951 (a)(1)(A) PTEP			
1a													
b													
c													
2													
3a													
b													
4													
5a													
b													
6													
7													
8													
9													
10													
_11													
12													
13													
14													
15													
16													

Schedule E (Form 5471) (Rev. 12-2020)

17 18

04-2482188

## **Current Earnings and Profits**

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name of person filing Form 5471 Identifying number 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC. Reference ID number (see instructions) EIN (if anv) Name of foreign corporation MEDSOURCE GROUP LIMITED FOREIGNUS

IMPORTANT: Enter the amounts on lines 1 through 5c in functional currency. -71,946,370. 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax Net Additions Net Subtractions accounting standards (see instructions): 2a 2b 2c d Investment or incentive allowance 2d 2e Charges to statutory reserves 2f g Income taxes (see Schedule E, Part I, Section 1, line 6, 2g column (I), and Part III, line 3, column (i)) 2h 2i Other (attach statement)....... 3 4 5a -71,946,370. b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)........... c Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(C) the portion of the line 5c amount with respect to the categories of income shown -71,946,370. 5c (i) General category (enter amount on applicable Schedule J, Part I, 5c(i) -71,946,370. (ii) Passive category (enter amount on applicable Schedule J, Part I, 5c(ii) (iii) Section 901(j) category: (A) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, 5c(iii)(A) (B) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)....... 5c(iii)(B) (C) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, d Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as -661,497.

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2020)

108.7628904

SCHEDULE H

(Rev. December 2020)

(Form 5471)

### SCHEDULE I-1 (Form 5471)

## Information for Global Intangible Low-Taxed Income

(Rev. December 2019)

Department of the Treasury Internal Revenue Service ► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

MANAGEMENT SCIENCES FOR HEALTH, INC.

Name of foreign corporation

MEDSOURCE GROUP LIMITED

Identifying number

04-2482188

EIN (if any)

Reference ID number (see instructions)

MSH001

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

	Separate Category (Enter code - see instruct	ione )	01122	·		
	Separate Category (Enter code - see instruct			Functional	Conversion	
				Currency	Rate	U.S. Dollars
1	Gross income		1	46,748,400.		
2	Exclusions					
а	Effectively connected income	2a				
b	Subpart F income	2b				
С	High-tax exception income per section					
	954(b)(4)	2c				
d	Related party dividends	2d				
е	Foreign oil and gas extraction income	2e				
3	Total exclusions (total of lines 2a-2e)		3			
4	Gross income less total exclusions (line 1 m	inus line 3)	4	46,748,400.		
5	Deductions properly allocable to amount or	line 4	5	118,694,770.		
6	Tested income (loss) (line 4 minus line 5)		6	-71,946,370.	108.7628904	-661,497.
7	Tested foreign income taxes		7			
8	Qualified business asset investment (QBAI)		8			
9 a	Interest expense included on line 5	9a				
b	Qualified interest expense	9b				
С	Tested loss QBAI amount	9c				
d	Tested interest expense (line 9a minus the	sum of line 9b and line				
	9c). If zero or less, enter -0-		9d			
10 a	Interest income included in line 4					
b	Qualified interest income	10b				
С	Tested interest income (line 10a minus li	,				
	enter -0-		10c	199,116.	108.7628904	1,831.
Ear Da	norwark Paduation Act Notice see instructi	ana			Cabadula I 4 /Fa	rm E474\ (Day 42 2040\

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

#### SCHEDULE J (Form 5471) (Rev. December 2020)

Department of the Treasury

Internal Revenue Service

Name of person filing Form 5471

## Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

	MAGEMENT SCIENCES FOR HEALTH, INC.					04-2482188		
Name of	f foreign corporation			EIN (if any)	Re	Reference ID number (see instructions)		
	DSOURCE GROUP LIMITED			FOREIGNUS		SH001		
	Separate Category (Enter code - see instructions.)						N	
b li	code 901j is entered on line a, enter the country		ed country (see instruc	tions)		<u></u>		
Part	Accumulated E&P of Controlled Foreign	Corporation						
	Check the box if person filing return does not have	all U.S. shareholders	information to compl	ete an amount in colu	mn (e) (see instruct	ions).		
Import	tant: Enter amounts in functional currency.	(a)	(b)	(c)	(d)		E&P (see instructions)	
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit a  Deduction for Suspended Taxe	(i) Reclassified section	(ii) Reclassified section 965(b) PTEP	
1a	Balance at beginning of year (as reported on prior							
	year Schedule J)	-108,891,974.	-187,469,760.					
	Beginning balance adjustments (attach statement)							
С	Adjusted beginning balance (combine lines 1a and 1b)	-108,891,974.	-187,469,760.					
2a	Reduction for taxes unsuspended under anti-splitter rules							
b	Disallowed deduction for taxes suspended under							
	anti-splitter rules							
3	Current year E&P (or deficit in E&P) (enter amount							
	from applicable line 5c of Schedule H)	-71,946,370.						
	E&P attributable to distributions of previously taxed							
	E&P from lower-tier foreign corporation							
	E&P carried over in nonrecognition transaction							
b	Reclassify deficit in E&P as hovering deficit after							
	nonrecognition transaction							
6	Other adjustments (attach statement)							
7	Total current and accumulated E&P (combine lines							
	1c through 6)	-180,838,344.	-187,469,760.					
	Amounts reclassified to section 959(c)(2) E&P from							
	section 959(c)(3) E&P							
	Actual distributions							
	Amounts reclassified to section 959(c)(1) E&P from							
	section 959(c)(2) E&P							
	Amounts included as earnings invested in U.S. property							
	and reclassified to section 959(c)(1) E&P (see instructions)							
	Other adjustments (attach statement)							
	Hovering deficit offset of undistributed post-							
	transaction E&P (see instructions)							
14	Balance at beginning of next year (combine lines 7 through 13)	-180,838,344.	-187,469,760.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

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7345RO 649N 04-2482188 **61** 

Part I	Accumulated E&P of Contr	olled Forei	gn Corporation (contin	nued)			
				e) Previously Taxed E	RP (see instructions)	)	
	(iii) General section 959(c)(1) PTEP	<i>(iv)</i> Reclas	sified section 951A PTEP	(v) Reclassified secti	on 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a							
b							
С							
2a							
b							
3							
4							
5a							
b							
6							
7							
8							
9							
10							
11							
12							
13							
14			(e) Previously Taxed E&F	(see instructions)			(6)
	(e) Pro		(ix) Section 245A		(x) Sec	otion 951(a)(1)(A) PTEP	(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a							-296,361,734.
b							
С							-296,361,734.
2a							
b							
3							-71,946,370.
4							
5a							
b							
6							
8							-368,308,104.
8							
9							
10							
11							
12							
13							260 200 104
14							-368,308,104.

Part	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))		
mpo	tant: Enter amounts in functional currency.		
1	Balance at beginning of year	1	
2	Additions (amounts subject to future recapture)	2	
3	Subtractions (amounts recaptured in current year)	3	
4	Balance at end of year (combine lines 1 through 3)	4	

#### **SCHEDULE M** (Form 5471) (Rev. December 2018)

**Transactions Between Controlled Foreign Corporation** and Shareholders or Other Related Persons

Attach to Form 5471.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service	► Attach to For ► Go to www.irs.gov/Form5471 for instru		
Name of person filing Form 5471			Identifying number
MANAGEMENT SCIENCES FOR HEALTH, INC.			04-2482188
Name of foreign corporation		EIN (if any)	Reference ID number (see instructions)
MEDSOURCE GROUP LIMITED		FOREIGNUS	MSH001
		E	

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person	(f) 10% or more U.S. shareholder of any corporation controlling the
ioreign corporation		by U.S. person filing this return	this return	than the U.S. person filing this return)	controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other					
than stock in trade					
3 Sales of property rights (patents,					
trademarks, etc.)					
4 Platform contribution transaction	n				
payments received					
5 Cost sharing transaction pay-					
ments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
1 Interest received					
2 Premiums received for insurance					
or reinsurance					
3 Add lines 1 through 12					
4 Purchases of stock in trade (inventory)					
5 Purchases of tangible property					
other than stock in trade					
6 Purchases of property rights					
(patents, trademarks, etc.)					
7 Platform contribution transaction	n				
payments paid					
8 Cost sharing transaction payments paid .					
9 Compensation paid for tech-					
nical, managerial, engineering,					
construction, or like services					
0 Commissions paid					
1 Rents, royalties, and license fees paid					
2 Hybrid dividends paid (see instructions)					
3 Dividends paid (exclude hybrid dividends paid)					
4 Interest paid					
5 Premiums paid for insurance or reinsurance					
6 Add lines 14 through 25					
7 Accounts Payable					
9 Accounts Receivable					
<b>0</b> Amounts loaned (enter the					
maximum loan balance during					
the year) - see instructions					

### **SCHEDULE P** (Form 5471)

# Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

(Rev. December 2020)

Department of the Treasury Internal Revenue Service

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

						_	
lame o	f person filing Form 5471			Identifying nur	mber		
MANA	GEMENT SCIENCES FOR HEALTH, INC.			04-248	2188		
lame o	f U.S. shareholder			Identifying nur	mber		
lame o	f foreign corporation	EIN (if any)		Reference ID r	number (see instructions)		
MEDS	OURCE GROUP LIMITED	FOREIGNUS		MSH001	MSH001		
а	Separate Category (Enter code - see instructions.)			<b>▶</b> G	EN		
	If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)						
	Previously Taxed E&P in Functional Currency (see instructions)						
		(a)		(b)	(c)		
		Reclassified section		ified section	General section		
		965(a) PTEP	965(	b) PTEP	959(c)(1) PTEP		
						-	
1a	Balance at beginning of year (see instructions)	_					
	7 111 111 111 111 111 111 111 111 111 1					-	
b	Beginning balance adjustments (attach statement)						
		•					
С	Adjusted beginning balance (combine lines 1a and 1b)						
		•				-	
2	Reduction for taxes unsuspended under anti-splitter rules						
						-	
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporatio	nn l					
	1 10 110 acry taxoa zar attibutable to aletibutione of proviously taxoa zar from lower territorigh corporate	,,,,				-	
4	Previously taxed E&P carried over in nonrecognition transaction						
-	rionously takes can carried over in nonicoognition transaction, [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	•				-	
5	Other adjustments (attach statement)						
	Cition day doctrionics (ditaon statement)					-	
6	Total previously taxed E&P (combine lines 1c through 5)						
		•				-	
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
•						-	
8	Actual distributions of previously taxed E&P						
	Total distribution of proviously landa Early 111111111111111111111111111111111111					-	
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (se					-	
. 0	instructions)						
						-	
11	Other adjustments (attach statement)						
••	Other adjustments (attach statement)					-	
12	Balance at haginning of payt year (combine lines 6 through 11)						
	Balance at beginning of next year (combine lines 6 through 11)			Schedule B /	Form 5471) (Rev. 12-2020	_	
5. I a	por more reconsister not monoc, occurrence			Joneaule F (	. J JT. 1/ (INGV. 12-202)	,	

	art I Previously Taxed E&P in Functional Currency (see instructions) (continued)								
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	<b>(k)</b> Total	
1a									
b									
с									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
_ 2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part	rt II Previously Taxed E&P in U.S. Dollars (continued)									
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	<b>(k)</b> Total		
1a										
b										
с										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Schedule P (Form 5471) (Rev. 12-2020)

#### SCHEDULE Q (Form 5471)

(December 2020)
Department of the Treasury
Internal Revenue Service

### **CFC Income by CFC Income Groups**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471							Identifying nur	nber
MANAGEMENT SCIENCES FOR HEALT	H, INC	Z.					04-24821	.88
Name of foreign corporation					EIN (if any)		Reference ID number (see instructions)	
MEDSOURCE GROUP LIMITED					FOREIGNUS		MSH001	
Complete a separate Schedule Q with resp	ect to e	ach applicable catego	ory of income (see instru	uctions).				
A Enter separate category code with r	espect t	to which this Schedule	e Q is being completed	d (see instruction	s for codes)		. ► GEN	
<b>B</b> If category code "PAS" is entered or	n line A,	enter the applicable	grouping code (see ins	tructions)			. ▶	
Complete a separate Schedule Q for U.S.	source ir	ncome and foreig <u>n s</u> ou	rce income.					
C Indicate whether this Schedule Q is	being co	ompleted for: U	J.S. source income or	X Foreign s	source income			
Complete a separate Schedule Q for FOGEI	or FORI	income.						
<b>D</b> If this Schedule Q is being complete	d for FC	GEI or FORI income,	check this box		<del> </del>	<u></u>	<del></del>	
Enter amounts in functional currency	(i)	(ii)	(iii)	(iv)	(v)		(vi)	(vii)
of the foreign corporation (unless	Country	Gross Income	Definitely Related	Related Person		I	& Experimental	Other Expenses
otherwise noted).	Code		Expenses	Interest Expens	e Expense	Exp	penses	(attach schedule)
<ol> <li>Subpart F Income Groups</li> </ol>								
a Dividends, Interest, Rents, Royalties,								
& Annuities (Total)								
(1) Unit name ►								
(2) Unit name ►								
<b>b</b> Net Gain From Certain Property								
Transactions (Total)								
(1) Unit name ►								
(2) Unit name ►								
c Net Gain From Commodities								
Transactions (Total)								
(1) Unit name ►								
(2) Unit name ►								
d Net Foreign Currency Gain (Total)								
(1) Unit name ►								
(2) Unit name ►								
e Income Equivalent to Interest (Total)								
(1) Unit name ►								
(2) Unit name ►								
f Foreign Base Company Sales								
Income (Total)								
(1) Unit name ►								
(2) Unit name								

Important: See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

7345RO 649N

Schedule Q (Form 5471) (12-2020)

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
_ <u>a</u> (1)									
(2)									
b									
(1)									
(2)_									
_									
 (1)									
(2)									
_d									
(1)									
(2)_									
_									
<u>e</u> (1)									
(2)									
f									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

Schedule Q (Form 5471) (12-2020)

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
h Full Inclusion Foreign Base Company							
Income (Total)							
<b>(1)</b> Unit name <b>▶</b>							
(2) Unit name ►							
i Insurance Income (Total)							
<b>(1)</b> Unit name <b>▶</b>							
(2) Unit name ▶							
j International Boycott Income							
k Bribes, Kickbacks, and Other							
Payments							
I Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		46,748,400.	118,694,770.				
(1) Unit nameMEDSOURCE GROUP	KE	46,748,400.	118,694,770.				
(2) Unit name							
4 Residual Income Group (Total)							
<b>(1)</b> Unit name ►							
<b>(2)</b> Unit name ►							
5 Total		46,748,400.	118,694,770.				

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

7345RO 649N 04-2482188

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi)  Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
<u>g</u>									
(1)_									
(2)									
h									
(1)									
(2)									
i									
(1)_									
(2)									
j									
k									
2									
3				-71,946,370.		186,318,407.			
(1)_				-71,946,370.		186,318,407.			
(2)									
4									
(1)									
(2)									
5	unte Coo Commentos Comos			-71,946,370.		186,318,407.			

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

#### **SCHEDULE R** (Form 5471) (December 2020)

### **Distributions From a Foreign Corporation**

Attach to Form 5471.

OMB No. 1545-0123

(December 2020) ► Attach to Form 5471.						
Departm	nent of the Treasury Revenue Service	► Go to www.irs.gov/Form5471 for instruct	tions and the latest information			
			nons and the latest IIIOIIIIdlion.			
Name o	f person filing Form	54/1		Identifying numbe	r	
MANAGE	MENT SCIENCES FO	OR HEALTH, INC.		04-2482188		
	f foreign corporation		EIN (if any)		ber (see instructions)	
. valle 0	. Ioroigii corporation		Liiv (ii dily)		iooi (ooo iiioiiuoiioiio)	
MEDSOU	RCE GROUP LIMITE	ED	FOREIGNUS	MSH001		
		(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional curren	distribution in foreign corporation's	
1	NONE					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
			1	-		

#### FORM 5471, PAGE 3 DETAIL

	FUNC CURRENCY	US CURRENCY
SCH C, LINE 9 - OTHER INCOME		
MISCELLANEOUS INCOME	53,414,878.	491,113.
TOTAL	53,414,878.	491,113.
	=========	=========
SCH C, LINE 17 - OTHER DEDUCTIONS		
PROGRAM SERVICES MANAGEMENT & GENERAL	98,969,450. 19,725,320.	909,956. 181,361.
TOTAL	118,694,770.	1,091,317.

#### FORM 5471, PAGE 4 DETAIL

\_\_\_\_\_\_

	BEGINNING		END	ING
	FUNC CURRENCY	US CURRENCY	FUNC CURRENCY	US CURRENCY
SCH F, LINE 5 - OTHER CURRENT ASS	ETS			
GRANTS & CONTRACTS RECEIVABLE EMP ADVANCES & OTH RECEIVABLES DEPOSITS		27,010. 1,198,316. 169		70,141. 1,660,554. 167.
TOTALS		1,225,495.		1,730,862.
SCH F, LINE 13 - OTHER ASSETS				
UNRESTRICTED NET ASSETS		1,132,242.		NONE
TOTALS	=========	1,132,242.		NONE
SCH F, LINE 16 - OTHER CURRENT LI	ABILITIES			
ACCRUED EXP & OTHER LIAB		2,754,346.		3,227,267.
TOTALS		2,754,346.		3,227,267.
SCH F, LINE 21 - PAID-IN OR CAP S	URPLUS			
PAID IN CAPITAL		273,609.		-2,610.
TOTALS	=========	273,609.		-2,610.

7345RO 649N 04-2482188 **71** 

(Rev. December 2020)

### FILED PURSUANT TO REV. PROC. 92-70 FOR DORMANT FOREIGN CORPORATION. 171 Information Return of U.S. Persons With Respect to Certain Foreign Corporations

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury

Information furnished for the foreign corporation's annual accounting period (tax year required by

OMB No. 1545-0123

Attachment Sequence No. 121

ilitelliai Kevellue Selvice	section 898) (S	see instructions)	beginning () / / () .	I/2U2U	, 8	ina enaing	06/30/	ZUZ1		
Name of person filing this return					A Identifyi	ng number		·		
MANAGEMENT SCIENC	ES FOR HE	CALTH, INC					04-2	2482188		
Number, street, and room or su				t address)	<b>B</b> Category	of filer (See i	nstructions.	Check applicat	le box(es).	):
200 RIVERS EDGE D	RIVE				1a X 11	1c :	2 3	4 X 5a X	5b 5c	
City or town, state, and ZIP code					C Enter the total percentage of the foreign corporation's voting					1
MEDFORD, MA 02155						•	•	annual accoun		, %
Filer's tax year beginning 07/(	01/2020	, and	d ending 06/30,	/2021						
D Check box if this is a final Fo										
E Check if any excepted specifi										
F Check the box if this Form 54										
G If the box on line F is checke										
H Person(s) on whose behalf th	is information retu	urn is filed:			-					
								(4) Chec	k applicabl	e box(es)
(1) Name (2) Address					(3) Identify	ing number	Shareholder	Officer	Director	
Important: Fill in all app	alicable lines	and schodulos	e All information	n must h	in Eng	lich All an	nounts <b>m</b>	ust ha stat	od in II	S dollars
unless other			s. Ali illiollilalic	III IIIUSL DE	in Eng	isii. Ali ali	nounts III	<b>usi</b> de stat	ea III O.	S. UUIIAIS
1a Name and address of foreign							h(1) Emplo	over identificat	ion number	r if any
·							` ´ '	loyer identification number, if any		
MANAGEMENT SCIEN								GIGNUS	or (coo inetr	uctions)
P.O. BOX A972, S	WAZI PLAZ	iΑ			<b>b(2)</b> Reference ID number (see instructions)			uctions)		
MBABANE, WZ							MSH003			
								try under who	se laws inco	orporated
d Data of in comparation	a Deinainal plac		f Dringing I haveing		- Dringi		WZ	h Cunstianal		
<b>d</b> Date of incorporation	e Principal place	e or business	f Principal business code number	s activity	g Princi	oal business a	ictivity	h Functional	currency co	oae
0.1 / 0.7 / 0.0 0.0										
01/05/2009										
2 Provide the following inform				T						
a Name, address, and identi United States	lying number of b	ranch office or agei	nt (ii any) in the	<b>b</b> If a U.S. income tax return was filed, enter:						
				(i) T	axable inco	me or (loss)		(ii) U.S. income tax paid (after all credits)		
								(aitei	an credits)	
c Name and address of forei of incorporation	gn corporation's	statutory or resident	t agent in country					rtment, if applic s of the foreigr		
						books and re				,
Schedule A Stock	of the Forei	gn Corporation	on	1						
					(b)	Number of sl	hares issued	and outstanding	ng	
<b>(a)</b> De	scription of each	class of stock			Beginning				of annual	
					accounting	heuoa		accoun	ting period	
For Paperwork Reduction A	Act Notice, see	instructions.						Form	5471 (R	ev. 12-2020)

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0X1660 3.000

7345RO 649N 04-2482188 72

#### Electronic Filing Information: PDF attachments Included in this Return

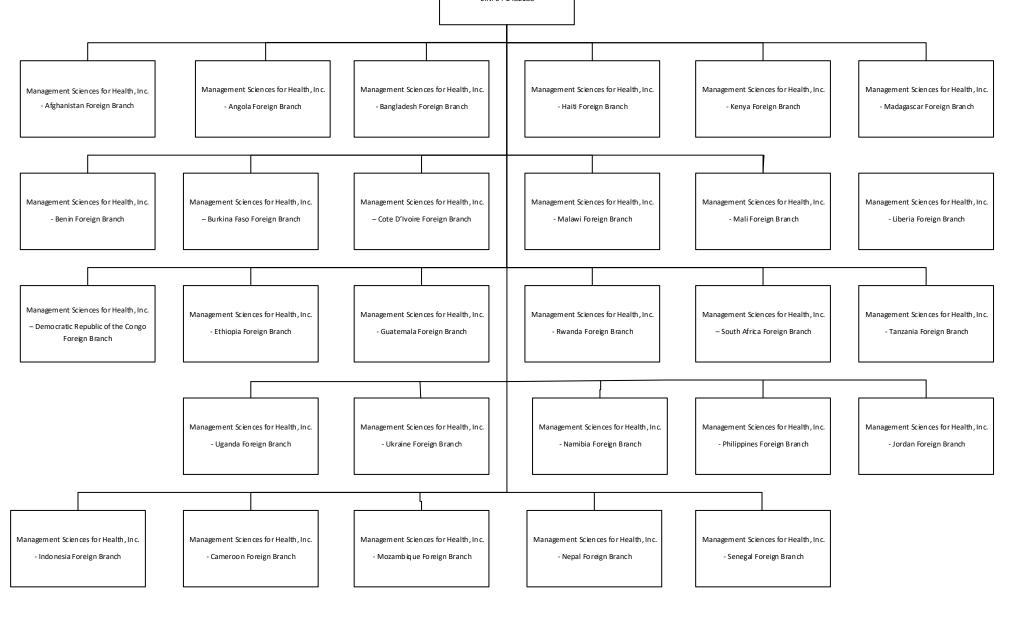
Tax Year:2020Jurisdiction:FederalName:Management Sciences foNo of Attachments:2

Return No: C7345RO0

PDF Attachment Description	PDF File Name	File Size
Form 8858, Item 5 - Org Chart	C7345R00_FE_2020_Management Sciences for Health, Inc_Org Chart.pdf	79,223
Statement_5471_Peru_Schedule J	C7345R00_FE_Statement_5471_Peru_Schedule J_2020.pdf	173,647

Management Sciences for Health, Inc. – US Main Branch

EIN: 04-2482188



# MANAGEMENT SCIENCES FOR HEALTH, INC. EIN: 04-2482188

#### MANAGEMENT SCIENCES FOR HEALTH – PERU REF ID: MSH-PERU

STATEMENT ATTACHED TO AND MADE PART OF FORM 5471 INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS FOR TAXABLE YEAR ENDED JUNE 30, 2021

Due to the closure of this entity, all remaining tax attributes listed on Schedule J were brought to zero.

### Form **8858**

(Rev. September 2020)

Department of the Treasury

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

, and ending 06/30/2021beginning 07/01/2020Internal Revenue Service Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a controlled foreign partnership FB of a U.S. person FB of a CFC Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - AFGHANISTAN FOREIGNUS b(2) Reference ID number (see instructions) HOUSE #26, DARULAMAN ROAD AYUB KHAN MINA KABUL, AFGHANISTAN1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized e Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8858 (Rev. 9-2020) Page 2

Schedule C Income Statement (see instructions	Schedule C	Income Statement	(see instructions
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Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FBs that use DASTM.

lf you	are using the average exchange rate (determined under section 989(b)), check	the i	following box		.
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		8,	953,117
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10		8,	953,117
11	Total deductions (exclude income tax expense)	11		7,	522,717
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		1,	430,400
Sche	dule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(b) Amount s functional c recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				
Caba	dulo E Balance Sheet				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	776.	NONE
2	Other assets	2	5,026.	113,803.
3	Total assets	3	5,802.	113,803.
	Liabilities and Owner's Equity			
4	Liabilities	4	5,802.	113,803.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	5,802.	113,803.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

Form **8858** (Rev. 9-2020)

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Form <u>8858</u> (Rev. 9-2020) Page 3

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
·	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

Form **8858** (Rev. 9-2020)

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Form 885	58 (Rev. 9	9-2020)							Page <b>4</b>
Sche	edule H	Current I	Earnings and Pr	ofits or Taxable	e Income (see i	instructions)			
Import	tant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.				
1	Currer	nt year net incom	ne (loss) per forei	gn books of accou	ınt		1	1	1,430,400.
2	Total r	net additions					2		
3	Total r	net subtractions							
4	Currer	nt earnings and p	orofits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3) <b>4</b>	1	1,430,400.
5	5 DASTM gain (loss) (if applicable)								
6								1	1,430,400.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average		
	exchar	nge rate determi	ned under sectior	n 989(b) and the r	elated regulation	ns (see instructions)	)	1	1,430,400.
8		<u>exchange rate u</u>		1.000000					
	edule I		red Loss Amou	•					
Import	tant: S	ee instructions	s for who has to	complete this s	ection.			1	
								Yes	No
1		•	, -		•	to a foreign corpo			
	stop h	ere. If "Yes," go t	o line 2						Х
2			•		,	all of the assets of a	, ,		
	an FB	that is an FDE	) to a specified 1	10%-owned forei	gn corporation?	If "No," stop here.	If "Yes," go to		
3		•				shareholder with	•		
					_				
4				· ·	•	iired under section			
			<u> </u>			<u> </u>	4		
Sche	edule J		Taxes Paid or A		ructions)	F	0		
(a	٠)		Foreign Income Tax	1		Foreign Tax Credit			
Coun Posse	itry or	<b>(b)</b> Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	<b>(g)</b> General		( <b>h)</b> ther
Tatala									
Totals					I				

Form **8858** (Rev. 9-2020)

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#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

I Revenue Service ► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858 Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - AFGHANISTAN FOREIGNUS AFGHANTSTAN1 Name of tax owner U.S. identifying number, if any Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see instructions)

### Form 8858

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. 140

, and ending 06/30/2021beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE ROAD City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - ANGOLA FOREIGNUS b(2) Reference ID number (see instructions) **#18 JAMIE CORESAO STREET** LUANDA CITY, MAIANGA DISTRICT AO c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2020)

Form 8858 (Rev. 9-2020) Page **2** 

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

f you	are using the average exchange rate (determined under section 989(b)), check	the i	following box		
			Functional Currency	U.S. [	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			81,666
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			81,666
11	Total deductions (exclude income tax expense)	11			64,274
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			17,392
Sche	dule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(b) Amount stated ir functional currency recipient	
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting		<u> </u>		

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	<b>(b)</b> End of annual accounting period
1	Cash and other current assets	1	32,490.	714.
2	Other assets	2	8,459.	NONE
3	Total assets	3	40,949.	714.
	Liabilities and Owner's Equity			
4	Liabilities	4	40,949.	714.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	40,949.	714.

#### Schedule G Other Information

		103	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Form **8858** (Rev. 9-2020)

JSA

Form 8858 (Rev. 9-2020)
Page 3

Cher Information (continued)

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		37
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$	v	
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
IVa	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		Х
b	If "Yes," enter the amount of the dual consolidated loss		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
ııu	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit > \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See instructions.		

Form **8858** (Rev. 9-2020)

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649N

Form 88	358 (Rev.	9-2020)								Page <b>4</b>
Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see	instructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
1	Curre	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		17,392.
2	Totalı	net additions						2		
3	3 Total net subtractions									
4	Curre	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3)	4		17,392.
5	DAST	M gain (loss) (if a	applicable)					5		
6								6		17,392.
7	Curre	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	excha	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions))		7		17,392.
8	Enter	exchange rate u	sed for line 7	1.0000000						
Sch	edule I	Transfer	red Loss Amou	nt (see instruction	ons)					
Impo	r <b>tant</b> : S	ee instruction	s for who has to	complete this s	ection.					
Yes No								No		
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "N	۱o,"		
	stop h	ere. If "Yes," go t	o line 2					[		х
2	Was tl	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (includ	ling		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	to		
	line 3							[		
3						shareholder with r		the		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount inc	luded in gross	income as requ	ired under section	91. See			
	instru	ctions						4		
Sch	edule J	Income 7	Taxes Paid or A	ccrued (see inst	tructions)					
		F	oreign Income Tax	es		Foreign Tax Credit S	Separate Cate	gories		
Cou	(a) Intry or	(b)	(c)	<b>(d)</b> U.S.	(e)	_ (f)	(g)			1)
	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General		Ot	her ————
Total	_				I	1				

Form **8858** (Rev. 9-2020)

0X4066 2.000 7345RO 649N 04-2482188

#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

► Go to www.irs.gov/Form8858 for instructions and the latest information.

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

➤ Attach to Form 8858.

OMB No. 1545-1910

Name of person filing Form 8858 Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - ANGOLA FOREIGNUS ANGOLA1 U.S. identifying number, if any Name of tax owner Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see instructions)

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

649N

Schedule M (Form 8858) (Rev. 12-2018)

7345RO

### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

## Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2020 , and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. **140** 

beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - BANGLADESH FOREIGNUS b(2) Reference ID number (see instructions) HOUSE #3 ROAD #23B GULSHAN, DAKA BG BANGLADESH1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2020)

Form 8858 (Rev. 9-2020) Page 2

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)) about 1.

t you	are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		1,	,364,220.
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10		1,	,364,220.
11	Total deductions (exclude income tax expense)	11		3 ,	,673,929.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		-2	,309,709.
Sche	dule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(b) Amount of functional of recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re-				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				

#### Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	84,101.	27,862.
2	Other assets	2	16,421.	13,691.
3	Total assets	3	100,522.	41,553.
	Liabilities and Owner's Equity			
4	Liabilities	4	100,522.	41,553.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	100,522.	41,553.

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Form **8858** (Rev. 9-2020)

JSA

Form 8858 (Rev. 9-2020) Page 3

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		37
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$	v	
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
IVa	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		Х
b	If "Yes," enter the amount of the dual consolidated loss		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
ı ı u	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit > \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See instructions.		

Form **8858** (Rev. 9-2020)

orm 88	58 (Rev. 9	9-2020)								Page 4
Sche	edule H	Current I	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)				
mport	tant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	1				
1	Currer	nt year net incom	ne (loss) per forei	gn books of accou	ınt			1	-2	,309,709
2	Total r	net additions						2		
3								3		
4	Currer	nt earnings and p	orofits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3)	4	-2	,309,709
5	DAST	M gain (loss) (if a	applicable)			·		5		
6								6	-2	,309,709
7	7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average									
	exchar	nge rate determi	ned under section	n 989(b) and the r	elated regulation	ns (see instructions)	)	7	-2	,309,709
8	Enter	exchange rate u	sed for line 7	1.0000000						
Sch	edule I	Transfer	red Loss Amou	nt (see instruction	ons)					
mport	tant: S	ee instructions	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	in FB that is an I	FDE) transferred	to a foreign corpo	oration? If "No	o,"		
	stop h	ere. If "Yes," go t	o line 2					L		х
2	Was th	ne transferor a d	omestic corporat	ion that transferre	ed substantially a	all of the assets of a	ın FB (includi	ng		
						If "No," stop here.				
	line 3							L		
3						shareholder with				
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section	91. See			
	instruc	tions	<u> </u>			<u> </u>		4		
Sche	edule J	Income 1	Taxes Paid or A	ccrued (see inst	ructions)					
		F	oreign Income Tax	1		Foreign Tax Credit	Separate Categ	gories		
Cour Posse	a) ntry or ession	<b>(b)</b> Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> General			h) her
<b>Totals</b>	;									

Form **8858** (Rev. 9-2020)

0X4066 2.000 7345RO 649N 04-2482188

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### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

value of person filling Form 6000						identifyi	ng number
MANAGEMENT SCIENCES	FOR HEALTH	, INC.				04-	2482188
Name of FDE or FB		S. identifying number, i	if any	Refer	ence ID number	(see instr	uctions)
MSH FO - BANGLADESH	FORE	IGNUS		BANGLADESH1			
Name of tax owner				U.S. ider	ntifying number, if	any	
Important: Complete a separate So the annual accounting period betwe	en the FDE or F	B and the person	s liste	ed in the applicabl	le columns (b	) throu	ugh (f). All amounts
must be stated in U.S. dollars transl	lated from function	nal currency at th	e app	ropriate exchange	rate for the I	FDE's o	r FB's tax year. See
instructions.				USD			
Enter the relevant functional currency an					1.000		
Column Headings. This schedule cor and complete lines 1 through 19 with					entifies the st	atus of	the tax owner
		(c) Any domesti	ic	(d) Any foreign corporation or	<b>(e</b> ) Any U.S. p		
Controlled Foreign Partnership	(b) U.S. person filing	corporation or		partnership controlling or	with a 10% or direct interest	in the	
(a) Transactions of FDE or FB	this return	partnership controlling or		controlled by the filer (other than the	controlled for partnership (	other	
1520115		controlled by the	filer	tax owner)	than the file	er)	
Controlled Foreign Corporation		(c) Any domesti	ic	(d) Any foreign	(e) 10% or mor		(f) 10% or more U.S.
	(b) U.S. person filing	corporation or partnership contro		corporation or partnership controlled	shareholder o corporatio	n Í	shareholder, or other owner, of any entity
(a) Transactions of FDE or FB	this return	by the filer		by the filer (other than tax owner)	controlling th owner	e tax	controlling the tax owner
X U.S. Tax Owner	(b) U.S. person filing	(c) Any domesti		(d) Any foreign	(e) Any fore	eian	
	this return (other than the	corporation or partnership contro	olled	corporation (including its branches or	partnership (included branches or F	uding its	
(a) Transactions of FDE or FB	tax owner of the FDE or FB)	by the filer (other to the tax owner of the FDE or FB)		disregarded entities) ontrolling or controlled by the filer	controlling or co	ontrolled	
4. Solon of inventory		,		,			
1 Sales of inventory							
<ul><li>2 Sales of property rights</li><li>3 Compensation received for</li></ul>							
certain services							
4 Commissions received							
5 Rents, royalties, and license							
fees received.							
6 Dividends/Distributions received							
7 Interest received							
8 Other							
9 Add lines 1 through 8							
10 Purchases of inventory							
11 Purchases of tangible property							
other than inventory							
12 Purchases of property rights							
13 Compensation paid for certain							
services		_					
14 Commissions paid			-				
15 Rents, royalties, and license							
fees paid			+				
16 Interest paid			+				
17 Add lines 10 through 16		+					
instructions)							
19 Amounts loaned (see							
instructions)							
					·		

### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2020 , and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. **140** 

Name of person filing this return	,	,		, ,		Filer's identifying number	
MANAGEMENT SCIENCE	S FOR HEALT	TH, INC.				04-2482188	
Number, street, and room or suite no. (or			ddress)			, 01 1101100	_
200 RIVERS EDGE DF	RIVE						
City or town, state, and ZIP code							
MEDFORD, MA 02155							
Filer's tax year beginning 07/0	01/2020		, and ending 0	6/30/202	21		
Important: Fill in all application		dules. All informa				ts <b>must</b> be stated in	
	ss otherwise indica			Ü			
Check here FDE of a U.S. pe	erson	FDE of a controlled f	foreign corporation (	CFC)	FDE of a	controlled foreign partnership	
X FB of a U.S. per	rson	FB of a CFC			FB of a c	controlled foreign partnership	
Check here Initial 8858	Final	8858					
1a Name and address of FDE or FB					<b>b(1)</b> U.S.	identifying number, if any	
MSH FO - BENIN						FOREIGNUS	
03 32BP NOVO					b(2) Refe	erence ID number (see instruction	าร)
, BN					BENIN1		
${f c}$ For FDE, country(ies) under whose	laws organized and entity	type under local tax law		d Date(s) of or	ganization	e Effective date as FDE	
f If benefits under a U.S. tax treaty we income of the FDE or FB, enter the ti		g Country in which pactivity is conduct		h Principal bus	iness	i Functional currency	
income of the FDE of FB, enter the t	reaty and article number	activity is conduct	eu	activity		USD	
		BN		PUBLIC H	EALTH		
2 Provide the following information for	r the FDE's or FB's accoun	ting period stated above.					
a Name, address, and identifying num the United States	nber of branch office or age	ent (if any) in	with custody such books a	of the books and and records, if differ	records of the rent	artment, if applicable) of person(s FDE or FB, and the location of HEALTH, INC.	3)
				RS EDGE DR		imilii, inc.	
			MEDFORD,		T A 17		
			TIEBT OILE /	111 02133			
3 For the tax owner of the FDE or FB	(if different from the filer)	), provide the following (se	ee instructions):				
a Name and address			<b>b</b> Annual accou	ınting period cove	red by the ret	turn (see instructions)	
			c(1) U.S. identif	ying number, if an	У		
			c(2) Reference	ID number (see ins	structions)		
			d Country unde	er whose laws orga	nized	e Functional currency	
4 For the direct owner of the FDE or	FB (if different from the ta	ax owner), provide the foll					
a Name and address			<b>b</b> Country unde	er whose laws orga	nızed		
			<b>c</b> U.S. identifyin	ng number, if any		d Functional currency	
5 Attach an organizational chart that	identifies the name also	ement percentage of ou	wherehin toy classifi	cation, and country	of organizati	ion of all entities in the chair of	
5 Attach an organizational chart that	racinines inc name, place	omen, percentage of ov	witcionip, tax classill	oalion, and coulity	y oi oiyailizali	on or all cittings III the citalii Ol	

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

MANAGEMENT SCIENCES FOR HEALTH, INC.

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Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 080/h), check the U.S.

t you	are using the average exchange rate (determined under section 989(b)), check	the i	following box		
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		4	,283,669
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10		4	,283,669
11	Total deductions (exclude income tax expense)	11		3	,995,861
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			287,808
Sche	dule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount of functional of recip	stated in currency of
4	Domittoness from the CDC or CD	1	FDE OI FB	recip	nem
1	Remittances from the FDE or FB	2			
2 3	Section 987 gain (loss) recognized by recipient  Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
3		3			
	statement)	3		Yes	No
4	Ware all remittances from the EDE or ED treated as made to the direct owner?			res	NO
4 5	Were all remittances from the FDE or FB treated as made to the direct owner?				
Ð	Did the tax owner change its method of accounting for section 987 gain or loss with refrom the FDE or FB during the tax year? If "Yes," attach a statement describing the rethe change and new method of accounting	netho	d used prior to		

#### Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	70,731.	373,262.
2	Other assets	2	74,064.	72,934.
3	Total assets	3	144,795.	446,196.
	Liabilities and Owner's Equity			
4	Liabilities	4	144,795.	446,196.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	144,795.	446,196.

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

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Cher Information (continued)

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c .		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	Х	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
_	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit > \$ ( )		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
اہ	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
е	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e Enter the separate unit's contribution to the cumulative consolidated taxable income		
e	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
·vu	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		

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Form 88	858 (Rev. 9	9-2020)							Page <b>4</b>
Sch	nedule F	Current	Earnings and Pi	ofits or Taxable	e Income (see	nstructions)			
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	1			
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt		1		287,808.
2	Total r	net additions					2		
3	Total r	net subtractions							
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3) 4		287,808.
5	DAST	M gain (loss) (if a	applicable)				5		
6	Comb	ine lines 4 and 5	5				6		287,808.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average		
	excha	nge rate determi	ined under sectior	n 989(b) and the i	related regulation	ns (see instructions))			287,808.
8	Enter	exchange rate u	sed for line 7	1.0000000					
Sch	nedule I	Transfer	red Loss Amou	nt (see instruction	ons)				
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.				
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpora	ation? If "No,"		
	stop h	ere. If "Yes," go t	to line 2						Х
2						all of the assets of an			
	an FB	that is an FDE	) to a specified '	10%-owned foreign	gn corporation?	If "No," stop here. It	f "Yes," go to		
	line 3								
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with re	espect to the		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4		<u></u>		
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section	91. See		
	instruc	ctions					4		
Sch	nedule J	Income 7	Taxes Paid or A	ccrued (see ins	tructions)				
			Foreign Income Tax	es		Foreign Tax Credit S	eparate Categori	es	
(a) (b) (c) (d) (e) U.S. Foreign Pernals		(e)	_ (f)	(g)		(h)			
	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General	0	ther
Total	ls								

Form **8858** (Rev. 9-2020)

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### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filling Form 6000				ider	itirying number
MANAGEMENT SCIENCES FO	OR HEALTH,	INC.		0	4-2482188
Name of FDE or FB	U.S.	identifying number, if an	/ Refe	rence ID number (see	instructions)
MSH FO - BENIN	FOREI	GNUS	BENIN1		
Name of tax owner			U.S. ide	ntifying number, if any	
Important: Complete a separate Sche the annual accounting period between must be stated in U.S. dollars translate instructions.	n the FDE or FB ed from functiona	and the persons I al currency at the a	isted in the applicat ppropriate exchange USD	ole columns (b) ti	hrough (f). All amounts E's or FB's tax year. See
and complete lines 1 through 19 with r					S Of the tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. perso with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	re ne
Controlled Foreign Corporation  (a) Transactions of FDE or FB	( <b>b</b> ) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U. shareholder of an corporation controlling the tax owner	y shareholder, or other owner, of any entity
X U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including branches or FDEs controlling or control by the filer	)
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for					
certain services					
4 Commissions received					
5 Rents, royalties, and license					
fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property					
other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain					
services					
14 Commissions paid					
15 Rents, royalties, and license					
fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see					
instructions)					
19 Amounts loaned (see					
instructions)	the Instructions for	r Form 8859		Sahadula II	// (Form 8858) (Rev. 12-2018)
. c aper work recadellon Act Notice, see				Julieuule I	(1 21111 0000) (NEV. 12-2010)

### Form 8858

(Rev. September 2020)

Department of the Treasury

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) OMB No. 1545-1910

Attachment

Sequence No. 140 , and ending 06/30/2021beginning 07/01/2020Internal Revenue Service Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - BURKINA FASO FOREIGNUS b(2) Reference ID number (see instructions) CITE SOCOGIB ZORE DE BOIS, SECTION 13, LOT OS BTS PORTE, UV N 409 BURKINAFASO1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

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Schedule C	Income Statement	(see instructions	(
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

t you	are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S. E	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11			551,412
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-551,412
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional orecip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	108,737.	118,287.
2	Other assets	2	4,019.	18,407.
3	Total assets	3	112,756.	136,694.
	Liabilities and Owner's Equity			
4	Liabilities	4	112,756.	136,694.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	112,756.	136,694.

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
	_	00E0 /D	0.0000)

Form **8858** (Rev. 9-2020)

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Schedule G Other Information (continued) Page 3

SCITE	dule G The information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit > \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture ▶ \$ . See instructions.		

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Form 88	358 (Rev. 9	9-2020)								Page <b>4</b>
Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see	instructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		-551,412.
2	Total r	net additions						2		
3	Total r	net subtractions						3		
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3)	4		-551,412.
5	DAST	M gain (loss) (if a	applicable)					5		
6	Comb	ine lines 4 and 5						6		-551,412.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	excha	nge rate determi	ned under section	n 989(b) and the r	elated regulation	ns (see instructions))		7		-551,412.
8	Enter		sed for line 7 ▶	1.0000000						
	nedule I		red Loss Amou							
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "I	No,"		
stop here. If "Yes," go to line 2							Х			
2	Was th	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (inclu	ding		
	an FB	that is an FDE	) to a specified 1	10%-owned foreig	gn corporation?	If "No," stop here.	If "Yes," go	o to		
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	respect to	the		
		•		•	•					
4	Enter	the transferred	loss amount inc	cluded in gross	income as requ	ired under section	91. See			
					<u> </u>			4		
Sch	edule J		Taxes Paid or A	,	tructions)					
		ı	Foreign Income Tax			Foreign Tax Credit	Separate Cat	egories	3	
Cou	(a) Intry or	<b>(b)</b> Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> General			h) her
Pos	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General			
Total	•									

29

0X4066 2.000 7345RO 649N 04-2482188

### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858						dentifyir	ng number
MANAGEMENT SCIENCES	FOR HEALTH	I. TNC.				04 - 2	2482188
Name of FDE or FB		S. identifying nun	nber, if any	Refer	ence ID number (s		
MSH FO - BURKINA FASO	FOR	EIGNUS		BURKINAFASO1			
Name of tax owner				U.S. ider	ntifying number, if a	iny	
Important: Complete a separate So the annual accounting period between must be stated in U.S. dollars trans instructions.	een the FDE or F	B and the pe	rsons list	ed in the applicab	le columns (b)	) throu	igh (f). All amounts
Enter the relevant functional currency a	nd the exchange rate	e used throughou	ut this sche	dule >	1.0000	000	
Column Headings. This schedule co and complete lines 1 through 19 with			•		entifies the sta	itus of	the tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any do corporati partner controlli controlled b	ion or ship ng or	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. pe with a 10% or r direct interest in controlled fore partnership (of than the file	more n the eign ther	
Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any do corporat partnership by the	ion or controlled	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more shareholder of corporation controlling the owner	any	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any do corporat partnership by the filer (c the tax own FDE or	ion or controlled other than er of the	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreig partnership (inclubranches or FC controlling or corby the filer	ding its Es) ntrolled	
1 Sales of inventory							
2 Sales of property rights							
3 Compensation received for							
certain services							
4 Commissions received							
5 Rents, royalties, and license							
fees received							
6 Dividends/Distributions received							
7 Interest received							
8 Other							
9 Add lines 1 through 8							
10 Purchases of inventory							
11 Purchases of tangible property							
other than inventory							
12 Purchases of property rights							
13 Compensation paid for certain							
services							
14 Commissions paid							
15 Rents, royalties, and license							
fees paid							
16 Interest paid							
17 Add lines 10 through 16			+				
18 Amounts borrowed (see							
instructions)							
19 Amounts loaned (see							
instructions)							

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

649N

Schedule M (Form 8858) (Rev. 12-2018)

7345RO

### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

Name of person filing this return

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) , and ending 06/30/2021beginning 07/01/2020

OMB No. 1545-1910

Attachment Sequence No. 140

Filer's identifying number

MANAGEME	NT	SCIENCES FOR	HE <i>I</i>	LTI	H, INC				04-2482188
Number, street, an	d roc	om or suite no. (or P.O. box num	nber if n	nail is r	ot delivered to street a	ddress)			
200 RIVE	RS	EDGE DRIVE							
City or town, state,	and Z	IP code							
MEDFORD,	MZ	A 02155							
Filer's tax year begi	nning	07/01/2020	)			, and ending 0	6/30/202	1	
		n all applicable lines a dollars unless otherwi				tion <b>must</b> be	in English. All	amount	ts <b>must</b> be stated in
Check here		FDE of a U.S. person			FDE of a controlled to	foreign corporation (	CFC)	FDE of a	controlled foreign partnership
	X	FB of a U.S. person			FB of a CFC			FB of a c	controlled foreign partnership
Check here		Initial 8858	F	inal 88	358			•	
1a Name and add	ress c	of FDE or FB	•					<b>b(1)</b> U.S.	identifying number, if any
MSH FO - C	!AME	EROON							FOREIGNUS
EKOUNOU, Y	JOA	JNDE IV SUBDIVISI	ON I	NO.	1572 VOL 09	FOLIO 21		b(2) Refe	erence ID number (see instructions)
YAOUNDE,	CM							CAMEROON:	1
c For FDE, country(ies) under whose laws organized and entity type under local tax law				e under local tax law		d Date(s) of orga	anization	e Effective date as FDE	
				g Country in which pactivity is conduct		h Principal busin activity	iess	i Functional currency USD	
CM			CM		PUBLIC HE	ΔΤ.ΤΗ			
2 Provide the fo	llowir	ng information for the FDE's or I	FB's ac	countin			TODETC III.	21111	
Name, address, and identifying number of branch office or agent (if any) in the United States			t (if any) in	b Name and address (including corporate department, if applicable) of persons with custody of the books and records of the FDE or FB, and the location of such books and records, if different  MANAGEMENT SCIENCES FOR HEALTH, INC.  200 RIVERS EDGE, DRIVE  MEDFORD, MA 02155					
2 Farthatay aw		of the EDE on ED (if different for	46-	files =	una dala tha fallanda a (a.				
a Name and add		of the FDE or FB (if different fr	om tne	filer), p	provide the following (se	1	unting period covere	ad by the ret	turn (see instructions)
a Name and add	1033					b //ilital accou	many period covere	ou by the re-	turr (300 manuoliona)
						c(1) U.S. identify	ying number, if any		
						c(2) Reference I	ID number (see inst	ructions)	
						d Country unde	er whose laws organi	ized	e Functional currency
4 For the direct	owne	r of the FDE or FB (if different	t from t	he tax	owner), provide the foll	owing (see instruction	ons):		1
a Name and add	ress					<b>b</b> Country unde	er whose laws organi	ized	
						c U.S. identifyin	ng number, if any		d Functional currency
5 Attach an orga	aniza	tional chart that identifies the	name	nlacer	nent nercentage of ov	vnershin tav classifi	cation, and country	of organizati	ion of all entities in the chain of

ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (dotormined under section 2001).

f you	· are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S. [	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11		1	,231,212
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		-1	,231,212
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
	/			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	•			
	the change and new method of accounting		•		
Sche	dule F Balance Sheet				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	3,000.	72,019.
2	Other assets	2	NONE	32,846.
3	Total assets	3	3,000.	104,865.
	Liabilities and Owner's Equity			
4	Liabilities	4	3,000.	104,865.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	3,000.	104,865.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

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JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.		Λ
<u> </u>	. See Instructions.		

Form **8858** (Rev. 9-2020)

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Form 88	358 (Rev.	9-2020)								Page <b>4</b>
Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see	instructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
1	Curre	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1	-1	,231,212.
2	Totalı	net additions					[	2		
3	Totalı	net subtractions					[	3		
4	Curre	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	e 3)	4	-1	,231,212.
5	5 DASTM gain (loss) (if applicable)									
6								6	-1	,231,212.
7						6 translated at the				
	excha	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions)	) [	7	-1	,231,212.
8	Enter	exchange rate u	sed for line 7	1.0000000	_					
Sch	edule I	Transfer	red Loss Amou	nt (see instruction	ons)					
Impo	r <b>tant</b> : S	ee instruction	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "N	lo,"		
stop here. If "Yes," go to line 2							х			
2	Was tl	ne transferor a d	lomestic corporat	on that transferre	ed substantially a	all of the assets of a	n FB (includ	ling		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	to		
	line 3							. <b></b> L		
3						shareholder with		the		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount inc	luded in gross	income as requ	ired under section	91. See			
	instru	ctions						4		
Sch	edule J	Income 7	Taxes Paid or A	ccrued (see inst	tructions)					
		ı	oreign Income Tax	es		Foreign Tax Credit	Separate Cate	gories		
Cou	(a) Intry or	(b)	(c)	<b>(d)</b> U.S.	(e)	_ (f)	(g)			n)
	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General		Ot	her ————
Total	_				I	1		- 1		

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### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858				Identify	ing number
MANAGEMENT SCIENCES	FOR HEALTH	. TNC		04-	2482188
Name of FDE or FB		6. identifying number, if any	Refe	rence ID number (see instr	
MSH FO - CAMEROON	FORE	IGNUS	CAMEROON1		
Name of tax owner			U.S. ide	ntifying number, if any	
Important: Complete a separate So the annual accounting period betwee must be stated in U.S. dollars transl instructions.	een the FDE or FE	3 and the persons lis	ted in the applicab	le columns (b) thro	ugh (f). All amounts
Enter the relevant functional currency ar	nd the exchange rate	used throughout this sch	edule <b>&gt;</b>	1.0000000	
Column Headings. This schedule column complete lines 1 through 19 with				entifies the status of	the tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for					
certain services					
4 Commissions received					
5 Rents, royalties, and license					
fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property					
other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain					
services					
14 Commissions paid					
15 Rents, royalties, and license					
fees paid		1			
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see					
instructions)					
`					
instructions)		1			

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### Form 8858

(Rev. September 2020)

Department of the Treasury

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) OMB No. 1545-1910

Attachment

Sequence No. 140 , and ending 06/30/2021beginning 07/01/2020Internal Revenue Service Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - COTEDIVOIRE FOREIGNUS b(2) Reference ID number (see instructions) 18 PO BOX 2252, ZONE 4, THOMAS EDISON STREET ABIDJAN, MARCORY IV 18 COTEDIVOIRE1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C Income Statement (see instructions	Schedule C	Income Statement	(see instructions
---	------------	------------------	-------------------

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box

т уог	are using the average exchange rate (determined under section 989(b)), check	trie	rollowing box		
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			563,079
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Other income Total income (add lines 3 through 9)	10			563,079
11	Total deductions (exclude income tax expense)	11		3	,165,849.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		-2	,602,770
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional crecip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
	, , , , , , , , , , , , , , , , , , , ,			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	•			
	the change and new method of accounting				
Caba	dulo E Ralance Sheet				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	213,061.	14,758.
2	Other assets	2	182,814.	36,901.
3	Total assets	3	395,875.	51,659.
	Liabilities and Owner's Equity			
4	Liabilities	4	395,875.	51,659.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	395,875.	51,659.

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.		Λ
<u> </u>	. See Instructions.		

Form **8858** (Rev. 9-2020)

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Form 88	358 (Rev. 9	9-2020)								Page <b>4</b>
Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)				
<b>Impor</b>	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	1				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1	-2	,602,770.
2	Total r	net additions						2		
3	Total r	net subtractions						3		
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3)	4	-2	,602,770.
5	DAST	M gain (loss) (if a	applicable)					5		
6	Comb	ne lines 4 and 5						6	-2	,602,770.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchai	nge rate determi	ned under section	n 989(b) and the r	related regulation	ns (see instructions)	)	7	-2	,602,770.
8	Enter	exchange rate u	sed for line 7 ▶	1.0000000						
	edule I		red Loss Amou							
<b>Impor</b>	rtant: S	ee instruction	s for who has to	complete this s	ection.					
								Ye	s	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	oration? If "No	,"		
	stop h	ere. If "Yes," go t	to line 2							Х
2	Was th	ne transferor a c	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	ın FB (includir	ng		
	an FB	that is an FDE	) to a specified 1	10%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go t	to		
	line 3									
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	respect to th	ne		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount inc	cluded in gross	income as requ	ired under section	91. See			
	instruc	tions						4		
Sch	edule J	Income 7	Taxes Paid or A	ccrued (see inst	tructions)					
		ı	oreign Income Tax	es		Foreign Tax Credit	Separate Categ	ories		
(a) Country or Possession									(h Oth	
Poss	session			Dollars						
Totals	e									

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#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

► Go to www.irs.gov/Form8858 for instructions and the latest information.

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

Name of person filing Form 8858 Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - COTEDIVOIRE FOREIGNUS COTEDIVOIRE1 Name of tax owner U.S. identifying number, if any Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received. Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see instructions)

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

### Form **8858**

(Rev. September 2020)

Department of the Treasury

## Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

, and ending 06/30/2021beginning 07/01/2020Internal Revenue Service Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - DRCONGO FOREIGNUS b(2) Reference ID number (see instructions) AVENUE DES CITRONNIERS NO4 GOMBE, KINSHASA CG c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

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Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

t you	are using the average exchange rate (determined under section 989(b)), check	the	following box		🔲
			Functional Currency	U.S. [	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11		1	,815,153
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		-1,815,153	
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	<b>(b)</b> End of annual accounting period
1	Cash and other current assets	1	21,365.	101,212.
2	Other assets	2	136,588.	24,375.
3	Total assets	3	157,953.	125,587.
	Liabilities and Owner's Equity			
4	Liabilities	4	157,953.	125,587.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	157,953.	125,587.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

Form **8858** (Rev. 9-2020)

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Form 8858 (Rev. 9-2020)

Colordulo G Other Information (continued) Page 3

Scne	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
_	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ ( )		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
•	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
-	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture.    \$\infty\$ \$\]  See instructions.		

Form 88	858 (Rev. 9	9-2020)							Page <b>4</b>
Sch	nedule F	Current	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)			
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt		1	-1	,815,153.
2	Total r	net additions					2		
3									
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3) 4	-1	,815,153.
5	DASTI	M gain (loss) (if a	applicable)				5		
6	Comb	ne lines 4 and 5					6	-1	,815,153.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average		
	exchai	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions)	)	-1	,815,153.
8	Enter	exchange rate u	sed for line 7 ▶	1.0000000					
	nedule I		red Loss Amou						
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.			_	
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an I	FDE) transferred	to a foreign corpo	oration? If "No,"		
	stop h	ere. If "Yes," go t	o line 2						Х
2	Was th	ne transferor a d	lomestic corporati	ion that transferre	ed substantially a	all of the assets of a	an FB (including		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go to		
	line 3								
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	respect to the		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4		<u></u>		
4	Enter	the transferred	loss amount inc	cluded in gross	income as requ	ired under sectior	n 91. See		
	instruc	tions					4		
Sch	nedule J	Income 7	Taxes Paid or A	ccrued (see inst	ructions)				
		F	oreign Income Tax			Foreign Tax Credit	Separate Categori	es	
(a) Country or Possession		ry or Foreign Currency Conversion Pate U.S. Foreign Proper Page 19							<b>h)</b> :her
Total	ls								

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### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

(a) Transactions of FDE or FB  (b) U.S. person hing this return  (c) U.S. person hing this return  (d) Transactions of FDE or FB  (e) Transactions of FDE or FB  (b) U.S. person fiting this return that was over of the FDE or FB)  (e) Transactions of FDE or FB  (f) U.S. person fiting this return that was over of the FDE or FB)  (e) Transactions of FDE or FB  (f) U.S. person fiting this return that was over of the FDE or FB)  (h) U.S. person fiting this return that was over of the FDE or FB)  (f) U.S. person fiting this return that was over of the FDE or FB)  (h) U.S. person fiting this return that was over of the FDE or FB)  (h) U.S. person fiting this return that was over of the FDE or FB)  (h) U.S. person fiting this return that was over of the FDE or FB)  (h) U.S. person fiting the tax converted that was over of the FDE or FB)  (h) U.S. person fiting that was over of the FDE or FB)  (h) U.S. person fiting that was over of the FDE or FB)  (h) U.S. person fiting that was over of the FDE or FB)  (h) U.S. person fiting that was over one of the following the fitter opporation (including its branches or FDEs) between the tax of the fitter of the fitte	value of person filling Form 6000				identify	ing number
Name of PEC or FB  Washes Fo - Inscitotion Name of tax owner  Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during a manual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f) All amountments be stated in U.S. olifare translated from functional currency and the exchange rate used throughout this schedule    Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.  Controlled Foreign Partnership  (a) Transactions of FDE or FB  (b) U.S. person filling this return  (c) Transactions of PDE or FB  (d) Any formestic competition or partnership controlled foreign partnership interest that the column headings.  U.S. Tax Owner  (e) Transactions of FDE or FB  (b) U.S. person filling this return  (b) U.S. person filling this return  (c) Transactions of FDE or FB  (d) Any formestic competition or partnership controlled foreign partnership controlled foreign partnership controlled foreign from the tax owner of the tax owner owner of the tax owner own	MANAGEMENT SCIENCES	FOR HEALTH	, INC		04-	-2482188
Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred durn the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (i). All amountmust be stated in U.S. follars translated from Innectional currency at the appropriate exchange rate for the FDE or FB tax year. Sinstructions.  USD  Clumn Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.  Controlled Foreign Parmership  (a) Transactions of FDE or FB  (b) U.S. person filing this return  (c) Any domastic corporation (a) Transactions of FDE or FB  (b) U.S. person filing this return  (b) U.S. person filing this return  (c) Any domastic corporation (a) Transactions of PDE or FB  (d) Transactions of PDE or FB  (e) Transactions of PDE or FB  (b) U.S. person filing this return  (b) U.S. person filing this return  (c) Any domastic corporation (a) Transactions of PDE or FB  (d) Any domastic corporation or partmership controlled by the filer (other han tax owner)  (e) Transactions of PDE or FB  (e) U.S. person filing this return  (b) U.S. person filing this return  (c) Any domastic corporation (a) Transactions of PDE or FB  (d) Any domastic corporation or partmership controlled by the filer (other han tax owner)  (e) Transactions of PDE or FB  (f) Any domastic corporation or partmership controlled by the filer (other han tax owner)  (e) Transactions of PDE or FB  (f) Any domastic controlled by the filer (other han tax owner)  (g) Transactions of PDE or FB  (g) Any domastic controlled by the filer (other han tax owner)  (g) Transactions of PDE or FB  (g) Any domastic controlled by the filer (other han tax owner)  (g) Transactions of PDE or FB  (g) Any domastic controlled by the filer (other han tax owner)  (g) Transactions of PDE or FB  (g) Any domastic controlled by the filer (other han tax owner)				/ Refe		
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For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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Schedule M (Form 8858) (Rev. 12-2018)

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### Form **8858**

(Rev. September 2020)

Department of the Treasury

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

nternal Revenue Servi	ce	beginning	07/0	11/	/2020 , i	and ending () 6	/.	30/2021			Sequence No. 1-1	•
Name of person fili	ng thi	is return								File	r's identifying number	
MANAGEMEI	NT	SCIENCES FOR	HEAL	TE	I, INC.					04	4-2482188	
		om or suite no. (or P.O. box num				ddress)						
		EDGE DRIVE										
City or town, state,												
MEDFORD,	MZ											
Filer's tax year begi		0 : / 0 = / = 0 = 0				, and ending ()						
•		n all applicable lines a dollars unless otherwi				tion <b>must</b> be	in	English. All	amoun	ts <b>m</b>	<b>ust</b> be stated in	
Check here		FDE of a U.S. person			FDE of a controlled f	oreign corporation (	CF	C)	FDE of	a contr	rolled foreign partnership	)
	X	FB of a U.S. person	İ		FB of a CFC	· · · · ·		,	FB of a	contro	lled foreign partnership	
Check here		Initial 8858	Fina	al 88	58			l				
1a Name and addr	ress c	of FDE or FB							<b>b(1)</b> U.S	. ident	tifying number, if any	
MSH FO - E	THT:	OPTA								ī	FOREIGNUS	
		, KEBELE03, HOUS	SE NO	21	0.5				<b>b(2)</b> Ref		e ID number (see instruct	tions)
ADDIS, ABA			DE NO	21	03				ETHIOPIA	.1		
		es) under whose laws organized	d and entity	v tvp	e under local tax law		d	Date(s) of orga			Effective date as FDE	
,	. , (	, , , , , , , , , , , , , , , , , , ,		, ,,				3				
f If benefits und	ler a	U.S. tax treaty were claimed wit	h respect t	to	g Country in which p	principal business	h	Principal busin	ess	i F	Functional currency	
		or FB, enter the treaty and articl			activity is conducte			activity		USI	•	
					TOTAL STATE OF THE		_	NIDI TO IIE	7 T TTT	051	J	
2 Provide the fol	llowin	g information for the FDE's or	FR's accou	ıntin	ET		P	PUBLIC HE.	АБІП			
a Name, addres the United Stat		d identifying number of branch	office or a	gent	(if any) in	with custody	of thind	he books and re records, if differe SCIENCES EDGE DRI	ecords of the ent FOR	e FDE	ent, if applicable) of person or FB, and the location of LTH, INC.	
3 For the tax ow	ner o	of the FDE or FB (if different fr	om the file	er). p	rovide the following (se	e instructions):						
Name and add				/,  -		<b>b</b> Annual accou	ıntii	ng period covere	ed by the re	eturn (s	ee instructions)	
						c(1) U.S. identif	ying	g number, if any				
						c(2) Reference	ID r	number (see inst	ructions)			
								(	,			
						<b>d</b> Country unde	er w	hose laws organi	ized	e F	Functional currency	
						,		3			,	
4 For the direct	owne	r of the FDE or FB (if differen	t from the	tax	owner), provide the follo	owing (see instruction	ons'	):				
a Name and add					,			hose laws organi	ized			
								3				
						c U.S. identifying	na n	number if any		d F	Functional currency	
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						<u> </u>						
<ul> <li>Attach an orga</li> </ul>	anıza	tional chart that identifies the	name, pla	acen	nent, percentage of ow	/nership, tax classifi	cati	on, and country	ot organiza	tion of a	all entities in the chain of	Ī

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C Income Statement (see instructions	Schedule C	Income S	Statement	(see instructions
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Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

ı you	ı are using the average exchange rate (determined under section 989(b)), check	uic	oliowing box		📖
			Functional Currency	U.S. [	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		5	,431,868
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10		5	,431,868
11	Total deductions (exclude income tax expense)	11		6	,074,942
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-643,074
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting		· · · · · · · · · · · · · · · · · · ·		

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	39,281.	82,855.
2	Other assets	2	14,744.	197,278.
3	Total assets	3	54,025.	280,133.
	Liabilities and Owner's Equity			
4	Liabilities	4	54,025.	280,133.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	54,025.	280,133.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

Form **8858** (Rev. 9-2020)

JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
40-	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring	,	
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as	,	
	part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture ▶ \$ . See instructions.		

Form 88	858 (Rev. 9	9-2020)							Page <b>4</b>
Sch	nedule H	Current	Earnings and Pi	ofits or Taxable	e Income (see i	instructions)			
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•			
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1	-643,074.
2	Total r	et additions						2	
3	Total r	et subtractions						3	
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3)	4	-643,074.
5	DASTI	M gain (loss) (if a	applicable)					5	
6	Comb	ne lines 4 and 5	5					6	-643,074.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average		
	exchai	nge rate determi	ined under sectior	n 989(b) and the r	related regulation	ns (see instructions))		7	-643,074.
8	Enter	exchange rate u	sed for line 7	1.0000000					
Sch	nedule I	Transfer	red Loss Amou	<b>nt</b> (see instruction	ons)				
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.				
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "No	,"	
	stop h	ere. If "Yes," go t	to line 2						X
2	Was th	ne transferor a c	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (includir	ng	
	an FB	that is an FDE	) to a specified	10%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go t	to	
	line 3								
3	Immed	liately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	respect to th	ne	
	transfe	ree foreign corp	ooration? If "No," s	top here. If "Yes,"	go to line 4				
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section	91. See		
	instruc	tions						4	
Sch	nedule J	Income 7	Taxes Paid or A	ccrued (see inst	tructions)				
		<u> </u>	Foreign Income Tax	es		Foreign Tax Credit	Separate Categ	ories	
Cou	(a) (b) (c) (d) (e) (f) (g) Country or Possession Possession Currency Conversion Rate Dollars Foreign Branch Passive General			<b>(h)</b> Other					
. 300				20					
Total	s								

0X4066 2.000 7345RO 649N 04-2482188 49

#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

enue Service Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858 Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - ETHIOPIA FOREIGNUS ETHIOPIA1 Name of tax owner U.S. identifying number, if any Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received. Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see instructions) For Paperwork Reduction Act Notice, see the Instructions for Form 8858. Schedule M (Form 8858) (Rev. 12-2018)

### Form 8858

(Rev. September 2020)

Department of the Treasury

### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) OMB No. 1545-1910

Attachment

Sequence No. 140 , and ending 06/30/2021beginning 07/01/2020Internal Revenue Service Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC Initial 8858 Check here Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - GHANA FOREIGNUS b(2) Reference ID number (see instructions) THE ALBERTS NO.23, KANDA ESTATES FIRST FLOOR A KANDA ACCRA, c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C Income Statement (see instructions	Schedule C	Income Statement	(see instructions
---	------------	------------------	-------------------

	port all information							
dollars translat	ted from functional	l currency (using	g GAAP trans	slation rules or	the average	exchange rate	e determined	under
	). If the functional		U.S. dollar,	complete only	the U.S. Do	llars colūmn. 🤇	See instructio	ns for
special rules fo	or FDEs or FBs that	use DASTM.						

т уог	ı are using the average exchange rate (determined under section 989(b)), check	tne	rollowing box		🔲
			Functional Currency	U.S. D	Oollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			NON
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			NON
11	Total deductions (exclude income tax expense)	11			
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			NON
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount of functional of recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	<b>(b)</b> End of annual accounting period
1	Cash and other current assets	1	NONE	NONE
2	Other assets	2	NONE	NONE
3	Total assets	3	NONE	NONE
	Liabilities and Owner's Equity			
4	Liabilities	4	NONE	NONE
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	NONE	NONE

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Form **8858** (Rev. 9-2020)

JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See Instructions.		

Form 88	358 (Rev. 9	9-2020)							Page 4			
Sch	edule F	Current	Earnings and Pi	rofits or Taxable	e Income (see i	nstructions)						
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.							
1	Currer	nt year net incon	ne (loss) per forei	ign books of accou	ınt		. 1		NONE			
2	Total r	net additions					2					
3												
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line 3) .	4		NONE			
5	DASTI	M gain (loss) (if a	applicable)				5	5				
6	Comb	ine lines 4 and 5					6		NONE			
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the average	age					
	exchai	nge rate determi	ned under sectior	n 989(b) and the r	elated regulation	ns (see instructions))	7		NONE			
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	1.0000000								
Sch	nedule I	Transfer	red Loss Amou	<b>nt</b> (see instruction	ons)							
<u>Impo</u> i	rtant: S	ee instruction	s for who has to	complete this s	ection.							
								Yes	No			
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corporation	? If "No,"					
	stop h	ere. If "Yes," go t	o line 2						X			
2	Was th	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of an FB	(including					
	an FB	that is an FDE	) to a specified <sup>2</sup>	10%-owned foreig	gn corporation?	If "No," stop here. If "Ye	es," go to					
	line 3											
3		-				shareholder with respe						
				•	•							
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section 91.	See					
							4					
Sch	edule J		Taxes Paid or A		tructions)							
		F	oreign Income Tax			Foreign Tax Credit Separa	ate Categorie	5				
Cou	(a) (b) (c) (d) (e) (f) (g) Country or Foreign Currency Conversion Rate Dellars Foreign Branch Passive General				(I	n) her						
Poss	session	1 oreign currency	Conversion reac	Dollars	1 oreign Branen	1 433170	Octional					
Total	S			1	I							

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#### SCHEDULE M (Form 8858)

### Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018) Department of the Treasury Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858 Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - GHANA FOREIGNUS GHANA1 U.S. identifying number, if any Name of tax owner Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received. Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see instructions)

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

## Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

, and ending 06/30/2021beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - GUATEMALA FOREIGNUS b(2) Reference ID number (see instructions) 3A AVENIDA 20-96 ZONA 11 CIUDAD DE GUATEMALA, CENTRAL AMERICA GT GUATEMALA1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FBs the section of the superior the superior that the superior the superior that 
'f you	are using the average exchange rate (determined under section 989(b)), check :	the	following box		
			Functional Currency	U.S. D	Oollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		1.	,220,884
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Other income Total income (add lines 3 through 9)	10		1.	,220,884
11	Total deductions (exclude income tax expense)	11		1.	,170,206
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			50,678
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount of functional of recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting		<u> </u>		
	dula E Palanca Shoot		•	•	

#### Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	2,574.	61,769.
2	Other assets	2	130.	948.
3	Total assets	3	2,704.	62,717.
	Liabilities and Owner's Equity			
4	Liabilities	4	2,704.	62,717.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	2,704.	62,717.

#### Schedule G Other Information

		103	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

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JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		37
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$	v	
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
IVa	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		Х
b	If "Yes," enter the amount of the dual consolidated loss		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
ı ı u	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit > \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See instructions.		

Form 88	358 (Rev. 9	9-2020)								Page 4		
Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)						
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.							
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		50,678.		
2		•	. , .	-				2				
3								3				
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3) [	4		50,678.		
5								5				
6								6		50,678.		
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average					
	exchai	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions))		7		50,678.		
8	Enter	exchange rate u	sed for line 7 ▶	1.0000000								
Sch	edule I	Transfer	red Loss Amou	nt (see instruction	ons)							
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.							
									Yes	No		
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpor	ation? If "N	10,"				
	stop h	ere. If "Yes," go t	to line 2					х				
2	Was th	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of an	FB (includ	ling				
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here. I	f "Yes," go	to				
	line 3											
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with re	espect to	the				
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4							
4	Enter	the transferred	loss amount inc	cluded in gross	income as requ	ired under section	91. See					
	instruc	tions			<u> </u>	<u> </u>		4				
Sch	edule J	Income 7	Taxes Paid or A	ccrued (see inst	tructions)							
		F	oreign Income Tax			Foreign Tax Credit S	eparate Cate	gories				
(a) Country or Possession		) (b) (c) (c) U.S. Foreign Currency Conversion Rate Deltars Foreign Branch Passive General						(I Ot	h <b>)</b> her			
Poss	session			Dollars								
Total	•											
uulai	<b>.</b>			l .	ı	1						

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#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

Internal Revenue Service

Go to www.irs.gov/Form8858 for instructions and the latest information.

Identifyir

Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - GUATEMALA FOREIGNUS GUATEMALA1 Name of tax owner U.S. identifying number, if any Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received. Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

649N

services

Commissions paid

Rents, royalties, and license

fees paid
Interest paid
Add lines 10 through 16

instructions)

Amounts borrowed (see

Amounts loaned (see instructions)

7345RO

Schedule M (Form 8858) (Rev. 12-2018)

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### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

nal Revenue Servic	е	beginning	07/0	⊥ /	12020 , i	and ending ()6	/ :	30/2021			1 3	equence No. I	70
ne of person filin	g thi	s return	,				,	- ,			Filer's ide	entifying num	ber
NAGEMEN	ΙΤ	SCIENCES FOR	HEAL'	TE	I, INC.						04-2	482188	
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ck here		FDE of a U.S. person			FDE of a controlled f	oreign corporation (	CFC	C)	FD	E of a	controlled f	oreign partners	ship
	Χ	FB of a U.S. person			FB of a CFC				FB	of a co	ontrolled for	reign partnersh	iip
ck here		Initial 8858	Final	88	58								
Name and addre	ess o	f FDE or FB							b(1)	U.S.	identifying	number, if any	
SH FO - HA	ri <i>A</i>	'I									FORE	EIGNUS	
.8 BELVIL	ΙV	BOULEVARD DU 15	OCTO	3					b(2)	Refe	rence ID nu	ımber (see inst	ructions)
RT AU PR	INC	CE, HA							HAIT	TI1			
For FDE, count	try(ie	es) under whose laws organized	and entity	typ	e under local tax law		d	Date(s) of orga	anizat	ion	e Effectiv	e date as FDE	
				)	g Country in which p	orincipal business	h	Principal busin	ess		i Function	onal currency	
income of the F	DE	or FB, enter the treaty and article	e number		activity is conducted	ed		activity			USD		
					НΔ		Þ	IIBLIC HE	ΣΤ.Τ		0.02		
Provide the foll	owin	g information for the FDE's or F	B's accour	_			_	02210 112					
a Name, address, and identifying number of branch office or agent (if any) in the United States				b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different									
										ЭК п	канта,	, INC.	
						MEDFORD,	MA	A 02155					
For the tax own	ner o	f the FDE or FB (if different fro	om the filer	), p	rovide the following (se	ee instructions):							
Name and addre	ess					<b>b</b> Annual accou	ıntir	ng period covere	ed by	the retu	urn (see ins	tructions)	
						c(1) U.S. identify	ying	number, if any					
						c(2) Reference I	D n	umber (see insti	ructio	ns)			
						d Country unde	r wh	hose laws organi	ized		e Function	onal currency	
For the direct o	wne	r of the FDE or FB (if different	from the t	ax o	owner), provide the foll	owing (see instruction	ons)	:					
Name and addre	ess					<b>b</b> Country unde	r wh	hose laws organi	ized				
						c U.S. identifyin	ıg nı	umber, if any			<b>d</b> Function	onal currency	
	ne of person filing NAGEMEN have, street, and O RIVER or town, state, as CDFORD, r's tax year beging portant: Find U.C. ck here  Name and address as BELVIL with FO - His BELVIL with For FDE, count of the For FDE, count of the For the tax own Name and address the United States.	ne of person filing thin NAGEMENT There, street, and roo O RIVERS or town, state, and Z DFORD, MA T's tax year beginning portant: Fill in U.S. C ck here Name and address of the FO - HAIT 8 BELVIL IV NRT AU PRINCE For FDE, country(ie) If benefits under a lincome of the FDE Provide the followin Name, address, and the United States  For the tax owner of Name and address	ANAGEMENT SCIENCES FOR niber, street, and room or suite no. (or P.O. box num 10 0 RIVERS EDGE DRIVE or town, state, and ZIP code CDFORD, MA 02155  The stax year beginning 07 / 01 / 2020  The portant: Fill in all applicable lines a U.S. dollars unless otherwise of a U.S. person X FB of a U.S. person Cok here Initial 8858  Name and address of FDE or FB  THE FO HAITI  THE BELVIL IV BOULEVARD DU 15  THE TAU PRINCE, HA  THE FOF FOE, country(ies) under whose laws organized of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB, enter the treaty and article income of the FDE or FB (if different from the United States)  For the tax owner of the FDE or FB (if different from Name and address)	The of person filing this return  ANAGEMENT SCIENCES FOR HEAL  The person street, and room or suite no. (or P.O. box number if mail in the person street, and room or suite no. (or P.O. box number if mail in the person street, and ziP code  DFORD, MA 02155  The stax year beginning 07/01/2020  The person of the following information for the FDE's or FB's account Name, address, and identifying number of branch office or age the United States  For the direct owner of the FDE or FB (if different from the filer Name and address)  For the direct owner of the FDE or FB (if different from the filer Name and address)	The of person filing this return  ANAGEMENT SCIENCES FOR HEALTE and return the street, and room or suite no. (or P.O. box number if mail is not provided to the following information for the FDE or FB's accounting Name and address and identifying number of branch office or agent the United States  For the direct owner of the FDE or FB (if different from the filer), p Name and address  For the direct owner of the FDE or FB (if different from the tax of the direct owner of the FDE or FB (if different from the tax of the form the tax of the form the tax of the form the filer), p Name and address  For the direct owner of the FDE or FB (if different from the filer), p Name and address	NAGEMENT SCIENCES FOR HEALTH, INC.  The provide the following information for the FDE or FB (if different from the fax owner), provide the following (see Name and address of the FDE or FB (if different from the fax owner), provide the following (see Name and address of the FDE or FB (if different from the fax owner), provide the following (see Name and address	The of person filing this return  INAGEMENT SCIENCES FOR HEALTH, INC.  Inber, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  IO RIVERS EDGE DRIVE  Or town, state, and ZIP code  CDFORD, MA 02155  To stay year beginning 07/01/2020 and ending 0  Portant: Fill in all applicable lines and schedules. All information must be U.S. dollars unless otherwise indicated.  In the state of the stat	The of person filing this return  INAGEMENT SCIENCES FOR HEALTH, INC.  Inber, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  IO RIVERS EDGE DRIVE  Or town, state, and 2IP code  IDFORD, MA 02155  For tax year beginning 07/01/2020 and ending 06, protant: Fill in all applicable lines and schedules. All information must be in U.S. dollars unless otherwise indicated.  Ick here Fill in all applicable lines and schedules. All information must be in U.S. dollars unless otherwise indicated.  Ick here Initial 8858 Final 8858  Name and address of FDE or FB  HFO - HATTI  8 BELVIL IV BOULEVARD DU 15 OCTOB  RT AU PRINCE, HA  For FDE, country(ies) under whose laws organized and entity type under local tax law different from the FDE or FB, enter the treaty and article number of the FDE or FB, enter the treaty and article number of the FDE or FB, enter the treaty and article number of the FDE or FB, enter the treaty and article number of the FDE or FB, enter the treaty and article number of the FDE or FB (if different from the filer), provide the following (see instructions):  Name, address, and identifying number of branch office or agent (if any) in the United States  b Name and address  b Name and address  b Annual accounting of the FDE or FB (if different from the filer), provide the following (see instructions):  Name and address  b Annual accounting of Country under with the United States  For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):  Name and address  b Country under with the Country under with the Country under with the United States and address  b Country under with the Country under with the Country under with the United States and address  b Country under with the Country under with the Country under with the United States and address a	The of person filling this return  INAGEMENT SCIENCES FOR HEALTH, INC.  INDERS EDGE DRIVE  OF RIVERS EDGE DRIVE  OF TOWN, state, and ZIP code  DFORD, MA 02155  Provide the following information for the FDE or FB (if different from the filler), provide the following (see instructions):  Provide the following case instructions):  For the direct owner of the FDE or FB (if different from the filler), provide the following (see instructions):  For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):  Provide the following (see instructions):  For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):  For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):  For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):  For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):  For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):	The of person filing this return  INAGEMENT SCIENCES FOR HEALTH, INC.  The provide the following information for the FDE's or FBs accounting period stated above.  Name, address, and identifying number of branch office or agent (if any) in the United States  For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions):  Name and address  Decountry under whose laws organized  To the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):  Name and address  Decountry under whose laws organized   The of person filing this return  INAGEMENT SECTENCES FOR HEALTH, INC.  INDER, street, and room or suite no, for P.O. box number if mail is not delivered to street address)  IO RIVERS EDGE DRIVE  Or town, state, and 2P code  SDFORD, MA 02155  Is tax year beginning 07/01/2020  .and ending 06/30/2021  portant: Fill in all applicable lines and schedules. All information must be in English. All amounts  U.S. dollars unless otherwise indicated.  dk here FDE of a U.S. person FDE of a U.S. person FDE of a CFC  ick here Initial 8858  Name and address of FDE or FB  Bet VII I V BOULEVARD DU 15 OCTOB  If Bor 1 AU TI  If benefits under a U.S. tax treaty were claimed with respect to in benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number  If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number  If benefits under a U.S. tax treaty were claimed with respect to in the United States  If benefits under a U.S. tax treaty were claimed with respect to the FDE or FB, enter the treaty and article number  If benefits under a U.S. tax treaty were claimed with respect to the FDE or FB, enter the treaty and article number  If benefits under a U.S. tax treaty were claimed with respect to the following information for the FDEs or FBs accounting period stated above.  Name, address, and identifying number of branch office or agent (if any) in which principal business activity is conducted.  ANAGEMENT SCIENCES FOR E 200 RIVERS EDGE DRIVE MEDFORD, MA 02155  For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions):  b Annual accounting period covered by the ret  c(1) U.S. identifying number, if any  c(2) Reference ID number (see instructions):  b Country under whose laws organized  b Country under whose laws organized	The of person filting this return  INAGEMENT SCIENCES FOR HEALTH, INC.  04-2  10 RIVERS EDGE DRIVE  or town, state, and 2IP code  EDFORD, MA 02155  's tax year beginning 07/01/2020	Nar Cameron filing his return Nar AGEMENT SCIENCES FOR HEALTH, INC.  04-2482188  04-2482188  04-2482188  06-2482188  07-2482188  08-2482188  08-2482188  08-2482188  08-2482188  08-2482188  08-2482188  08-2482188  08-2482188  08-2482188  09-248218  09-248218  09-248218  09-248218  09-248218  09	

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

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Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

t you	are using the average exchange rate (determined under section 989(b)), check	the	following box		🔲
			Functional Currency	U.S. E	Oollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		4	,649,564
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10		4	,649,564
11	Total deductions (exclude income tax expense)	11		3	,758,215
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			891,349
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional orecip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				
<u> </u>	July E. Dolomos Choot				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	199,926.	93,294.
2	Other assets	2	46,971.	24,851.
3	Total assets	3	246,897.	118,145.
	Liabilities and Owner's Equity			
4	Liabilities	4	246,897.	118,145.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	246,897.	118,145.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
-	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Form 8	858 (Rev. 9	9-2020)								Page <b>4</b>
Sch	nedule F	Current	Earnings and Pr	ofits or Taxable	e Income (see i	instructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
1	Currer	Current year net income (loss) per foreign books of account					1		891,349.	
2	Total net additions				2					
3	Total net subtractions						3			
4							4		891,349.	
5	5 DASTM gain (loss) (if applicable)							5		
6	Combine lines 4 and 5						6		891,349.	
7										
	exchange rate determined under section 989(b) and the related regulations (see instructions))						7		891,349.	
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	1.0000000						
Sch	nedule I	Transfer	red Loss Amou	nt (see instruction	ons)					
<u>Impo</u>	rtant: S	ee instruction	s for who has to	complete this s	ection.					
									Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2									
										Х
2	Was tl	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (includ	ding		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	o to		
3										
		•		•	•					
4	Enter	the transferred	loss amount inc	cluded in gross	income as requ	ired under section	91. See			
							<u> </u>	4		
Sch	edule J		Taxes Paid or A	· · · · · · · · · · · · · · · · · · ·	tructions)					
		Foreign Income Taxes			Foreign Tax Credit Separate Categories					
(a) Country or Possession		(b) Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	(e)	(f)	(g)			h)
		Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General			her
Total	•			l .	i e	1		- 1		

0X4066 2.000 7345RO 649N 04-2482188 64

## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

value of person filling Form 6000				Identify	ying number
MANAGEMENT SCIENCES	FOR HEALTH	INC.		04-	-2482188
Name of FDE or FB		. identifying number, if any	Refe	rence ID number (see ins	
MSH FO - HAITI	FORE	GNUS	HAITI1		
Name of tax owner			U.S. ide	ntifying number, if any	
Important: Complete a separate Sc	hedule M for each	FDE or FB. Enter t	he totals for each t	ype of transaction	that occurred during
the annual accounting period betwe					
must be stated in U.S. dollars transi	lated from function	al currency at the ap	opropriate exchange	rate for the FDE's	or FB's tax year. See
instructions.			USD		
Enter the relevant functional currency ar	nd the exchange rate	used throughout this sch	edule >	1.000000	)
Column Headings. This schedule co				entifies the status o	of the tax owner
and complete lines 1 through 19 with	respect to the app	olicable set of colum	n headings.	I	
_		(a) A da atia	(d) Any foreign corporation or	(e) Any U.S. person	
Controlled Foreign Partnership	(h)	(c) Any domestic corporation or	partnership	with a 10% or more direct interest in the	
(a) Transactions of	(b) U.S. person filing this return	partnership controlling or	controlling or controlled by the	controlled foreign partnership (other	
FDE or FB		controlled by the filer	filer (other than the tax owner)	than the filer)	
			,	(-) 400/	(6) 400/
Controlled Foreign Corporation	(b) 11 0 65	(c) Any domestic corporation or	(d) Any foreign corporation or	(e) 10% or more U.S. shareholder of any	(f) 10% or more U.S. shareholder, or other
(a) Transactions of	(b) U.S. person filing this return	partnership controlled by the filer	partnership controlled by the filer (other	corporation controlling the tax	owner, of any entity controlling the tax
FDE or FB		by the lilei	than tax owner)	owner	owner
		(a) A da atia	(d) Any famina		
X U.S. Tax Owner	(b) U.S. person filing	(c) Any domestic corporation or	(d) Any foreign corporation (including	(e) Any foreign	
(a) Transactions of	this return (other than the	partnership controlled by the filer (other than	its branches or disregarded entities)	partnership (including its branches or FDEs)	
(a) Transactions of FDE or FB	tax owner of the FDE or FB)	the tax owner of the	controlling or controlled by the filer	controlling or controlled by the filer	
		FDE or FB)	by the lile	,	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for					
certain services					
4 Commissions received					
5 Rents, royalties, and license					
fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property					
other than inventory					
<ul><li>12 Purchases of property rights</li><li>13 Compensation paid for certain</li></ul>					
· · ·					
services  14 Commissions paid					
15 Rents, royalties, and license					
fees paid  16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see					
instructions)					
19 Amounts loaned (see					
instructions)					
		1	1	l .	1

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 0.7 / 0.1 / 2.0.2.0 , and ending 0.6 / 3.0 / 2.0.2.1

OMB No. 1545-1910

Attachment Sequence No. **140** 

3 07/01/2020	30/30/2021	
lame of person filing this return		Filer's identifying number
MANAGEMENT SCIENCES FOR HEALTH, INC.		04-2482188
lumber, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)		
200 RIVERS EDGE DRIVE		
City or town, state, and ZIP code		
MEDFORD, MA 02155		
iler's tax year beginning $07/01/2020$ , and ending	06/30/2021	
mportant: Fill in all applicable lines and schedules. All information must b U.S. dollars unless otherwise indicated.	e in English. All amount	ts <b>must</b> be stated in
check here FDE of a U.S. person FDE of a controlled foreign corporation	on (CFC) FDE of a	controlled foreign partnership
X FB of a U.S. person FB of a CFC	FB of a c	controlled foreign partnership
Check here Initial 8858 X Final 8858		
a Name and address of FDE or FB	<b>b(1)</b> U.S.	identifying number, if any
MSH FO - HONDURAS		FOREIGNUS
COLONIAL RUBEN DARIO, AVENIDA JOSE MARIA MEDINA, CASA NO	<b>b(2)</b> Refe	erence ID number (see instructions)
regucigalpa, ho	HONDURAS	1
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to g Country in which principal busines	ss <b>h</b> Principal business	i Functional currency
income of the FDE or FB, enter the treaty and article number activity is conducted	activity	USD
НО	PUBLIC HEALTH	
Provide the following information for the FDE's or FB's accounting period stated above.		
the United States with custor such book MANAGEM 200 RIV	d address (including corporate dep ody of the books and records of the ks and records, if different MENT SCIENCES FOR I VERS EDGE DRIVE D, MA 02155	FDE or FB, and the location of
B For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions):		
	counting period covered by the re	turn (see instructions)
<b>c(1)</b> U.S. ide	entifying number, if any	
c(2) Referen	nce ID number (see instructions)	
d Country u	nder whose laws organized	e Functional currency
For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instru		
, , , , , , , , , , , , , , , , , , , ,	nder whose laws organized	
a realise and deduced	ndor whose laws organized	
c U.S. ident	tifying number, if any	d Functional currency
Attach an organizational chart that identifies the name, placement, percentage of ownership, tax class	ssification, and country of organizat	ion of all entities in the chain of

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

f you	are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			NONE
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			NONE
11	Total deductions (exclude income tax expense)	11			
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			NONE
Sche	Net income (loss) per books				
	Note: See the instructions if there are multiple recipients of remittances from		(a) Amount stated in	(b Amount	
	the FDE or FB.		functional currency of		
			FDE or FB	recip	ient
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				
Sche	dule F Balance Sheet				
mno	rtant: Report all amounts in U.S. dollars computed in functional currency and tra	ansla	ted into LLS dolla	ars in	

accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	NONE	NONE
2	Other assets	2	NONE	NONE
3	Total assets	3	NONE	NONE
	Liabilities and Owner's Equity			
4	Liabilities	4	NONE	NONE
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	NONE	NONE

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
Ü	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Sch	nedule F	Current	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)			
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt		1		NONE
2	Total r	net additions					2		
3									
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line 3)	4		NONE
5	DASTI	M gain (loss) (if a	applicable)				5		
6	Comb	ine lines 4 and 5					6		NONE
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the ave	rage		
	exchai	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions))	7		NONE
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	1.0000000					
	nedule I		red Loss Amou						
Impo	rtant: S	ee instruction:	s for who has to	complete this s	ection.				
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an I	FDE) transferred	to a foreign corporatio	n? If "No,"		
	stop h	ere. If "Yes," go t	to line 2						Х
2	Was th	ne transferor a d	lomestic corporat	on that transferre	ed substantially a	all of the assets of an FB	(including		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here. If "Y	es," go to		
	line 3								
3						shareholder with resp			
				•	•				
4				•	•	ired under section 91.			
			<u> </u>				4		
Sch	nedule J		Taxes Paid or A	•	ructions)				
	(-)	ı	Foreign Income Tax			Foreign Tax Credit Sepa	rate Categorie	S	
Cou	(a) untry or	(b) Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	<b>(e)</b> Foreign Branch	(f) Passive	(g) General	(I	<b>h)</b> her
Pos	session	1 oraign currency	Conversion reac	Dollars	1 oroign Branon	1 000170	Corroral		
T - 4 - 1	_								
Total	S				l				

0X4066 2.000 7345RO 649N 04-2482188

## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

value of person filling Form 6000				Ident	irying number
MANAGEMENT SCIENCES I	FOR HEALTH	INC.		04	-2482188
Name of FDE or FB		. identifying number, if any	Refe	rence ID number (see ir	
MSH FO - HONDURAS	FOREI	GNUS	HONDURAS1		
Name of tax owner	·		U.S. ide	ntifying number, if any	
Important: Complete a separate Scl	hedule M for each	FDE or FB. Enter t	he totals for each t	ype of transaction	that occurred during
the annual accounting period betwe					
must be stated in U.S. dollars transl	ated from function	al currency at the ap	propriate exchange	rate for the FDE's	s or FB's tax year. See
instructions.			USD		
Enter the relevant functional currency an	d the exchange rate ι	used throughout this sch	edule >	1.000000	00
<b>Column Headings.</b> This schedule cor				entifies the status	of the tax owner
and complete lines 1 through 19 with	respect to the app	olicable set of colum	n headings.		
		(-) A d	(d) Any foreign corporation or	(e) Any U.S. person	
Controlled Foreign Partnership	(b) 11 O	(c) Any domestic corporation or	partnership	with a 10% or more direct interest in the	
(a) Transactions of	(b) U.S. person filing this return	partnership controlling or	controlling or controlled by the	controlled foreign partnership (other	
FDE or FB		controlled by the filer	filer (other than the tax owner)	than the filer)	
			,	(-) 400/ II 0	/D 400/ 110
Controlled Foreign Corporation	(b) 11 O	(c) Any domestic corporation or	(d) Any foreign corporation or	(e) 10% or more U.S shareholder of any	shareholder, or other
(a) Transactions of	(b) U.S. person filing this return	partnership controlled by the filer	partnership controlled by the filer (other	corporation controlling the tax	owner, of any entity controlling the tax
FDE or FB		by the lile	than tax owner)	owner	owner
_		(-) Adti-	(d) Any familian		
X U.S. Tax Owner	(b) U.S. person filing	(c) Any domestic corporation or	(d) Any foreign corporation (including	(e) Any foreign	ito
(a) Transactions of	this return (other than the	partnership controlled by the filer (other than	its branches or disregarded entities)	partnership (including branches or FDEs)	
(a) Transactions of FDE or FB	tax owner of the FDE or FB)	the tax owner of the	controlling or controlled by the filer	controlling or controlle by the filer	ed
		FDE or FB)	by the mer	,	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for					
certain services					
4 Commissions received					
5 Rents, royalties, and license					
fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property					
other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain					
services  14 Commissions paid					
15 Rents, royalties, and license					
fees paid 16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see					
instructions)					
19 Amounts loaned (see					
instructions)					
		1	I.	l .	1

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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Schedule M (Form 8858) (Rev. 12-2018)

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### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

## Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

, and ending 06/30/2021beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a controlled foreign partnership FB of a U.S. person Χ FB of a CFC Final 8858 Check here Χ Initial 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - INDONESIA FOREIGNUS b(2) Reference ID number (see instructions) INDONESIA1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE f If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

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Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.
If you are using the average exchange rate (determined under section 989(b)), check the following box . . . . . . . . .

<sup>‡</sup> you	are using the average exchange rate (determined under section 989(b)), check	the t	following box		🔲		
			Functional Currency	U.S. D	ollar		
1	Gross receipts or sales (net of returns and allowances)	1					
2	Cost of goods sold	2					
3	Gross profit (subtract line 2 from line 1)	3					
4	Dividends	4					
5	Interest	5					
6	Gross rents, royalties, and license fees	6					
7	Gross income from performance of services	7					
8	Foreign currency gain (loss)	8					
9	Other income	9					
10	Total income (add lines 3 through 9)	10					
11	Total deductions (exclude income tax expense)	11			18,031.		
12	Income tax expense	12					
13	Other adjustments	13					
14	Net income (loss) per books	14			-18,031.		
Sche	edule C-1 Section 987 Gain or Loss Information						
	Note: See the instructions if there are multiple recipients of remittances from		(a)	(b			
	the FDE or FB.		Amount stated in functional currency of	Amount :			
	THE THE OFF D.		FDE or FB	recip			
1	Remittances from the FDE or FB	1					
2	Section 987 gain (loss) recognized by recipient	2					
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach						
	statement)	3					
				Yes	No		
4	Were all remittances from the FDE or FB treated as made to the direct owner?						
5	Did the tax owner change its method of accounting for section 987 gain or loss with re						
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r						
	the change and new method of accounting						
Sche	dule F Balance Sheet						
mno	portant: Penert all amounts in U.S. dellars computed in functional currency and translated into U.S. dellars in						

accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	NONE	NONE
2	Other assets	2	NONE	NONE
3	Total assets	3	NONE	NONE
	Liabilities and Owner's Equity			
4	Liabilities	4	NONE	NONE
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	NONE	NONE

Schodule G	Other I	nformation

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
		2052	

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JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See Instructions.		

Form **8858** (Rev. 9-2020)

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04-2482188 649N

Form 8	858 (Rev. 9	9-2020)							Page <b>4</b>
Sch	nedule F	Current	Earnings and Pi	ofits or Taxable	e Income (see i	nstructions)			
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	1			
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt		1		-18,031.
2	Total r	net additions					2		
3	Total r	net subtractions							
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3) 4		-18,031.
5	DAST	M gain (loss) (if a	applicable)				5		
6	Comb	ne lines 4 and 5					6		-18,031.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the a	average		
	exchai	nge rate determi	ned under section	n 989(b) and the i	related regulation	ns (see instructions))	7		-18,031.
8	Enter	exchange rate u	sed for line 7 ▶	1.0000000					
	nedule I		red Loss Amou						
<u>Impo</u>	rtant: S	ee instruction	s for who has to	complete this s	ection.				
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpora	ation? If "No,"		
	stop h	ere. If "Yes," go t	to line 2						Х
2						all of the assets of an			
	an FB	that is an FDE	) to a specified '	10%-owned foreig	gn corporation?	If "No," stop here. If	"Yes," go to		
	line 3								
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with re	espect to the		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4		<u></u>		
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section	91. See		
	instruc	tions				<u> </u>	4		
Sch	nedule J	Income 7	Taxes Paid or A	ccrued (see ins	tructions)				
		ı	oreign Income Tax	es		Foreign Tax Credit Se	eparate Categorie	es	
Cou	(a) untry or	(b) Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	(e) Foreign Branch	(f) Passive	<b>(g)</b> General		<b>(h)</b> ther
Pos	session	1 ordigit outlierey	Conversion reac	Dollars	1 Greight Blanch	1 455170	General		
Total	IS			I	1	1		1	

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#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

USD

Enter the relevant functional currency and the exchange rate used throughout this schedule 

1.000000

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner

and	complete lines 1 through 19 with	n respect to the app	licable set of column	n neadings.		
	Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
	Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X	U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1	Sales of inventory					
2	Sales of property rights					
3	Compensation received for					
	certain services					
4	Commissions received					
5	Rents, royalties, and license					
	fees received					
6	Dividends/Distributions received					
7	Interest received					
8	Other					
9	Add lines 1 through 8					
10	Purchases of inventory					
11	Purchases of tangible property					
•	other than inventory					
12	Purchases of property rights					
13	Compensation paid for certain					
	services					
14	Commissions paid					
15	Rents, royalties, and license					
13	fees paid					
16	Interest paid					
17	Add lines 10 through 16					
18	Amounts borrowed (see					
. •	instructions)					
19	Amounts loaned (see					
. •	instructions)					

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

### Form **8858**

(Rev. September 2020)

Department of the Treasury

### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) OMB No. 1545-1910

Attachment

Internal Rev	enue Servic	9	beginning	07/01	_/2020 , a	and ending 06	/30/2021			Sequence No. 14	U
Name of p	ame of person filing this return  Filer's identifying number										
MANA	ANAGEMENT SCIENCES FOR HEALTH 04-2482188										
Number, s	imber, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)										
			EDGE DRIVE								
•	vn, state, a つRロ		P code . 02155								
	year begin		07/01/2020	)		, and ending ()	6/30/202	1			
	ant: Fil	l in	all applicable lines a	nd sche					s <b>mus</b>	t be stated in	
		S. a	lollars unless otherwi	se indica				T			
Check her	e	3.7	FDE of a U.S. person		FDE of a controlled for	oreign corporation (	CFC)			ed foreign partnership	•
Chask has	_		FB of a U.S. person	Final	FB of a CFC			FB of a c	ontrolled	foreign partnership	
Check here			Initial 8858 FDE or FB	Final	0000			<b>b(1)</b> U.S.	identifvir	ng number, if any	
	O - J(							2(., 0.0.	-	REIGNUS	
			AN , WADI SAQRA, AR	ידים סגי	מדע הוס פה <i>ו</i>	TTTON B		b(2) Refe		number (see instruc	ctions)
AMMAN			, WADI BAQKA, AK	AK DI.	TIII FIR, SEC	JIION B		JORDAN1		(**************************************	,
	<u> </u>	ry(ie:	s) under whose laws organized	and entity t	ype under local tax law		d Date(s) of orga		e Effe	ctive date as FDE	
	,	,	,								
f If ber	nefits unde	ral	J.S. tax treaty were claimed with	h respect to	g Country in which p	principal business	h Principal busin	ess	i Fun	ctional currency	
incom	ne of the F	DE c	or FB, enter the treaty and article	e number	activity is conducted	ed	activity		USD	,	
					JO		PUBLIC HE	AT.TA	ODD		
2 Provi	de the foll	owing	g information for the FDE's or I	FB's account			TODETC IIE	. 111			
	e, address nited State		I identifying number of branch	office or age	ent (if any) in	with custody of such books a MANAGEMEN	of the books and re nd records, if differe NT SCIENCES RS EDGE DRI	cords of the nt FOR H	FDE or F	if applicable) of persores, and the location of the location o	
3 For th	ne tax own	<b>er</b> of	the FDE or FB (if different fr	om the filer)	, provide the following (se	e instructions):					
<b>a</b> Name	e and addre	ess	<u> </u>	<u> </u>		<b>b</b> Annual accou	inting period covere	ed by the ret	urn (see i	instructions)	
						c(1) U.S. identifying number, if any					
						c(2) Reference I	D number (see insti	ructions)			
						d Country unde	r whose laws organi	ized	e Fun	ctional currency	
4 For th	ne direct o	wner	of the FDE or FB (if different	from the ta	ax owner), provide the follo	owing (see instruction	ons):				
<b>a</b> Name	e and addre	ess				<b>b</b> Country unde	r whose laws organi	ized			
						c U.S. identifyin	g number, if any		<b>d</b> Fun	ctional currency	

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2020)

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)) about 1.

yοι	are using the average exchange rate (determined under section 989(b)), check	the i	following box		🗀
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9		9			
10	Other income Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11			386,495.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-386,495.
Sche	edule C-1 Section 987 Gain or Loss Information	•			
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount of functional of recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4 5	Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				
	the change and new method of accounting				
Sche	dule F Balance Sheet				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	NONE	1.
2	Other assets	2	NONE	14,661.
3	Total assets	3	NONE	14,662.
	Liabilities and Owner's Equity			
4	Liabilities	4	NONE	14,662.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	NONE	14,662.

### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

Form **8858** (Rev. 9-2020)

JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
Ü	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Form 88	858 (Rev. 9	9-2020)							Page <b>4</b>
Sch	nedule F	Current	Earnings and Pi	ofits or Taxable	e Income (see	nstructions)			
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	1			
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt		1		-386,495.
2	Total r	net additions						2	
3	Total r	net subtractions						3	
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3) 4	1	-386,495.
5	DAST	M gain (loss) (if a	applicable)					5	
6	Comb	ine lines 4 and 5					6	3	-386,495.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average		
	exchai	nge rate determi	ned under section	n 989(b) and the i	related regulation	ns (see instructions))		7	-386,495.
8	Enter	exchange rate u	sed for line 7	1.0000000					
Sch	nedule I	Transfer	red Loss Amou	nt (see instruction	ons)				
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.				
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "No,	"	
	stop h	ere. If "Yes," go t	to line 2						Х
2						all of the assets of a			
	an FB	that is an FDE	) to a specified '	10%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go to	0	
	line 3								
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	respect to the	e	
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4		<u></u>		
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section	91. See		
	instruc	ctions					4	1	
Sch	nedule J	Income 7	Taxes Paid or A	ccrued (see ins	tructions)				
			oreign Income Tax	es		Foreign Tax Credit	Separate Catego	ries	
Cor	(a) untry or	(b)	(c)	<b>(d)</b> U.S.	(e)	_ (f)	(g)		(h)
	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General		other
Total	s								

0X4066 2.000 7345RO 649N 04-2482188

## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858					Identifyii	ng number		
MANAGEMENT SCIENCES FOR HEALTH 04-2482188								
Name of FDE or FB	U.S. identifying	number, if any	number, if any Reference ID number (see instruction					
MSH FO - JORDAN	FOREIGNUS		JORDAN1					
Name of tax owner U.S. identifying number, if any								
mportant: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts to be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.  USD  I . 0000000								
Column Headings. This schedule contains three:						the tax owner		
and complete lines 1 through 19 with respect to t		•				the tax ewiler		
Controlled Foreign Partnership  (a) Transactions of FDE or FB  (b) U.S. perso this return	on filing corpo	or domestic oration or nership rolling or d by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. p with a 10% or direct interest controlled fo partnership ( than the fil	r more in the reign other			
Controlled Foreign Corporation  (a) Transactions of FDE or FB  (b) U.S. perso this return	n filing corpo	domestic oration or nip controlled the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)  (e) 10% or more U.S. shareholder of any corporation controlling the tax owner		of any on	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner		
X U.S. Tax Owner  (a) Transactions of FDE or FB  (b) U.S. persor this return (other than tax owner or FDE or FB	the file the tax of	nip controlled er (other than	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any fore partnership (incl branches or F controlling or co by the file	luding its DEs) ontrolled			
1 Sales of inventory								
2 Sales of property rights								
3 Compensation received for								
certain services								
4 Commissions received								
5 Rents, royalties, and license								
fees received								
6 Dividends/Distributions received								
7 Interest received								
8 Other								
9 Add lines 1 through 8					1			
10 Purchases of inventory								
other than inventory								
12 Purchases of property rights								
13 Compensation paid for certain								
services								
14 Commissions paid								
15 Rents, royalties, and license								
fees paid								
16 Interest paid								
17 Add lines 10 through 16								
18 Amounts borrowed (see								
instructions)								
19 Amounts loaned (see								
instructions)								

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

649N

Schedule M (Form 8858) (Rev. 12-2018)

7345RO

### Form **8858**

(Rev. September 2020)

Department of the Treasury

## Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

, and ending 06/30/2021beginning 07/01/2020Internal Revenue Service Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Final 8858 Check here Initial 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - KENYA FOREIGNUS b(2) Reference ID number (see instructions) ACK GARDEN HOUSE, BLOCK A, 6TH FLR NAIROBI, KE c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C Income Statement (see instructions	Schedule C	Income Statement	(see instructions
---	------------	------------------	-------------------

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)) check the following box

т уоц	i are using the average exchange rate (determined under section 989(b)), check	trie	rollowing box		📖
			Functional Currency	U.S. [	Oollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			2,061
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			153,902
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			155,963
11	Total deductions (exclude income tax expense)	11		2	,027,730
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		-1	,871,767
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	272,276.	265,571.
2	Other assets	2	82,218.	538,100.
3	Total assets	3	354,494.	803,671.
	Liabilities and Owner's Equity			
4	Liabilities	4	354,494.	803,671.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	354,494.	803,671.

### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Form 8858 (Rev. 9-2020)

JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
40-	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring	,	
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as	,	
	part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture ▶ \$ . See instructions.		

Form **8858** (Rev. 9-2020)

Form 88	358 (Rev. 9	9-2020)								Page <b>4</b>
Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see	instructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1	-1	,871,767.
2	Total r	net additions					[	2		
3	3 Total net subtractions									
4									-1	,871,767.
5								5		
6								6	-1	,871,767.
7						6 translated at the				
	excha	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions)	) [	7	-1	,871,767.
8	Enter	exchange rate u	sed for line 7	1.0000000	_					
Sch	edule l	Transfer	red Loss Amou	nt (see instruction	ons)					
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
								L	Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "N	lo,"		
	stop h	ere. If "Yes," go t	o line 2					[		х
2	Was tl	ne transferor a d	lomestic corporat	on that transferre	ed substantially a	all of the assets of a	n FB (includ	ing		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	to		
	line 3									
3						shareholder with		the		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount inc	luded in gross	income as requ	uired under section	91. See			
	instruc	ctions						4		
Sch	edule J	Income 7	Taxes Paid or A	ccrued (see inst	tructions)					
		F	oreign Income Tax	res Foreign Tax Credit Separate Categories						
Cou	(a) Intry or	(b)	(c)	<b>(d)</b> U.S.	(e)	_ (f)	(g)			h)
	Possession Foreign Currency Conversion Rate Dollars Foreign Branch Passive General							Ot	her ————	
Total	_				I					

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0X4066 2.000 7345RO 649N 04-2482188

## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858					Ide	ntifying number
MANAGEMENT SCIENCES FOR E	HEALTH,	INC.			0	4-2482188
Name of FDE or FB	U.S.	identifying n	umber, if any	Refe	e instructions)	
MSH FO - KENYA	FOREI	GNUS		KENYA1		
Name of tax owner				U.S. ide	ntifying number, if any	/
<b>Important:</b> Complete a <b>separate</b> Schedule of the annual accounting period between the must be stated in U.S. dollars translated from instructions.	FDE or FB	and the p	persons lis	ted in the applicab	le columns (b) a rate for the FD	through (f). All amounts E's or FB's tax year. See
Enter the relevant functional currency and the exc	change rate u	sed through	out this sch	edule >	1.00000	000
<b>Column Headings.</b> This schedule contains the and complete lines 1 through 19 with respect					entifies the statu	us of the tax owner
	person filing s return	corpor partn contro	domestic ation or ership olling or by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or modifect interest in the controlled foreign partnership (othen than the filer)	ore he n
	person filing s return	corpor partnershi	domestic ation or p controlled e filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U shareholder of ar corporation controlling the ta owner	shareholder, or other owner, of any entity
(a) Transactions of tax ov	person filing s return or than the wner of the E or FB)	corpor partnershi by the file the tax ov	domestic ation or p controlled r (other than wner of the or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (includir branches or FDE: controlling or contro by the filer	ng its s)
1 Sales of inventory						
2 Sales of property rights						
3 Compensation received for						
certain services						
4 Commissions received						
5 Rents, royalties, and license						
fees received						
6 Dividends/Distributions received						
7 Interest received						
8 Other						
9 Add lines 1 through 8						
10 Purchases of inventory						
11 Purchases of tangible property						
other than inventory						
12 Purchases of property rights						
13 Compensation paid for certain						
services						
14 Commissions paid						
15 Rents, royalties, and license						
fees paid						
16 Interest paid						
17 Add lines 10 through 16						
18 Amounts borrowed (see						
instructions)						
19 Amounts loaned (see						
instructions)						

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### Form **8858**

(Rev. September 2020)

Department of the Treasury

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 0.7 / 0.1 / 2.0.2.0 and ending 0.6 / 3.0 / 2.0.2.1

OMB No. 1545-1910

Attachment Sequence No. **140** 

Internal Revenue Service	beginning	0//0-	L/ZUZU	, and ending Ut	) / .	3U/ ZUZI		•	
Name of person filing this ret	urn	·	•			·		Filer's identifying number	
MANAGEMENT SO	CIENCES FOR	HEALT	TH, INC.					04-2482188	
Number, street, and room o				et address)					
200 RIVERS EI	DGE DRIVE								
City or town, state, and ZIP or	ode								
MEDFORD, MA (	02155								
Filer's tax year beginning	07/01/2020	)		, and ending (	6	/30/202	1		
	l applicable lines a ars unless otherwi			mation <b>must</b> be	in	English. All	l amour	nts <b>must</b> be stated in	
Check here FDI	E of a U.S. person		FDE of a controll	ed foreign corporation	CFC	C)	FDE of	a controlled foreign partnership	
X FB	of a U.S. person		FB of a CFC				FB of a	controlled foreign partnership	
Check here Init	ial 8858	X Final	8858			•	_		
1a Name and address of FD	E or FB						<b>b(1)</b> U.	S. identifying number, if any	
MSH FO - LIBERI	A							FOREIGNUS	
OPPOSITE THE PA		ORT HO	TEL TUBMAN	BLVD			<b>b(2)</b> Re	eference ID number (see instructio	ns)
CONGO TOWN, MON							LIBERIA	.1	
c For FDE, country(ies) u		and entity	ype under local tax la	W	d	Date(s) of orga		e Effective date as FDE	
f If benefits under a U.S.	tax treaty were claimed with	h respect to	<b>g</b> Country in whi	ch principal business	h	Principal busin	ness	i Functional currency	
income of the FDE or FE	B, enter the treaty and article	e number	activity is cond	lucted		activity		USD	
			LI		P	UBLIC HE	ΑΤ.ΤΗ		
2 Provide the following in	formation for the FDE's or I	FB's accoun		ove.	1 -	ODDIC III.	211111		
a Name, address, and ide					ddre	ess (including co	orporate de	epartment, if applicable) of person(	s)
the United States		· ·						he FDE or FB, and the location of	,
						records, if differe		HEALTH, INC.	
						EDGE DR		indadin, inc.	
				MEDFORD,			LVE		
				MEDI ORD,	1*12	A 02133			
3 For the tax owner of the	FDE or FB (if different from	om the filer)	, provide the following	(see instructions):					
a Name and address				<b>b</b> Annual accor	untii	ng period covere	ed by the r	return (see instructions)	
				c(1) U.S. identi	fying	number, if any			
				(2) 5 (					
				c(2) Reference	ח טו	number (see inst	ructions)		
				d Country unde	≥r w	hose laws organ	ized	e Functional currency	
				a country una	J	nood laws organ	1200	• Tunotional outloney	
4 For the direct owner of	the FDE or FB (if different	t from the t	ay owner) provide the	following (see instructi	one)	١٠			
Name and address	the FBE of FB (if different	THOM THE T	ax owner), provide the			hose laws organ	ized		
a Hamo and address				<b>D</b> Country united	J	nood laws organ	1200		
				c U.S. identifyii	ים מר	umher if any		<b>d</b> Functional currency	
				3 S.S. Identilyii	.y ''	ii arry		a ranstional outloney	

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

' you	are using the average exchange rate (determined under section 989(b)), check	the i	following box		. 🔲
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9		9			
10	Other income Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11			410.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-410.
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(b) Amount s functional c recip	stated in urrency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re-	espec	t to remittances		
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				
Sche	dule F Balance Sheet				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	19,828.	NONE
2	Other assets	2	NONE	NONE
3	Total assets	3	19,828.	NONE
	Liabilities and Owner's Equity			
4	Liabilities	4	19,828.	NONE
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	19,828.	NONE

### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

Form **8858** (Rev. 9-2020)

JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See Instructions.		

Form **8858** (Rev. 9-2020)

Form 88	858 (Rev. 9	9-2020)							Page <b>4</b>			
Sch	nedule F	Current	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)						
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.							
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt		1		-410.			
2	Total r	net additions					2					
3		Total net subtractions										
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line 3	) 4					
5												
6	Comb	ine lines 4 and 5					6		-410.			
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the av	verage					
	exchai	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions))	7		-410.			
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	1.0000000								
	nedule I		red Loss Amou									
Impo	rtant: S	ee instruction:	s for who has to	complete this s	ection.							
								Yes	No			
1	Were	any assets of a	n FB (including a	n FB that is an I	FDE) transferred	to a foreign corporat	tion? If "No,"					
	stop h	ere. If "Yes," go t	to line 2						Х			
2	Was th	ne transferor a d	lomestic corporati	on that transferre	ed substantially a	all of the assets of an F	B (including					
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here. If	"Yes," go to					
	line 3							•				
3						shareholder with res						
				•	•			-				
4				•	•	ired under section 9						
			<u> </u>				4					
Sch	edule J		Taxes Paid or A		ructions)			_				
		F	Foreign Income Tax			Foreign Tax Credit Sep	parate Categor	ies				
Cou	(a) untry or	<b>(b)</b> Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> General	(1	h <b>)</b> her			
Pos	session	1 oreign currency	Conversion reac	Dollars	1 ordigit Bration	1 433140	General	-	1101			
<b>T.</b>	-											
Total	S				l	1						

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## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858						Identifyi	ng number
MANAGEMENT SCIENCES FOR HEA	ALTH, I	INC.				04-	2482188
Name of FDE or FB	U.S. ider	ntifying n	ımber, if any	Refe	rence ID number	(see instr	uctions)
MSH FO - LIBERIA	FOREIGNUS	s		LIBERIA1			
Name of tax owner				U.S. ide	ntifying number, if	any	
Important: Complete a separate Schedule M f							
the annual accounting period between the FDI must be stated in U.S. dollars translated from t							
instructions.	unctional ct	иненсу	αι της αρ		rate for the	IDLSC	i i D3 tax year. Gee
Enter the relevant functional currency and the exchar	an rata ucad	through	out this saba	USD	1.000	0000	
Column Headings. This schedule contains three							the tax owner
and complete lines 1 through 19 with respect to					enunes une s	iaius Oi	the tax owner
				(d) Any foreign	<b>(e</b> ) Any U.S. p	nerson	
Controlled Foreign Partnership			domestic ation or	corporation or partnership	with a 10% o	r more	
(a) Transactions of this ret		partn	ership	controlling or controlled by the	direct interest controlled fo	reign	
FDE or FB			lling or by the filer	filer (other than the tax owner)	partnership ( than the fi		
				,			40.4004
Controlled Foreign Corporation			domestic ation or	(d) Any foreign corporation or	(e) 10% or mo shareholder	of any	(f) 10% or more U.S. shareholder, or other
(a) Transactions of this ret		artnershi by th	o controlled	partnership controlled by the filer (other	corporation controlling the		owner, of any entity controlling the tax
FDE or FB		by th	o ilioi	than tax owner)	owner		owner
V 110 T-11 0 11111		(c) Anv	domestic	(d) Any foreign			
X U.S. Tax Owner (b) U.S. pers	urn na	corpora	ation or controlled	corporation (including its branches or	(e) Any fore partnership (incl	luding its	
(other that tax owner)	of the by	the filer	(other than vner of the	disregarded entities) controlling or controlled	branches or F controlling or co		
FDE or FB FDE or I	FB) "	FDE (	or FB)	by the filer	by the file	er	
1 Sales of inventory							
2 Sales of property rights							
3 Compensation received for							
certain services							
4 Commissions received							
5 Rents, royalties, and license							
fees received							
6 Dividends/Distributions received							
7 Interest received							
9 Add lines 1 through 8							
10 Purchases of inventory							
11 Purchases of tangible property							
other than inventory							
12 Purchases of property rights							
13 Compensation paid for certain							
services							
14 Commissions paid							
15 Rents, royalties, and license							
fees paid							
16 Interest paid							
17 Add lines 10 through 16							
instructions)							
19 Amounts loaned (see							
instructions)							

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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Schedule M (Form 8858) (Rev. 12-2018)

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### Form **8858**

(Rev. September 2020)

Department of the Treasury

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2020 and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. **140** 

Itemal Revenue Service   Degrining 0 / / 0 I / 2 0 Z 0 , 6	and ending 00/	30/2021		•
lame of person filing this return				Filer's identifying number
MANAGEMENT SCIENCES FOR HEALTH, INC.				04-2482188
lumber, street, and room or suite no. (or P.O. box number if mail is not delivered to street ac	ddress)			
200 RIVERS EDGE DRIVE				
City or town, state, and ZIP code				
MEDFORD, MA 02155				
Filer's tax year beginning $07/01/2020$	, and ending 06	/30/202	1	
mportant: Fill in all applicable lines and schedules. All informa U.S. dollars unless otherwise indicated.				ts <b>must</b> be stated in
Check here FDE of a U.S. person FDE of a controlled f	oreign corporation (CFC	C)	FDE of a	controlled foreign partnership
X FB of a U.S. person FB of a CFC			FB of a c	controlled foreign partnership
Check here Initial 8858 Final 8858				
1a Name and address of FDE or FB			<b>b(1)</b> U.S.	identifying number, if any
MSH FO - MADAGASCAR				FOREIGNUS
IMMEUBLE FITARATRA - 3E ETAGE A DROITE			b(2) Refe	erence ID number (see instructions)
ANKORONDRANO, ANTANANARIVO MA			MADAGASCA	AR1
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d	Date(s) of orga	nization	e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to g Country in which p		Principal busin	ess	i Functional currency
income of the FDE or FB, enter the treaty and article number activity is conducted	ed	activity		USD
MA	P	UBLIC HEA	ALTH	
2 Provide the following information for the FDE's or FB's accounting period stated above.	<u> </u>			
a Name, address, and identifying number of branch office or agent (if any) in the United States	<ul> <li>Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different</li> <li>MANAGEMENT SCIENCES FOR HEALTH, INC.</li> <li>200 RIVERS EDGE DRIVE</li> <li>MEDFORD, MA 02155</li> </ul>			
For the tax owner of the FDE or FB (if different from the filer), provide the following (se	ee instructions):			
a Name and address	<b>b</b> Annual accounti	ng period covere	d by the ret	urn (see instructions)
	c(1) U.S. identifying	number, if any		
	c(2) Reference ID r	number (see instr	uctions)	
	d Country under w	hose laws organi	zed	e Functional currency
For the <b>direct owner</b> of the FDE or FB (if different from the tax owner), provide the following	owing (see instructions	):		
a Name and address	<b>b</b> Country under w	hose laws organi	zed	
	c U.S. identifying n	umber, if any		d Functional currency
5 Attach an organizational chart that identifies the name, placement, percentage of ow	vnership, tax classificati	on, and country of	of organizati	on of all entities in the chain of

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

t you	ı are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S. [	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		19	,784,617
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10		19	,784,617
11	Total deductions (exclude income tax expense)	11		19	,590,373
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books.	14			194,244
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency recipient	
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	1,385,760.	226,244.
2	Other assets	2	340,605.	684,483.
3	Total assets	3	1,726,365.	910,727.
	Liabilities and Owner's Equity			
4	Liabilities	4	1,726,365.	910,727.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	1,726,365.	910,727.

### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

Form **8858** (Rev. 9-2020)

JSA

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
Ü	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

Form **8858** (Rev. 9-2020)

Form 88	358 (Rev. 9	9-2020)								Page <b>4</b>
Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see	instructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		194,244.
2	Total r	net additions						2		
3	3 Total net subtractions									
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3)	4		194,244.
5	DAST	M gain (loss) (if a	applicable)					5		
6	Comb	ine lines 4 and 5						6		194,244.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	excha	nge rate determi	ned under section	n 989(b) and the r	elated regulation	ns (see instructions))		7		194,244.
8	Enter		sed for line 7 ▶	1.0000000						
Sch	nedule I	Transfer	red Loss Amou	nt (see instruction	ons)					
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpor	ration? If "I	No,"		
	stop h	ere. If "Yes," go t	to line 2							Х
2	Was tl	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (includ	ding		
	an FB	that is an FDE	) to a specified 1	10%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	o to		
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with r	espect to	the		
		•		•	•					
4	Enter	the transferred	loss amount inc	cluded in gross	income as requ	ired under section	91. See			
							<del></del>	4		
Sch	edule J		Taxes Paid or A	,	tructions)					
		ı	Foreign Income Tax			Foreign Tax Credit S	Separate Cat	egories	5	
Cou	(a) Intry or	(b)	(c)	(d) U.S.	(e)	(f)	(g)			h)
Pos	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General			her
Total	c			I	I	1				

94

0X4066 2.000 7345RO 649N 04-2482188

#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

ernal Revenue Service Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858 Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - MADAGASCAR FOREIGNUS MADAGASCAR1 Name of tax owner U.S. identifying number, if any Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see instructions)

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

### Form 8858

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) , and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. 140

beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - MALAWI FOREIGNUS b(2) Reference ID number (see instructions) EBC HOUSE, FIRST FLOOR, AREA 4/352 P/BAG 398 LILONGWE, ΜI c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

t you	are using the average exchange rate (determined under section 989(b)), check	the	following box		🔲		
			Functional Currency	U.S. [	Dollar		
1	Gross receipts or sales (net of returns and allowances)	1					
2	Cost of goods sold	2					
3	Gross profit (subtract line 2 from line 1)	3					
4	Dividends	4					
5	Interest	5					
6	Gross rents, royalties, and license fees	6					
7	Gross income from performance of services	7		16	,806,230		
8	Foreign currency gain (loss)	8					
9	Other income	9					
10	Total income (add lines 3 through 9)	10		16	,806,230		
11	Total deductions (exclude income tax expense)	11		17	,021,453		
12	Income tax expense	12					
13	Other adjustments	13					
14	Net income (loss) per books	14			-215,223		
Sche	edule C-1 Section 987 Gain or Loss Information						
	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.  (a)  Amount stated in functional currency of FDE or FB						
1	Remittances from the FDE or FB	1					
2	Section 987 gain (loss) recognized by recipient	2					
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach						
	statement)	3					
				Yes	No		
4	4 Were all remittances from the FDE or FB treated as made to the direct owner?						
5							
from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to							
	the change and new method of accounting						

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	39,313.	133,959.
2	Other assets	2	400,935.	249,072.
3	Total assets	3	440,248.	383,031.
	Liabilities and Owner's Equity			
4	Liabilities	4	440,248.	383,031.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	440,248.	383,031.

### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

Form **8858** (Rev. 9-2020)

JSA

	Yes	
		No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defi	ined as a	
base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(d)	c)(2) from	
a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete	e lines 6b	
and 6c		Х
<b>b</b> Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefit \$		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined a	as a base	
erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(d)	c)(2) to a	
foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 71	b and 7c	X
<b>b</b> Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefit \$		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were the	here any	
intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC d	-	
tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in	n the FDE	
is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulation		
1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-		
does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1		X
b If "Yes," enter the amount of the dual consolidated loss		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit		
Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidate		
defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit ▶ \$ (		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as de	etermined	
under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
Was any portion of the dual consolidated loss on line 10b or 11b taken into account in compo		
taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
<b>b</b> Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.150		
"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulation		
1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute con		
taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e e Enter the separate unit's contribution to the cumulative consolidated taxable		
e Enter the separate unit's contribution to the cumulative consolidated taxable ("cumulative register") as of the beginning of the tax year ▶ \$ See instructions		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e)		
recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individu		
part of a combined separate unit, in any prior tax years?	-	Х
b If "Yes," enter the total amount of recapture.   See instruction in the state of		

Form **8858** (Rev. 9-2020)

Form 88	858 (Rev. 9	9-2020)								Page <b>4</b>
	nedule H		Earnings and Pi							
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	ı				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		-215,223
2	Total r	net additions						2		
3	Total r	net subtractions						3		
4							4		-215,223	
5	DASTI	M gain (loss) (if a	applicable)					5		
6	Comb	ne lines 4 and 5						6		-215,223.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchai	nge rate determi	ned under section	n 989(b) and the r	related regulation	ns (see instructions))		7		-215,223
8	Enter	exchange rate u	sed for line 7 ▶	1.0000000						
	nedule I		red Loss Amou							
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
								\	es/	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpor	ration? If "No	о,"		
	stop h	ere. If "Yes," go t	to line 2					L		Х
2	Was th	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of ar	n FB (includii	ng		
	an FB	that is an FDE	) to a specified	10%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	to		
	line 3							L		
3						shareholder with r				
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4		<u>.</u>			
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section	91. See			
	instruc	tions						4		
Sch	nedule J	Income 7	Taxes Paid or A	ccrued (see inst	tructions)					
	Foreign Income Taxes Foreign Tax Credit Separate Categories					jories				
(a) Country or Possession		<b>(b)</b> Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> General			
				26.16.16						
Total	s									

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## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

value of person filling Form 6000				Identi	rying number		
MANAGEMENT SCIENCES F	OR HEALTH,	INC.		04	-2482188		
Name of FDE or FB		. identifying number, if any	Refe	rence ID number (see in			
SH FO - MALAWI FOREIGNUS MALAWI1							
Name of tax owner	ame of tax owner U.S. identifying number, if any						
Important: Complete a separate Sch	nedule M for each	FDE or FB. Enter t	he totals for each t	ype of transaction	that occurred during		
the annual accounting period betwee							
must be stated in U.S. dollars transla	ated from function	al currency at the ap	opropriate exchange	rate for the FDE's	s or FB's tax year. See		
instructions.			USD				
Enter the relevant functional currency and	d the exchange rate ι	sed throughout this sch	edule >	1.000000	0		
Column Headings. This schedule con				entifies the status	of the tax owner		
and complete lines 1 through 19 with	respect to the app	licable set of colum	n headings.	I			
		(-) A d	(d) Any foreign corporation or	(e) Any U.S. person			
Controlled Foreign Partnership	(h)	(c) Any domestic corporation or	partnership	with a 10% or more direct interest in the			
(a) Transactions of	(b) U.S. person filing this return	partnership controlling or	controlling or controlled by the	controlled foreign partnership (other			
FDE or FB		controlled by the filer	filer (other than the tax owner)	than the filer)			
			,	(-) 400/	40 400/ II O		
Controlled Foreign Corporation	(h) 11 O 61:	(c) Any domestic corporation or	(d) Any foreign corporation or	(e) 10% or more U.S. shareholder of any	shareholder, or other		
(a) Transactions of	(b) U.S. person filing this return	partnership controlled by the filer	partnership controlled by the filer (other	corporation controlling the tax	owner, of any entity controlling the tax		
FDE or FB		by the lile	than tax owner)	owner	owner		
_		(-) A d	(d) Any famina				
X U.S. Tax Owner	(b) U.S. person filing	(c) Any domestic corporation or	(d) Any foreign corporation (including	(e) Any foreign	ita		
(a) Transactions of	this return (other than the	partnership controlled by the filer (other than	its branches or disregarded entities)	partnership (including branches or FDEs)			
(a) Transactions of FDE or FB	tax owner of the FDE or FB)	the tax owner of the	controlling or controlled by the filer	controlling or controlle by the filer	ed		
	, , , , , , , , , , , , , , , , , , ,	FDE or FB)	by the lile	,			
1 Sales of inventory							
2 Sales of property rights							
3 Compensation received for							
certain services							
4 Commissions received							
5 Rents, royalties, and license							
fees received							
6 Dividends/Distributions received							
7 Interest received							
8 Other							
9 Add lines 1 through 8							
10 Purchases of inventory		-					
11 Purchases of tangible property							
other than inventory							
12 Purchases of property rights  13 Compensation paid for certain							
· · ·							
services  14 Commissions paid							
15 Rents, royalties, and license							
fees paid							
16 Interest paid							
17 Add lines 10 through 16							
18 Amounts borrowed (see							
instructions)							
19 Amounts loaned (see							
instructions)							
,			•				

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

(Rev. September 2020)

Department of the Treasury

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

nterna	Revenue Servic	e	beginning	0//0_	L/	ZUZU , i	and ending U6	/ :	3U/ZUZI				
Name	of person filir	ng thi	s return									Filer's identifying number	
MAN	JAGEME1	TV	SCIENCES FOR	HEALT	ΓH	I, INC.						04-2482188	
			m or suite no. (or P.O. box num				ddress)				•		
200	) RIVEF	RS	EDGE DRIVE										
City o	r town, state, a	and Z	IP code										
MEI	FORD,	ΜZ	A 02155										
	tax year begir			)			, and ending 0	6/	/30/202	1			
lmp			n all applicable lines a dollars unless otherwi				tion <b>must</b> be	in	English. All	l a	mount	s <b>must</b> be stated in	
Check			FDE of a U.S. person		Ī	FDE of a controlled f	oreign corporation (	CFC	C)	T	FDE of a	controlled foreign partnership	
		Х	FB of a U.S. person			FB of a CFC			´	_		ontrolled foreign partnership	
Check	here		Initial 8858	Final	88	 58						<u> </u>	
	ame and addre	ess o								b	(1) U.S.	identifying number, if any	
MSH	FO - M	ΔΤ.Τ										FOREIGNUS	
			LI 2000 RUE 420,	NO 154	L					b	(2) Refe	rence ID number (see instructi	ons)
	AKO, M		.1 2000 ROL 120,	110 151	•					мд	LI1	`	,
			es) under whose laws organized	and entity	type	e under local tax law		d	Date(s) of orga	_		e Effective date as FDE	
	,	,,,	.,		71				(-, 3				
			U.S. tax treaty were claimed wit		9	g Country in which p		h	•	nes	s	i Functional currency	
ır	icome of the I	FDE	or FB, enter the treaty and articl	e number		activity is conducted	ea		activity			USD	
						ML		Р	UBLIC HE	ΑI	LTH		
<b>2</b> P	rovide the foll	lowin	g information for the FDE's or I	FB's accoun	ting	g period stated above.					•		
	ame, address ne United State		d identifying number of branch	office or age	ent	(if any) in	with custody such books a	of th nd i NT RS	ne books and re records, if differe SCIENCES EDGE DRI	eco ent S	rds of the	artment, if applicable) of persor FDE or FB, and the location of IEALTH, INC.	
							MEDFORD,	11/12	A 02155				
3 F	or the tax ow	ner o	f the FDE or FB (if different fr	om the filer)	), pı	rovide the following (se	e instructions):						
a N	ame and addr	ess					<b>b</b> Annual accou	ıntir	ng period covere	ed l	by the retu	urn (see instructions)	
							c(1) U.S. identif	ying	number, if any				
							c(2) Reference	D n	umber (see insti	ruc	tions)		
							d Country unde	r wh	hose laws organi	ize	d	e Functional currency	
4 F	or the direct o	wne	r of the FDE or FB (if different	from the to	ax o	owner), provide the follo							
a N	ame and addr	ess					<b>b</b> Country unde	r wh	hose laws organi	iize	d		
							c U.S. identifying	ıg nı	umber, if any			d Functional currency	

ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2020)

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Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

'f yοι	are using the average exchange rate (determined under section 989(b)), check	the	following box		🔲
			Functional Currency	U.S. E	Oollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			-8,258
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			-8,258
11	Total deductions (exclude income tax expense)	11			718,299
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-726,557
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional orecip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
	/			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	•			
	the change and new method of accounting		•		
Scho	dule F Balance Sheet				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	23,126.	49,838.
2	Other assets	2	39,535.	11,477.
3	Total assets	3	62,661.	61,315.
	Liabilities and Owner's Equity			
4	Liabilities	4	62,661.	61,315.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	62,661.	61,315.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

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JSA

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
·	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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	edule F		Earnings and Pr							
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		-726,557.
2	Total r	net additions						2		
3	Total r	net subtractions						3		
4						plus line 2 minus line		4		-726,557.
5	DAST	M gain (loss) (if a	applicable)					5		
6	Comb	ine lines 4 and 5						6		-726,557.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	excha	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions))		7		-726,557.
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	1.0000000						
Sch	nedule I	Transfer	red Loss Amou	nt (see instruction	ons)					
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
									Yes	No
1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No,"										
	stop h	ere. If "Yes," go t	to line 2							Х
2	Was tl	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (includ	ding		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	o to		
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	espect to	the		
		•		•	•					
4	Enter	the transferred	loss amount inc	cluded in gross	income as requ	uired under section	91. See			
							<u> </u>	4		
Sch	edule J		Taxes Paid or A	· · · · · · · · · · · · · · · · · · ·	tructions)					
		ı	Foreign Income Tax			Foreign Tax Credit	Separate Cat	egories	S	
Cou	(a) Intry or	<b>(b)</b> Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	(e)	(f)	(g)			h)
Pos	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General			her ————
Total	c				I	1		I		

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## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

(a) Transactions of FDE or FB  (b) U.S. person hing this return  (c) Transactions of FDE or FB  (d) Any domestic corporation or partnership controlled by the filler (other than the tax owner of the FDE or FB)  (e) Transactions of FDE or FB  (b) U.S. person filing this return to this return (other than the tax owner of the FDE or FB)  (e) Transactions of FDE or FB  (f) U.S. person filing this return (other than the tax owner of the FDE or FB)  (g) Transactions of FDE or FB  (h) U.S. person filing to corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g) Any treeting partnership (onbuilding its branches or FDEs) controlling to the tax owner of the FDE or FB)  (g)	value of person filling Form 6000				Identii	ying number
Name of PE or FB  With Fig. 1 Ab. 1  Name of tax owner  Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amour must be stated in U.S. obligar translated from Intendicional currency and the exchange rate used throughout this schedule P  Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.  Controlled Foreign Partnership  (a) Transactions of FDE or FB  Controlled Foreign Corporation (b) U.S. person filling this return (b) U.S. person filling this return (c) Transactions of FDE or FB  (b) U.S. person filling this return (b) U.S. person filling this return (c) Transactions of FDE or FB  (c) Any dennestic corporation of partnership controlled by the filer (other than the file (other than th	MANAGEMENT SCIENCES	FOR HEALTH	, INC.		04	-2482188
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(a) Transactions of FDE or FB  (b) U.S. person filing this return (the FDE or FB)  (c) Any domastic permissible controlled by the filler (other than the tax owner of the FDE or FB)  1 Sales of inventory  2 Sales of property rights.  3 Compensation received for certain services  5 Rents, royalties, and license fees received.  6 Dividend/Distributions received  7 Interest received.  8 Other  9 Add lines 1 through 8  10 Purchases of inventory.  11 Purchases of inventory.  12 Purchases of property rights.  13 Compensation paid for certain services  8 Other  9 Add lines 1 through 8  10 Purchases of property rights.  11 Compensation paid for certain services  12 Purchases of property rights.  13 Compensation paid for certain services  14 Commissions paid  15 Rents, royalties, and license fees paid  16 Interest paid  17 Add lines 10 through 16  18 Amounts borrowed (see instructions).  19 Amounts borrowed (see instructions).	Controlled Foreign Corporation	(h) II C norsen filing		corporation or	shareholder of any	shareholder, or other
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Corporation or particularly components of a) Transactions of FDE or FB  1 Sales of inventory 2 Sales of property rights			(c) Any domestic	(d) Any foreign		
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1 Sales of inventory 2 Sales of property rights						u
2 Sales of property rights			. 22 6 27	-,		
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fees received						
6 Dividends/Distributions received 7 Interest received						
7 Interest received	<b>1</b>					
8 Other	<b>1</b>					
9 Add lines 1 through 8						
Purchases of inventory	The state of the s					
11 Purchases of tangible property other than inventory  12 Purchases of property rights  13 Compensation paid for certain services  14 Commissions paid  15 Rents, royalties, and license fees paid  16 Interest paid  17 Add lines 10 through 16  18 Amounts borrowed (see instructions)  19 Amounts loaned (see						
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services  14 Commissions paid  15 Rents, royalties, and license fees paid  16 Interest paid  17 Add lines 10 through 16  18 Amounts borrowed (see instructions)  19 Amounts loaned (see						
14 Commissions paid	· · ·					
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16 Interest paid						
17 Add lines 10 through 16  18 Amounts borrowed (see instructions)						
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(Rev. September 2020)

Department of the Treasury

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 0.7 / 0.1 / 2.0.2.0 and ending 0.6 / 3.0 / 2.0.2.1

OMB No. 1545-1910

Attachment Sequence No. **140** 

internal Revenue Service   Deginning 0 / / 0 1 / 2 0 2 0	, and ending Ut	/30/2021		·	
Name of person filing this return				Filer's identifying number	
MANAGEMENT SCIENCES FOR HEALTH, INC.				04-2482188	
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to stree	t address)				
200 RIVERS EDGE DRIVE					
City or town, state, and ZIP code					
MEDFORD, MA 02155	and anding O	6/20/202	1		
Filer's tax year beginning 07/01/2020		6/30/202		to must be stated in	_
mportant: Fill in all applicable lines and schedules. All inform U.S. dollars unless otherwise indicated.	nation <b>must</b> be	ın ⊑ngiisn. Ali	amouni	s <b>musi</b> be stated in	
Check here FDE of a U.S. person FDE of a controlle	ed foreign corporation (	CFC)	FDE of a	controlled foreign partnership	
X FB of a U.S. person FB of a CFC			FB of a c	controlled foreign partnership	
Check here Initial 8858 Final 8858					
1a Name and address of FDE or FB			<b>b(1)</b> U.S.	identifying number, if any	
MSH FO - MOZAMBIQUE				FOREIGNUS	
BEIJO DA MULATA STREET 59200 SOMMERSHILD II			b(2) Refe	erence ID number (see instruction	າຣ)
MAPUTO, MZ			MOZAMBIQ	UE1	
c For FDE, country(ies) under whose laws organized and entity type under local tax law	v	<b>d</b> Date(s) of org	anization	e Effective date as FDE	
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number activity is conducted activity is conducted.	ch principal business	h Principal busir activity	ness	i Functional currency	
activity is condi-	acteu	activity		USD	
MZ		PUBLIC HE	ALTH		
2 Provide the following information for the FDE's or FB's accounting period stated above	ve.				
a Name, address, and identifying number of branch office or agent (if any) in the United States				artment, if applicable) of person(seFDE or FB, and the location of	3)
	such books a	nd records, if differe	ent		
				HEALTH, INC.	
		RS EDGE DR	IVE		
	MEDFORD,	MA 02155			
3 For the tax owner of the FDE or FB (if different from the filer), provide the following	(see instructions):				
a Name and address	<b>b</b> Annual accou	inting period cover	ed by the ret	turn (see instructions)	_
	c(1) U.S. identif	ying number, if any			
	c(2) Reference I	ID number (see inst	ructions)		
	d Country unde	er whose laws organ	ized	e Functional currency	
4 For the direct owner of the FDE or FB (if different from the tax owner), provide the	following (see instruction	one).			
a Name and address		er whose laws organ	ized		
- 1.a.1.5 a.1.5 aaa1000	S Country unde	iooo iawa oigaii	00		
	c U.S. identifyin	ig number, if any		d Functional currency	
		-			
				t contract the contract to the	

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

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Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)) check the following box

t you	are using the average exchange rate (determined under section 989(b)), check	tne	rollowing box		
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11		1,	111,938
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		-1,	111,938
Sche	dule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount s functional or recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				
	Delever Obert				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	27,782.	50,025.
2	Other assets	2	457.	16,096.
3	Total assets	3	28,239.	66,121.
	Liabilities and Owner's Equity			
4	Liabilities	4	28,239.	66,121.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	28,239.	66,121.

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
	_	00E0 /D	0.0000)

Form **8858** (Rev. 9-2020)

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
·	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

Form **8858** (Rev. 9-2020)

Form 88	58 (Rev. 9	9-2020)							Page 4
Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)			
Impor	tant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt		1	-	1,111,938.
2		•	` '.	•				2	
3								3	
4	Currer	nt earnings and <sub>l</sub>	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3)	1 -	1,111,938.
5	5 DASTM gain (loss) (if applicable)							5	
6	Comb	ine lines 4 and 5					6	-	1,111,938.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average		
	excha	nge rate determi	ned under sectior	n 989(b) and the r	related regulation	ns (see instructions)	)	7   -	1,111,938.
8	Enter		sed for line 7 ▶	1.0000000					
	edule I		red Loss Amou						
<u>Impor</u>	tant: S	ee instruction:	s for who has to	complete this s	ection.				
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "No,	."	
	stop h	ere. If "Yes," go t	o line 2						Х
2	Was th	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	ın FB (includin	g	
	an FB	that is an FDE	) to a specified 1	10%-owned foreig	gn corporation?	If "No," stop here.	If "Yes," go to	0	
3		•			•	shareholder with	•	<b>I</b>	
				-	_				
4	Enter	the transferred	loss amount inc	luded in gross	income as requ	ired under section	91. See		
		tions	<u> </u>				4	1	
Sch	edule J				tructions)				
Foreign Income Taxes				Foreign Tax Credit	Separate Catego	ries			
(a) Country or		(b)	(c)	( <b>d)</b> U.S.	(e)	(f)	(g) General		(h) other
Possession		1 oreign currency	Conversion reac	Dollars	1 Greight Blanch	1 433170	Concidi		
Totals									
			Foreign Income Tax (c) Conversion Rate			Foreign Tax Credit  (f)  Passive			

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#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information. Name of person filing Form 8858 Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - MOZAMBIQUE FOREIGNUS MOZAMBIOUE1 Name of tax owner U.S. identifying number, if any Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see instructions)

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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Schedule M (Form 8858) (Rev. 12-2018)

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(Rev. September 2020)

Department of the Treasury

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

, and ending 06/30/2021beginning 07/01/2020Internal Revenue Service Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - NAMIBIA FOREIGNUS b(2) Reference ID number (see instructions) 31 FIELD ST., AUSSPANNPLATZ WINDHOEK. WA c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

f you	are using the average exchange rate (determined under section 989(b)), check	the t	following box						
			Functional Currency	U.S. E	ollar				
1	Gross receipts or sales (net of returns and allowances)	1							
2	Cost of goods sold	2							
3	Gross profit (subtract line 2 from line 1)	3							
4	Dividends	4							
5	Interest	5							
6	Gross rents, royalties, and license fees	6							
7	Gross income from performance of services 7								
8	Foreign currency gain (loss)	8							
9	Other income	9							
10	Total income (add lines 3 through 9)	10			26,291				
11	Total deductions (exclude income tax expense)	11			26,058				
12	Income tax expense	12							
13	Other adjustments	13							
14	Net income (loss) per books	14			233				
Sche	dule C-1 Section 987 Gain or Loss Information								
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional orecip	stated in currency of				
1	Remittances from the FDE or FB	1							
2	Section 987 gain (loss) recognized by recipient	2							
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach								
	statement)	3							
				Yes	No				
4	Were all remittances from the FDE or FB treated as made to the direct owner?								
5	Did the tax owner change its method of accounting for section 987 gain or loss with re								
from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to									
	the change and new method of accounting		•						
Sche	dule F Balance Sheet								

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	72,450.	NONE
2	Other assets	2	NONE	NONE
3	Total assets	3	72,450.	NONE
	Liabilities and Owner's Equity			
4	Liabilities	4	72,450.	NONE
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	72,450.	NONE

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
·	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Form 88	58 (Rev. 9	9-2020)								Page <b>4</b>
Sch	edule F	Current I	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)				
Impor	tant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	ı				
1	Currer	nt year net incom	ne (loss) per forei	gn books of accou	ınt			1		233.
2	Total r	net additions						2		
3	Total r	net subtractions						3		
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3)	4		233.
5	5 DASTM gain (loss) (if applicable)							5		
6	Comb	ine lines 4 and 5						6		233.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchai	nge rate determi	ned under section	989(b) and the r	related regulation	ns (see instructions))		7		233.
8	Enter	<u>exchange rate u</u>		1.0000000						
	edule I		red Loss Amoui							
<u>Impor</u>	tant: S	ee instruction:	s for who has to	complete this s	ection.					
									Yes	No
1						to a foreign corpor				
										X
2			•		•	all of the assets of ar	•	_		
			•		•	If "No," stop here.				
3						shareholder with r				
				•	•					
4				•	•	ired under section				
			<u> </u>				<del></del>	4		
Sch	edule J		Taxes Paid or A	`	tructions)					
	'- <b>\</b>	F	oreign Income Tax			Foreign Tax Credit S	Separate Cat	egories	5	
(a) Country or		(b) Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> General		(h) Other	
Poss	ession	Toroign Curroney	Conversion rate	Dollars	1 Groight Brahon	1 doore				
Totals	_									

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## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858					Ident	ifying number
MANAGEMENT SCIENCES	FOR HEAL	TH, INC.			04	1-2482188
Name of FDE or FB		U.S. identifying		Refer	ence ID number (see in	nstructions)
MSH FO - NAMIBIA	1	FOREIGNUS		NAMIBIA1		
Name of tax owner				U.S. ider	ntifying number, if any	
Important: Complete a separate So the annual accounting period betwee must be stated in U.S. dollars trans instructions.	een the FDE o	r FB and the	persons list	ed in the applicab	le columns (b) the rate for the FDE'.	rough (f). All amount 's or FB's tax year. See
Enter the relevant functional currency ar	nd the exchange	rate used throug	hout this sche	dule >	1.000000	00
Column Headings. This schedule co and complete lines 1 through 19 with					entifies the status	of the tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person f this return	iling corpo part contr	domestic oration or enership rolling or d by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
Controlled Foreign Corporation  (a) Transactions of FDE or FB	( <b>b</b> ) U.S. person f this return	iling corpo	y domestic oration or nip controlled the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S shareholder of any corporation controlling the tax owner	
X U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person f this return (other than th tax owner of th FDE or FB)	e by the file	y domestic oration or nip controlled er (other than owner of the E or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including branches or FDEs) controlling or controll by the filer	
1 Sales of inventory						
2 Sales of property rights						
3 Compensation received for						
certain services						
4 Commissions received						
5 Rents, royalties, and license						
fees received						
6 Dividends/Distributions received						
7 Interest received						
8 Other						
9 Add lines 1 through 8						
10 Purchases of inventory						
11 Purchases of tangible property						
other than inventory						
12 Purchases of property rights			-			
13 Compensation paid for certain						
services						
14 Commissions paid						
15 Rents, royalties, and license fees paid						
16 Interest paid			-			
17 Add lines 10 through 16						
18 Amounts borrowed (see						
instructions)  19 Amounts loaned (see						
instructions)						
	11 1111-	(			0 1 1 :	(E 0050) (D 45.55:55

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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Schedule M (Form 8858) (Rev. 12-2018)

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(Rev. September 2020)

Department of the Treasury Internal Revenue Service

## Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

, and ending 06/30/2021beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Χ Check here X Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - NEPAL FOREIGNUS b(2) Reference ID number (see instructions) MTAPS NEPAL, ISHWOR NIWAS, #405 PRASUTI GRIHA MARG BABARMAHAL KATHMANDU, NP c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of

For Paperwork Reduction Act Notice, see the separate instructions.

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Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.
If you are using the average exchange rate (determined under section 989(b)), check the following box . . . . . . . . .

<sup>‡</sup> you	you are using the average exchange rate (determined under section 989(b)), check the following box									
			Functional Currency	U.S. D	ollar					
1	Gross receipts or sales (net of returns and allowances)	1								
2	Cost of goods sold	2								
3	Gross profit (subtract line 2 from line 1)	3								
4	Dividends	4								
5	Interest	5								
6	Gross rents, royalties, and license fees	6								
7	Gross income from performance of services	7								
8	Foreign currency gain (loss)	8								
9	Other income	9								
10	Total income (add lines 3 through 9)	10								
11	Total deductions (exclude income tax expense)	11			842,830.					
12	Income tax expense	12								
13	Other adjustments	13								
14	Net income (loss) per books	14		=	842,830.					
Sche	dule C-1 Section 987 Gain or Loss Information									
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from		(a) Amount stated in	(b) Amount s						
	the FDE or FB.		functional currency of FDE or FB	functional c recip						
1	Remittances from the FDE or FB	1								
2	Section 987 gain (loss) recognized by recipient	2								
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach									
	statement)	3								
				Yes	No					
4	4 Were all remittances from the FDE or FB treated as made to the direct owner?									
5										
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to							
	the change and new method of accounting									
Ca ba	dulo E Ralance Sheet									

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	NONE	2,524.
2	Other assets	2	NONE	5,040.
3	Total assets	3	NONE	7,564.
	Liabilities and Owner's Equity			
4	Liabilities	4	NONE	7,564.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	NONE	7,564.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
·	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Total net additions.  Total net subtractions.  Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3)	Form 88	358 (Rev. 9	9-2020)								Page <b>4</b>
1 Current year net income (loss) per foreign books of account	Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see	instructions)				
Total net additions.  Total net subtractions.  Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3).  DASTM gain (loss) (if applicable).  Combine lines 4 and 5.  Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)).  Transferred Loss Amount (see instructions)  Important: See instructions for who has to complete this section.  Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2.  Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3.  Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4.  Enter the transferred loss amount included in gross income as required under section 91. See instructions.  Foreign Income Taxes Paid or Accrued (see instructions)  Foreign Income Taxes  Foreign Tax Credit Separate Categories  (a)  Country or Exercise Coursely Coursely Coursely Pate U.S.  Service Pages Pages Based on Coursely Co	Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
Total net subtractions  4	1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		-842,830.
4 Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3)	2	Total r	net additions						2		
DASTM gain (loss) (if applicable)	3	Total r	net subtractions						3		
6 Combine lines 4 and 5	4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3)	4		-842,830.
Transferred Loss Amount (see instructions)  Transferred Loss Amount (see instructions)  Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2  Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3  Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferred loss amount included in gross income as required under section 91. See instructions    Ves   No	5	DAST	M gain (loss) (if a	applicable)					5		
exchange rate determined under section 989(b) and the related regulations (see instructions))	6	Comb	ine lines 4 and 5						6		-842,830.
Schedule I Transferred Loss Amount (see instructions)  Important: See instructions for who has to complete this section.  Yes No  Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2	7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
Transferred Loss Amount (see instructions)  Important: See instructions for who has to complete this section.  Yes No  Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		excha	nge rate determi	ned under section	n 989(b) and the r	elated regulation	ns (see instructions))		7		-842,830.
Important: See instructions for who has to complete this section.  1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2.  2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3.  3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4.  4 Enter the transferred loss amount included in gross income as required under section 91. See instructions  Foreign Income Taxes Paid or Accrued (see instructions)  Foreign Tax Credit Separate Categories  (a) (b) (c) (c) (c) (d) (d) (e) (e) (fin) (	8	Enter									
1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2											
Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2  Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3  Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4  Enter the transferred loss amount included in gross income as required under section 91. See instructions    Schedule J   Income Taxes Paid or Accrued (see instructions)	Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
stop here. If "Yes," go to line 2  Was the transferror a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3  Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4  Enter the transferred loss amount included in gross income as required under section 91. See instructions    Schedule J   Income Taxes Paid or Accrued (see instructions)										Yes	No
Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3.  Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4.  Enter the transferred loss amount included in gross income as required under section 91. See instructions.  Schedule J Income Taxes Paid or Accrued (see instructions)  Foreign Income Taxes  Foreign Tax Credit Separate Categories  (a) (b) (c) (c) (d) (e) (f) (g) (h) (f) (f) (g) (f) (f) (g) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	I to a foreign corpo	ration? If "I	No,"		
an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3.  3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4.  4 Enter the transferred loss amount included in gross income as required under section 91. See instructions  Schedule J Income Taxes Paid or Accrued (see instructions)  Foreign Income Taxes  Foreign Tax Credit Separate Categories  (a) (b) (c) (d) (e) (f) (g) (h)  Country or Foreign Currency (Conversion Pate) (Chorence Currency (Chorence Chorence Currency (Chorence Currency (Chorence Currency (Chorence Currency (Chorence Currency (Chorence Currency (Chorence Currenc		stop h	ere. If "Yes," go t	to line 2							Х
line 3	2	Was tl	ne transferor a c	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (inclu	ding		
3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		an FB	that is an FDE	) to a specified 1	10%-owned foreig	gn corporation?	If "No," stop here.	If "Yes," go	o to		
transferee foreign corporation? If "No," stop here. If "Yes," go to line 4  Enter the transferred loss amount included in gross income as required under section 91. See instructions  Schedule J Income Taxes Paid or Accrued (see instructions)  Foreign Income Taxes  Foreign Income Taxes  Foreign Service  (a)  (b)  (c)  (d)  (e)  (f)  (g)  (h)  Other											
4 Enter the transferred loss amount included in gross income as required under section 91. See instructions	3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	respect to	the		
Schedule J Income Taxes Paid or Accrued (see instructions)  Foreign Income Taxes Foreign Tax Credit Separate Categories  (a) (b) (c) (d) (e) (f) (g) (h)  Country or Foreign Currency Conversion Pate U.S. Foreign Presch (Presch Currency Currency Conversion Pate U.S. Foreign Presch (Presch Currency Curre			•		•	•					
Income Taxes Paid or Accrued (see instructions)   Foreign Income Taxes   Foreign Tax Credit Separate Categories	4	Enter	the transferred	loss amount inc	cluded in gross	income as requ	uired under section	91. See			
Foreign Income Taxes  Foreign Tax Credit Separate Categories  (a) (b) (c) (d) (e) (f) (g) (h)  Country or Foreign Currency Conversion Rate U.S. Foreign Presch Respire Conversion Rate Other						<u> </u>			4		
(a) (b) (c) (d) (e) (f) (g) (h) Country or Foreign Currency Conversion Rate U.S. Foreign Prench Reserve Conversion Rate U.S.	Sch	edule J			,	tructions)					
(a) (b) (c) (c) U.S. Foreign Currency Conversion Rate Dollars Foreign Branch Passive General Other			ı	Foreign Income Tax			Foreign Tax Credit	Separate Cat	egories	3	
Possession Foreign Currency Conversion Rate Dollars Foreign Branch Fassive General Other	Cou	(a) Intry or	(b)	(c)	( <b>d)</b> U.S.	(e)	(f)				
	Poss	Possession Foreign Currency Conversion Rate Dollars		Dollars	Foreign Branch	rassive	General				
Totale											

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## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

value of person filling Form 6000				identify	ing number
MANAGEMENT SCIENCES	FOR HEALTH	, INC.		04-	-2482188
Name of FDE or FB		S. identifying number, if any	/ Refe	rence ID number (see ins	
MSH FO - NEPAL	FORE	IGNUS	NEPAL1		
Name of tax owner			U.S. ide	ntifying number, if any	
Important: Complete a separate So	chedule M for each	h FDE or FB. Enter	the totals for each t	ype of transaction	that occurred during
the annual accounting period betwe					
must be stated in U.S. dollars trans	lated from functior	nal currency at the a	ppropriate exchange	rate for the FDE's	or FB's tax year. See
instructions.			USD		
Enter the relevant functional currency ar	nd the exchange rate	used throughout this sc	hedule >	1.000000	)
Column Headings. This schedule co				lentifies the status o	f the tax owner
and complete lines 1 through 19 with	n respect to the ap	plicable set of colum	n headings.	T	
		(a) A da a	(d) Any foreign corporation or	(e) Any U.S. person	
Controlled Foreign Partnership	(h)     0	(c) Any domestic corporation or	partnership	with a 10% or more direct interest in the	
(a) Transactions of	(b) U.S. person filing this return	partnership controlling or	controlling or controlled by the	controlled foreign partnership (other	
FDE or FB		controlled by the filer	filer (other than the tax owner)	than the filer)	
			<u> </u>	(a) 400/ an as an 110	(6) 400/
Controlled Foreign Corporation	(h) 11 O files	(c) Any domestic corporation or	(d) Any foreign corporation or	(e) 10% or more U.S. shareholder of any	(f) 10% or more U.S. shareholder, or other
(a) Transactions of	(b) U.S. person filing this return	partnership controlled by the filer	partnership controlled by the filer (other	corporation controlling the tax	owner, of any entity controlling the tax
FDE or FB		by the mer	than tax owner)	owner	owner
		(a) A da a	(d) Any foreign		
X U.S. Tax Owner	(b) U.S. person filing	(c) Any domestic corporation or	(d) Any foreign corporation (including	(e) Any foreign	
(a) Transactions of	this return (other than the	partnership controlled by the filer (other than	its branches or disregarded entities)	partnership (including its branches or FDEs)	
(a) Transactions of FDE or FB	tax owner of the FDE or FB)	the tax owner of the	controlling or controlled by the filer	controlling or controlled by the filer	
	,	FDE or FB)	by the mer	,	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for					
certain services					
4 Commissions received					
5 Rents, royalties, and license					
fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property					
other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain					
services  14 Commissions paid					
15 Rents, royalties, and license					
fees paid  16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see					
instructions)					
19 Amounts loaned (see					
instructions)					
	I	I.	ı	1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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Schedule M (Form 8858) (Rev. 12-2018)

7345RO

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2020 , and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. **140** 

Name of person filing this return	, , , , , , , , , , , , , , , , , , ,			, , -		Filer's identifying number	
MANAGEMENT SCIENCES FOR	HEALT	H. INC.				04-2482188	
Number, street, and room or suite no. (or P.O. box num			ddress)				
200 RIVERS EDGE DRIVE							
City or town, state, and ZIP code							
MEDFORD, MA 02155							
Filer's tax year beginning 07/01/2020	)		, and ending ()	6/30/202	21		
Important: Fill in all applicable lines a U.S. dollars unless otherwi			tion <b>must</b> be	in English. Al	ll amount	s <b>must</b> be stated in	
Check here FDE of a U.S. person		FDE of a controlled f	oreign corporation (	CFC)	FDE of a	controlled foreign partnership	
X FB of a U.S. person		FB of a CFC			FB of a c	ontrolled foreign partnership	
Check here Initial 8858	X Final 8	8858					
1a Name and address of FDE or FB					<b>b(1)</b> U.S.	identifying number, if any	
MSH FO - PERU						FOREIGNUS	
CALLE GONZALES PRADA 350					b(2) Refe	rence ID number (see instructions)	
MIRAFLORES-KIMA, PE					PERU1		
c For FDE, country(ies) under whose laws organized	d and entity ty	pe under local tax law		d Date(s) of org	ganization	e Effective date as FDE	
f If benefits under a U.S. tax treaty were claimed wit		g Country in which p		h Principal busi	ness	i Functional currency	
income of the FDE or FB, enter the treaty and article	le number	activity is conducte	ed	activity		USD	
		PE		PUBLIC HE	CALTH		
2 Provide the following information for the FDE's or	FB's accounti	ing period stated above.					
Name, address, and identifying number of branch the United States	office or ager	nt (if any) in	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155				
3 For the tax owner of the FDE or FB (if different fr	rom the filer),	provide the following (se	ee instructions):				
a Name and address	<u></u>	· · · · · · · · · · · · · · · · · · ·	<b>b</b> Annual accou	inting period cove	red by the ret	urn (see instructions)	
			c(1) U.S. identif	ying number, if any	,		
			c(2) Reference	ID number (see ins	tructions)		
			d Country unde	er whose laws organ	nized	e Functional currency	
4 For the direct owner of the FDE or FB (if differen	t from the ta	x owner), provide the foll	L owing (see instruction	ons):			
a Name and address		, F. 37.00 0.10 1011		er whose laws organ	nized		
			,	Ū			
			c U.S. identifyin	ng number, if any		d Functional currency	
5 Attach an organizational chart that identifies the	name, place	ement, percentage of ow	vnership, tax classifi	cation. and country	of organizati	on of all entities in the chain of	

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income	Statement	(000	inetruetic	ncl
- 7 (HO ( 24 O H H ( 24 U -	IIICOIII	e Statement	1266	าเกรเกนเนเ	ו כו ונ

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

f you	are using the average exchange rate (determined under section 989(b)), check	the i	following box		🗌
			Functional Currency	U.S. [	Oollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			NON
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			NON
11	Total deductions (exclude income tax expense)	11			
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			NON
Sche	Net income (loss) per books				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(the Amount of the Amount of t	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
	, , , , , , , , , , , , , , , , , , , ,			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				
	the change and new method of accounting				
Sche	dule F Balance Sheet				
	rtant: Report all amounts in U.S. dollars computed in functional currency and tra	ansla	ted into U.S. dolla	ars in	

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	<b>(b)</b> End of annual accounting period
1	Cash and other current assets	1	NONE	NONE
2	Other assets	2	NONE	NONE
3	Total assets	3	NONE	NONE
	Liabilities and Owner's Equity			
4	Liabilities	4	NONE	NONE
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	NONE	NONE

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
		~~=~	

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Page 3

Cher Information (continued)

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See Instructions.		

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Sch	edule F	Current	Earnings and Pi	rofits or Taxable	e Income (see i	nstructions)			
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.				
1	Currer	nt year net incon	ne (loss) per forei	ign books of accou	ınt		. 1		NONE
2	Total r	net additions					2		
3									
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line 3) .	4		NONE
5	DASTI	M gain (loss) (if a	applicable)				5		
6	Comb	ine lines 4 and 5					6		NONE
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the average	age		
	exchai	nge rate determi	ned under sectior	n 989(b) and the r	elated regulation	ns (see instructions))	7		NONE
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	1.0000000					
Sch	nedule I	Transfer	red Loss Amou	<b>nt</b> (see instruction	ons)				
<u>Impo</u> i	rtant: S	ee instruction	s for who has to	complete this s	ection.				
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corporation	? If "No,"		
	stop h	ere. If "Yes," go t	o line 2						Х
2	Was th	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of an FB	(including		
	an FB	that is an FDE	) to a specified <sup>2</sup>	10%-owned foreig	gn corporation?	If "No," stop here. If "Ye	es," go to		
	line 3								
3		-				shareholder with respe			
				•	•				
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section 91.	See		
							4		
Sch	edule J		Taxes Paid or A		tructions)				
		F	oreign Income Tax			Foreign Tax Credit Separa	ate Categorie	5	
Cou	(a) Intry or	<b>(b)</b> Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> General	(I	n) her
Poss	session	1 oreign currency	Conversion reac	Dollars	1 oreign Branen	1 433170	Octional		
Total	S			1	I				

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## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858					Ident	ifying number
MANAGEMENT SCIENCES	FOR HEALTH	H, INC.			04	-2482188
Name of FDE or FB		.S. identifying r		Refe	ence ID number (see ir	
MSH FO - PERU	FOR	EIGNUS		PERU1		
Name of tax owner				U.S. ide	ntifying number, if any	
Important: Complete a separate Souther annual accounting period between the stated in U.S. dollars transinstructions.	een the FDE or I lated from function	-B and the onal currenc	persons list by at the app	ted in the applicab propriate exchange USD	le columns (b) the rate for the FDE's	rough (f). All amount s or FB's tax year. See
Enter the relevant functional currency a	nd the exchange rate	e used throug	hout this sche	dule >	1.000000	0
Column Headings. This schedule co and complete lines 1 through 19 witl					entifies the status	of the tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person filing this return	corpo part contr	or domestic pration or nership rolling or d by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
Controlled Foreign Corporation  (a) Transactions of FDE or FB	( <b>b</b> ) U.S. person filing this return	corpo	/ domestic oration or nip controlled he filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	partnersh by the file the tax o	domestic oration or nip controlled er (other than owner of the E or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including branches or FDEs) controlling or controll by the filer	
1 Sales of inventory						
2 Sales of property rights						
3 Compensation received for						
certain services						
4 Commissions received						
5 Rents, royalties, and license						
fees received						
6 Dividends/Distributions received						
7 Interest received						
8 Other						
9 Add lines 1 through 8						
10 Purchases of inventory						
11 Purchases of tangible property						
other than inventory						
12 Purchases of property rights						
13 Compensation paid for certain						
services						
14 Commissions paid						
15 Rents, royalties, and license						
fees paid						
<ul><li>16 Interest paid</li><li>17 Add lines 10 through 16</li></ul>						
18 Amounts borrowed (see						
instructions)						
19 Amounts loaned (see						
instructions)					<u> </u>	/F 0055) /F 15-51

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

7345RO

(Rev. September 2020)

Department of the Treasury

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2020 , and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. **140** 

beginning 07/01/2020Internal Revenue Service Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - PHILIPPINES FOREIGNUS b(2) Reference ID number (see instructions) ROOM 4011, 4/F C/O LUNG CENTER OF THE PHILLIPPINES QUEZON CITY, RP 1104 PHILIPPINES1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of

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direct or indirect interest. See instructions.

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)) check the following box

t you	are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11		1,	410,309
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		-1.	410,309
Sche	dule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount of functional of recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				
	the change and new method of accounting				
Scho	dule F Balance Sheet				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	41,164.	17,226.
2	Other assets	2	49,302.	19,926.
3	Total assets	3	90,466.	37,152.
	Liabilities and Owner's Equity			
4	Liabilities	4	90,466.	37,152.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	90,466.	37,152.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

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Sche	dule G Other Information (continued)		
00.10		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
-	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
_	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit > \$( )		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
<b>L</b>	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
·	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
•	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
•	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Sch	edule H	Current	Earnings and Pi	ofits or Taxable	e Income (see i	nstructions)				
Impor	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.					
1	Currer	nt year net incon	ne (loss) per forei	gn books of accoι	ınt			1	-1	,410,309.
2	Total r	net additions						2		
3	Total r	net subtractions						3		
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3)	4	-1	,410,309.
5	DAST	M gain (loss) (if	applicable)					5		
6	Combi	ine lines 4 and 5	5					6	-1	,410,309.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	e average			
	exchar	nge rate determi	ined under sectior	989(b) and the r	elated regulation	ns (see instructions)	)	7	-1	,410,309.
8	Enter	exchange rate u	sed for line 7	1.0000000						
	edule I		red Loss Amou							
Impor	rtant: S	ee instruction	s for who has to	complete this s	ection.				es	No
1 2 3 4	stop he Was th an FB line 3 Immed transfe Enter	ere. If "Yes," go to that is an FDE diately after the eree foreign corp the transferred	to line 2  domestic corporat ) to a specified  e transfer, was the coration? If "No," so	ion that transferre 0%-owned foreign ne domestic cor top here. If "Yes," cluded in gross	ed substantially agn corporation?  poration a U.S.  go to line 4  income as requ	to a foreign corporal of the assets of a lf "No," stop here. shareholder with ired under section	an FB (includin If "Yes," go t respect to th	ng to ne		x
SCII	ledule J		Foreign Income Tax	,	I delions)	Foreign Tax Credit	Senarate Catego	ories		
(a) Country or Possession		y or Foreign Currency Conversion Pate U.S. Foreign Branch Passive General						OI IGS	(h Oth	n) ner
Total	s									

0X4066 2.000 7345RO 649N 04-2482188 129

#### SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

Internal Revenue Service

Go to www.irs.gov/Form8858 for instructions and the latest information.

Identify the property of th

Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - PHILIPPINES FOREIGNUS PHILIPPINES1 Name of tax owner U.S. identifying number, if any Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions USD 1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation or partnership controlled corporation (including partnership (including its this return its branches or (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see instructions)

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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Schedule M (Form 8858) (Rev. 12-2018)

7345RO

(Rev. September 2020)

Department of the Treasury

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) haginning 07/01/2020

OMB No. 1545-1910

Attachment Sequence No. 140

ntern	al Revenue Servic	ce	beginning	0//0.	<u> </u>	<u>/2020</u> ,	and ending U6	/ 、	<u>30/2021</u>			00400000	
Nam	e of person filir	ng th	s return									Filer's identifying nu	ımber
MΑ	NAGEMEN	TТ	SCIENCES FOR	HEAL	ΤΊ	H. INC.						04-248218	38
			m or suite no. (or P.O. box nun				ddress)					, 01 110110	
2 0	Λ ΕΤΩΕί	ספ	EDGE DRIVE										
	or town, state, a												
•													
			A 02155	`				_	/20 /000	1			
	s tax year begir	_	<u> </u>		_		, and ending ()						
lmp			all applicable lines a				tion <b>must</b> be	ın	English. All	l a	mount	s <b>must</b> be state	d in
	U	.5.	dollars unless otherwi	ise indica	at	ed.				_			
Chec	k here		FDE of a U.S. person			FDE of a controlled	foreign corporation (	CFC	C)	4	FDE of a	controlled foreign partr	nership
		X	FB of a U.S. person			FB of a CFC					FB of a c	controlled foreign partne	ership
Chec	k here		Initial 8858	Final	88	358							
1a	Name and addr	ess c	f FDE or FB							b	(1) U.S.	identifying number, if a	any
MSI	FO - R	WAI	IDA									FOREIGNUS	
KK	341 STR	EE7	C, PLOT NO 22, KI	CUKIRO	)	AREA POB 37	1			b	(2) Refe	erence ID number (see	instructions)
	GALI, R		,,							R	VANDA1		
			es) under whose laws organized	d and entity	tvr	e under local tax law		d	Date(s) of orga	_		e Effective date as F	DE
	,	,,,	, , , , , , , , , , , , , , , , , , ,	,	71				(-, 3-				
•	f hanafits und	or a	U.S. tax treaty were claimed wit	th respect to	. T	g Country in which	oringinal business	h	Principal busin	200		i Functional curren	CV
			or FB, enter the treaty and artic			activity is conduct		l ''	activity	103	3		Су
												USD	
						RW		P	UBLIC HE	ΑI	LTH		
			g information for the FDE's or			<u> </u>							
	Name, address the United State		d identifying number of branch	office or age	ent	(if any) in	with custody such books a	of thind individual	he books and re records, if differe SCIENCES EDGE DRI	eco ent S	rds of the	eartment, if applicable) o	
3	For the tax ow	ner o	of the FDE or FB (if different fr	om the filer	). r	provide the following (se	ee instructions):						
	Name and addr				/, r	g (c.	1	ıntir	ng period covere	ed	by the ret	turn (see instructions)	
									31111111		,	(**************************************	
							c(1) U.S. identif	vino	number if any				
							0(1) 0.0. 1001111	y9	, mamber, ir arry				
							c(2) Reference	חום מ	umbor (soo instr	ruc	rtions)		
							(2) Kelelelice	וו טו	iumber (see msu	iuc	,110115)		
							1 0		I		.1		
							<b>d</b> Country unde	er wi	nose iaws organi	ııze	u	e Functional curren	СУ
4	or the direct o	owne	r of the FDE or FB (if differen	t from the t	ax	owner), provide the foll	owing (see instruction	ons)	):				
a l	Name and addr	ess					<b>b</b> Country unde	er wl	hose laws organi	ize	d		
							c U.S. identifyin	ng n	umber, if any			d Functional curren	су
							1	-	•				
							1						
5 /	Attach an orga	niza	tional chart that identifies the	name, plac	er	nent, percentage of ov	vnership, tax classifi	catio	on, and country of	of (	organizati	ion of all entities in the o	hain of

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direct or indirect interest. See instructions.

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FBs the section of the superior the superior that the superior the superior that 
, ,	are using the average exchange rate (determined under section 989(b)), check		onowing box		
			Functional Currency	U.S. E	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11			805,669
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-805,669
Sche	dule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(b) Amount functional o recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	25,944.	9,579.
2	Other assets	2	431.	15,047.
3	Total assets	3	26,375.	24,626.
	Liabilities and Owner's Equity			
4	Liabilities	4	26,375.	24,626.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	26,375.	24,626.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

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	Yes	
		No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defi	ined as a	
base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(d)	c)(2) from	
a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete	e lines 6b	
and 6c		Х
<b>b</b> Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefit \$		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined a	as a base	
erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(d)	c)(2) to a	
foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 71	b and 7c	X
<b>b</b> Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefit \$		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were the	here any	
intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC d	-	
tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in	n the FDE	
is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulation		
1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-		
does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1		X
b If "Yes," enter the amount of the dual consolidated loss		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit		
Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidate		
defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit ▶ \$ (		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as de	etermined	
under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
Was any portion of the dual consolidated loss on line 10b or 11b taken into account in compo		
taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
<b>b</b> Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.150		
"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulation		
1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute con		
taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e e Enter the separate unit's contribution to the cumulative consolidated taxable		
e Enter the separate unit's contribution to the cumulative consolidated taxable ("cumulative register") as of the beginning of the tax year ▶ \$ See instructions		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e)		
recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individu		
part of a combined separate unit, in any prior tax years?	-	Х
b If "Yes," enter the total amount of recapture.   See instruction in the state of		

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Form 88	858 (Rev. 9	9-2020)							Page <b>4</b>
Sch	nedule F	Current	Earnings and Pi	ofits or Taxable	e Income (see	nstructions)			
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	1			
1	Current year net income (loss) per foreign books of account							-805,669.	
2	· · · · · · · · · · · · · · · · · · ·						2		
3									
4								-805,669.	
5									
6								-805,669.	
7									
	exchai	nge rate determi	ned under section	n 989(b) and the i	related regulation	ns (see instructions))			-805,669.
8	Enter	exchange rate u	sed for line 7	1.0000000					
Sch	nedule I	Transfer	red Loss Amou	nt (see instruction	ons)				
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.				
								Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpor	ation? If "No,"		
	stop here. If "Yes," go to line 2								Х
2									
	an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to								
	line 3								
3	line 3								
	transferee foreign corporation? If "No," stop here. If "Yes," go to line 4								
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section	91. See		
	instructions								
Sch	nedule J	Income 7	Taxes Paid or A	ccrued (see ins	tructions)				
	Foreign Income Taxes			Foreign Tax Credit Separate Categories					
(a) Country or Possession		(b)	(c)	<b>(d)</b> U.S.	(e)	_ (f)	(g)		(h)
		Foreign Currency	urrency Conversion Rate 0.3. Dollars	Foreign Branch Passive	Passive	General	0	Other	
Total	s								

0X4066 2.000 7345RO 649N 04-2482188

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## SCHEDULE M (Form 8858)

# Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

vice ► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858					Ident	ifying number
MANAGEMENT SCIENCES	FOR HEALT	TH, INC.			04	-2482188
Name of FDE or FB		U.S. identifying r	number, if any	Refer	rence ID number (see ir	
MSH FO - RWANDA	F	OREIGNUS		RWANDA1		
Name of tax owner	<u>'</u>			U.S. ider	ntifying number, if any	
Important: Complete a separate Souther annual accounting period between must be stated in U.S. dollars transinstructions.	een the FDE or lated from func	FB and the tional currenc	persons list by at the app	ted in the applicable bropriate exchange USD	le columns (b) th rate for the FDE's	rough (f). All amount s or FB's tax year. See
Enter the relevant functional currency ar	nd the exchange r	ate used throug	nout this sche	dule >	1.000000	00
Column Headings. This schedule co and complete lines 1 through 19 with					entifies the status	of the tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person fil this return	ling corpo part contr	domestic vration or nership olling or d by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person fil this return	ing corpo	domestic tration or hip controlled he filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S shareholder of any corporation controlling the tax owner	. (f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person fil this return (other than the tax owner of th FDE or FB)	partnersh by the file the tax of	domestic oration or hip controlled er (other than owner of the for FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including branches or FDEs) controlling or controll by the filer	
1 Sales of inventory						
2 Sales of property rights						
3 Compensation received for						
certain services						
4 Commissions received						
5 Rents, royalties, and license						
fees received						
6 Dividends/Distributions received						
7 Interest received						
8 Other						
9 Add lines 1 through 8						
10 Purchases of inventory						
11 Purchases of tangible property						
other than inventory						
12 Purchases of property rights						
13 Compensation paid for certain						
services						
14 Commissions paid						
15 Rents, royalties, and license						
fees paid						
16 Interest paid						
17 Add lines 10 through 16						
18 Amounts borrowed (see			T			
instructions)						
19 Amounts loaned (see						
instructions)	()					
						(E 00E0) (D 10.0010)

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

# Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

, and ending 06/30/2021beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - SOUTH AFRICA FOREIGNUS b(2) Reference ID number (see instructions) DITSELA PLACE 1204 PARK STREET HATFIELD, PRETORIA SF SOUTHAFRICA1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2020)

direct or indirect interest. See instructions.

Form 8858 (Rev. 9-2020) Page **2** 

Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

f you	are using the average exchange rate (determined under section 989(b)), check	the t	following box		L I
-			Functional Currency	U.S. [	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Other income Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11			418,938
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-418,938
Sche	dule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(k Amount functional recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	•			
	the change and new method of accounting		•		
Sche	dule F Balance Sheet				

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	12,173.	11,439.
2	Other assets	2	1,853.	1,792.
3	Total assets	3	14,026.	13,231.
	Liabilities and Owner's Equity			
4	Liabilities	4	14,026.	13,231.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	14,026.	13,231.

#### Schedule G Other Information

		163	140
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х

Form **8858** (Rev. 9-2020)

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Form 8858 (Rev. 9-2020) Page **3** 

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
Ü	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

Form **8858** (Rev. 9-2020)

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Form 88	358 (Rev. 9	9-2020)								Page <b>4</b>
Sch	edule F	Current	Earnings and Pi	ofits or Taxable	e Income (see i	nstructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.					
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		-418,938.
2	Total r	et additions						2		
3	Total r	et subtractions						3		
4	Currer	nt earnings and	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	e 3)	4		-418,938.
5	5 DASTM gain (loss) (if applicable)							5		
6							6		-418,938.	
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchai	nge rate determi	ned under sectior	989(b) and the r	elated regulation	ns (see instructions)	)	7		-418,938.
8	Enter	exchange rate u	sed for line 7 ▶	1.0000000						
	edule I		red Loss Amou							
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
	101		ED (;;	<b>FD</b> (1 / )	EDE)		0 16 1151	Y6	25	No
1		•	, -		•	to a foreign corpo		o,"		
	-	_								X
2			•		•	all of the assets of a	•	·		
				3		If "No," stop here.		I		
_										
3		•				shareholder with	•	I		
		• .		•	•					
4				J	•	ired under section				
Col		Incomo	Taxes Paid or A	paruad (coo inci	tructions)			4		
SCI	edule J		Foreign Income Tax	,	I uciions)	Foreign Tax Credit	Sanarata Catao	orios		
	(a)		T					101163		
Cou	intry or session	<b>(b)</b> Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S. Dollars	(e) Foreign Branch	(f) Passive	<b>(g)</b> General		(I Ot	n) her
F 058	56221011			Dollars						
Total	s									

Form **8858** (Rev. 9-2020)

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#### **SCHEDULE M** (Form 8858)

### Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018) Department of the Treasury Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

value of person filling Form 6000				Ident	arying number
MANAGEMENT SCIENCES F	OR HEALTH	INC.		04	1-2482188
Name of FDE or FB		. identifying number, if any	Refe	rence ID number (see i	
MSH FO - SOUTH AFRICA	FORE	GNUS	SOUTHAFRICA1		
Name of tax owner			U.S. ide	ntifying number, if any	
Important: Complete a separate Sch	edule M for each	FDE or FB. Enter t	he totals for each t	ype of transaction	n that occurred during
the annual accounting period betwee					
must be stated in U.S. dollars transla	ited from function	al currency at the a <sub>l</sub>	opropriate exchange	rate for the FDE	's or FB's tax year. See
instructions.			USD		
Enter the relevant functional currency and	the exchange rate	used throughout this sch	edule >	1.000000	00
Column Headings. This schedule con				entifies the status	of the tax owner
and complete lines 1 through 19 with	respect to the app	olicable set of colum	n headings.	I	
		(a) A da add	(d) Any foreign corporation or	(e) Any U.S. person	
Controlled Foreign Partnership	(b) 11 O Elian	(c) Any domestic corporation or	partnership	with a 10% or more direct interest in the	
(a) Transactions of	(b) U.S. person filing this return	partnership controlling or	controlling or controlled by the	controlled foreign partnership (other	
FDE or FB		controlled by the filer	filer (other than the tax owner)	than the filer)	
			,	(-) 400/ 110	(6) 400/
Controlled Foreign Corporation	(b) 11 O Elian	(c) Any domestic corporation or	(d) Any foreign corporation or	(e) 10% or more U.S shareholder of any	shareholder, or other
(a) Transactions of	(b) U.S. person filing this return	partnership controlled	partnership controlled by the filer (other	corporation controlling the tax	owner, of any entity controlling the tax
FDE or FB		by the filer	than tax owner)	owner	owner
		(a) A da a	(d) Any famina		
X U.S. Tax Owner	(b) U.S. person filing	(c) Any domestic corporation or	(d) Any foreign corporation (including	(e) Any foreign	ito
(a) Transactions of	this return (other than the	partnership controlled by the filer (other than	its branches or disregarded entities)	partnership (including branches or FDEs)	
(a) Transactions of FDE or FB	tax owner of the FDE or FB)	the tax owner of the FDE or FB)	controlling or controlled by the filer	controlling or controll by the filer	ed
		FDE (I FB)	by the mer	,	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for					
certain services					
4 Commissions received					
5 Rents, royalties, and license					
fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property					
other than inventory					
12 Purchases of property rights 13 Compensation paid for certain					
services  14 Commissions paid					
15 Rents, royalties, and license					
fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see					
instructions)					
19 Amounts loaned (see					
instructions)					
,		•	•		

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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Schedule M (Form 8858) (Rev. 12-2018)

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### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2020 , and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. **140** 

beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - SIERRA LEONE FOREIGNUS b(2) Reference ID number (see instructions) CENTRAL MEDICAL STORE, NEW ENGLAND 15A KINGHARMAN ROAD FREETOWN, SIERRALEONE1 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity USD PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Form 8858 (Rev. 9-2020) Page **2** 

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report	each amount in U.S.
dollars translated from functional currency (using GAAP translation rules or the average exchange ra	te determined under
section 989(b)). If the functional currencý is the U.S. dollar, complete only the U.S. Ďollars coľumn.	See instructions for
special rules for FDEs or FBs that use DASTM.	

If yoι	are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			NONE
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			NONE
11	Total deductions (exclude income tax expense)	11			
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			NONE
Sche	edule C-1 Section 987 Gain or Loss Information	•			
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount s functional or recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting		<u> </u>		
	July E. Delenes Chest				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	<b>(b)</b> End of annual accounting period
1	Cash and other current assets	1	NONE	NONE
2	Other assets	2	NONE	NONE
3	Total assets	3	NONE	NONE
	Liabilities and Owner's Equity			
4	Liabilities	4	NONE	NONE
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	NONE	NONE

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Form **8858** (Rev. 9-2020)

JSA

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
Ü	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Form 88	358 (Rev. 9	9-2020)							Page 4				
Sch	edule F	Current	Earnings and Pi	rofits or Taxable	e Income (see i	nstructions)							
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.								
1	Currer	nt year net incon	ne (loss) per forei	ign books of accou	ınt		. 1		NONE				
2	Total r	net additions					2	2					
3								3					
4	Currer	nt earnings and <sub>l</sub>	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line 3) .	4	4 NO					
5	DASTM gain (loss) (if applicable)												
6	Comb	ine lines 4 and 5					6		NONE				
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the average	age						
	exchai	nge rate determi	ned under sectior	n 989(b) and the r	elated regulation	ns (see instructions))	7		NONE				
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	1.0000000									
Sch	nedule I	Transfer	red Loss Amou	<b>nt</b> (see instruction	ons)								
<u>Impo</u> i	rtant: S	ee instruction	s for who has to	complete this s	ection.								
								Yes	No				
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corporation	? If "No,"						
	stop h	ere. If "Yes," go t	o line 2						Х				
2	Was th	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of an FB	(including						
	an FB	that is an FDE	) to a specified <sup>2</sup>	10%-owned foreig	gn corporation?	If "No," stop here. If "Ye	es," go to						
	line 3												
3		-				shareholder with respe							
				•	•								
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under section 91.	See						
							4						
Sch	edule J		Taxes Paid or A		tructions)								
	Foreign Income Taxes					Foreign Tax Credit Separa	ate Categorie	5					
Cou	(a) Intry or	<b>(b)</b> Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> General	(I	n) her				
Poss	session	1 oreign currency	Conversion reac	Dollars	1 oreign Branen	1 433170	Octional						
Total	S			I	I								

Form **8858** (Rev. 9-2020)

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### SCHEDULE M (Form 8858)

## Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858					lo	dentifyin	ig number
MANAGEMENT SCIENCES	FOR HEALTH	I, INC.				04 - 2	2482188
Name of FDE or FB		S. identifying number,	if any	Refer	ence ID number (s		
MSH FO - SIERRA LEONE	FOR	EIGNUS		SIERRALEONE1			
Name of tax owner	<u>'</u>			U.S. ider	ntifying number, if a	ny	
Important: Complete a separate So the annual accounting period between must be stated in U.S. dollars trans instructions.	een the FDE or F	B and the person	ns liste	d in the applicable	le columns (b)	throu	gh (f). All amounts
Enter the relevant functional currency a	nd the exchange rate	used throughout this	s sched	ule <b>&gt;</b>	1.0000	000	
Column Headings. This schedule co and complete lines 1 through 19 with			_		entifies the sta	tus of t	he tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domest corporation or partnership controlling or controlled by the	r	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. per with a 10% or n direct interest in controlled fore partnership (ot than the filer	nore n the ign her	
Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domest corporation or partnership contro by the filer	r	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more shareholder of corporation controlling the owner	any	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domest corporation or partnership contro by the filer (other the tax owner of FDE or FB)	r o olled than	(d) Any foreign corporation (including its branches or disregarded entities) ontrolling or controlled by the filer	(e) Any foreig partnership (include branches or FD controlling or con by the filer	ding its Es)	
1 Sales of inventory							
2 Sales of property rights							
3 Compensation received for							
certain services							
4 Commissions received							
5 Rents, royalties, and license							
fees received							
6 Dividends/Distributions received							
7 Interest received							
8 Other							
9 Add lines 1 through 8							
10 Purchases of inventory							
11 Purchases of tangible property							
other than inventory		1					
12 Purchases of property rights							
13 Compensation paid for certain							
services							
14 Commissions paid							
15 Rents, royalties, and license							
fees paid							
16 Interest paid							
17 Add lines 10 through 16							
18 Amounts borrowed (see							
instructions)							
19 Amounts loaned (see							
instructions)							

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7345RO

### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions)

, and ending 06/30/2021

b Country under whose laws organized

c U.S. identifying number, if any

Attachment Sequence No. 140

Filer's identifying number

OMB No. 1545-1910

Name of person filing this return

beginning 07/01/2020

		SCIENCES FOR						04-2482188	
,		om or suite no. (or P.O. box num	nber if mail is	not delivered to street a	ddress)				
		EDGE DRIVE							
City or town, state,									
MEDFORD,							_		
Filer's tax year beg		,				6/30/202			
		n all applicable lines a dollars unless otherwi			tion <b>must</b> be	in English. Al	l amount	ts <b>must</b> be stated in	
Check here		FDE of a U.S. person		FDE of a controlled t	foreign corporation (	CFC)	FDE of a	controlled foreign partnership	
	X	FB of a U.S. person		FB of a CFC			FB of a c	controlled foreign partnership	
Check here		Initial 8858	X Final 8	858					
1a Name and add	ress	of FDE or FB					<b>b(1)</b> U.S.	identifying number, if any	
MSH FO - S	SWA	ZILAND						FOREIGNUS	
SUITE 110	THI	E NEW MALL DR SIS	SHAYI RO	OAD			b(2) Refe	erence ID number (see instructions)	
MBABANE,	WZ						SWAZILAN	D1	
c For FDE, cou	ntry(i	es) under whose laws organized	and entity ty	pe under local tax law		d Date(s) of org	anization	e Effective date as FDE	
		U.S. tax treaty were claimed with		g Country in which		h Principal busir	ness	i Functional currency	
income of the	FDE	or FB, enter the treaty and articl	e number	activity is conduct	ed	activity		USD	
				WZ		PUBLIC HE	ALTH		
2 Provide the fo	liwoll	ng information for the FDE's or I	FB's accounti	ing period stated above.		•			
		d identifying number of branch	office or ager	nt (if any) in				partment, if applicable) of person(s)	
the United Sta	tes					of the books and re and records, if differe		FDE or FB, and the location of	
								HEALTH, INC.	
						RS EDGE DR		,	
					MEDFORD, MA 02155				
					TIEDI OILD	111 02133			
3 For the tax ow	vner (	of the FDE or FB (if different fr	om the filer),	provide the following (se	ee instructions):				
a Name and add		· · · · · · · · · · · · · · · · · · ·			1	unting period cover	ed by the ret	turn (see instructions)	
					c(1) U.S. identif	fying number, if any			
						· -			
					c(2) Reference	ID number (see inst	ructions)		
						,	,		
					d Country unde	er whose laws organ	ized	e Functional currency	

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):

Form **8858** (Rev. 9-2020)

d Functional currency

a Name and address

Form 8858 (Rev. 9-2020) Page **2** 

Important: R	Report all	information	in functio	nal curre	ncy in a	ccordance	with U.	S. GAAP.	Also, re	port eac	h amount	in U.S.
dollars transı	läted fron	n functional	currency (	'using GA	AP tran	slation rul	es or the	<i>average</i>	exchang	ge rate o	letermined	d under
section 989(					S. dollar,	complete	only the	e U.S. Do	llars col	umn. See	e instructi	ons for
special rules	for FDEs	or FBs that	use DASTI	Λ.		•	-					

lf yοι	ı are using the average exchange rate (determined under section 989(b)), check	the i	following box		
			Functional Currency	U.S. [	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			NONE
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			NONE
11	Total deductions (exclude income tax expense)	11			
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			NONE
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
	7			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	•			
	the change and new method of accounting		•		

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	<b>(b)</b> End of annual accounting period
1	Cash and other current assets	1	NONE	NONE
2	Other assets	2	NONE	NONE
3	Total assets	3	NONE	NONE
	Liabilities and Owner's Equity			
4	Liabilities	4	NONE	NONE
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	NONE	NONE

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3			
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4			
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

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JSA

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Page 3

Other Information (continued)

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See Instructions.		

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Form 88	358 (Rev. 9	9-2020)								Page 4
Sch	edule F	Current I	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)				
Impor	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.					
1	Currer	nt year net incom	ne (loss) per forei	gn books of accou	ınt			1		NONE
2	Total r	net additions					[	2		
3								3		
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus line	3)	4		NONE
5	5 DASTM gain (loss) (if applicable)									
6	Comb	ine lines 4 and 5						6		NONE
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchai	nge rate determi	ned under section	989(b) and the i	elated regulation	ns (see instructions))		7		NONE
8	Enter	exchange rate u	sed for line 7	1.0000000						
Sch	edule I	Transfer	red Loss Amoui	nt (see instruction	ons)					
Impor	rtant: S	ee instructions	s for who has to	complete this s	ection.					
									Yes	No
1	1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No,"									
	stop here. If "Yes," go to line 2									Х
2	Was th	ne transferor a d	lomestic corporati	on that transferre	ed substantially a	all of the assets of an	FB (includi	ng		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here. If	f "Yes," go	to		
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with re	espect to t	he		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount inc	luded in gross	income as requ	ired under section	91. See			
								4		
Sch	edule J		Taxes Paid or A	\	tructions)					
Foreign Income Taxes					Foreign Tax Credit Se	eparate Cate	gories	3		
Cou	(a) Intry or	<b>(b)</b> Foreign Currency	(c) Conversion Rate	<b>(d)</b> U.S.	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> General		(h	n) ner
Possession		1 oreign Currency	Conversion reace	Dollars	T Oreign Branch	i assive	Ochiciai			
T	_									
Total	S									

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### SCHEDULE M (Form 8858)

## Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858				Identify	ing number
MANAGEMENT SCIENCES	FOR HEALTH	, TNC.		04-	2482188
Name of FDE or FB		S. identifying number, if ar	ny Refe	erence ID number (see insti	
MSH FO - SWAZILAND	FORE	EIGNUS	SWAZILAND1		
Name of tax owner	'		U.S. ide	entifying number, if any	
Important: Complete a separate So the annual accounting period betwee must be stated in U.S. dollars trans instructions.	een the FDE or F	B and the persons	listed in the applicat	ole columns (b) thro	ugh (f). All amounts
Enter the relevant functional currency a	nd the exchange rate	used throughout this so	chedule >	1.0000000	
Column Headings. This schedule co and complete lines 1 through 19 witl				dentifies the status of	the tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the file	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for					
certain services					
4 Commissions received					
5 Rents, royalties, and license					
fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property					
other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain					
services					
14 Commissions paid					
15 Rents, royalties, and license					
fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see					
instructions)					
19 Amounts loaned (see					
instructions)					

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### Form **8858**

(Rev. September 2020)

Department of the Treasury

### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140** 

nternal Revenue Service	ce	beginning	07/(	) Ι,	/2020 , i	and ending () 6	/ .	30/2021			Sequence No	. 1 70
Name of person filir	ng thi	s return									Filer's identifying nu	mber
MANAGEMEN	TV	SCIENCES FOR	HEAI	TI	H, INC.						04-248218	8
		m or suite no. (or P.O. box num				ddress)						
		EDGE DRIVE										
City or town, state, a												
MEDFORD,							_					
Filer's tax year begir		0 : / 0 = / = 0 = 0				, and ending ()						
•		n all applicable lines a dollars unless otherwi				tion <b>must</b> be	in	English. All	amo	ounts	s <b>must</b> be stated	l in
Check here		FDE of a U.S. person			FDE of a controlled f	oreign corporation (	CF	C)	FDE	e of a	controlled foreign partn	ership
	Х	FB of a U.S. person			FB of a CFC				FB (	of a co	ontrolled foreign partner	ship
Check here		Initial 8858	Fina	al 88	58			<u> </u>				
1a Name and addr	ess o	f FDE or FB							b(1)	U.S.	identifying number, if a	ny
MSH FO - T.	AN2	ZANIA									FOREIGNUS	
		., 6TH FLOOR MIRA	MBO S	т	SAMORA AV				b(2)	Refer	rence ID number (see in	nstructions)
DAR ES SAL		·		_	211101111 111				TANZA	ΔΝΤΔ1		
		es) under whose laws organized	d and entit	ty typ	e under local tax law		d	Date(s) of orga			e Effective date as FI	DE
	,	,		, ,,				( ) 3				
f If benefits und	er a	U.S. tax treaty were claimed wit	h respect	to	g Country in which p	orincipal business	h	Principal busin	ess		i Functional currence	v
		or FB, enter the treaty and articl			activity is conducte			activity			USD	,
					m7		_	NIDI TO HE	7. T.		עפט	
2 Provide the fell	lowin	g information for the FDE's or	EB's assa	untin	TZ		P	UBLIC HE	АЬІГ	1		
	s, an	d identifying number of branch			_ :	with custody such books a MANAGEMEI	of thind NT	he books and re records, if differe SCIENCES EDGE DRI	ecords ent FO	of the	artment, if applicable) of FDE or FB, and the loca EALTH, INC.	
3 For the tax own	ner o	f the FDE or FB (if different fr	om the file	er) r	rovide the following (se	e instructions):						
Name and addr				0.,,	g (cc		untii	ng period covere	ed by tl	he retu	urn (see instructions)	
								31			(**************************************	
						c(1) U.S. identif	fying	g number, if any				
						- (0) D - (	ID ::			- \		
						c(2) Reference	ו טו	iumber (see insti	ruction	S)		
						1.0		de 1	:I		- F	
						<b>d</b> Country unde	er w	nose laws organi	izea		e Functional currence	У
		r of the FDE or FB (if differen	t from the	tax	owner), provide the foll			,				
a Name and addr	ess					<b>b</b> Country unde	er w	hose laws organi	ized			
						<b>c</b> U.S. identifyir	ng n	number, if any			d Functional currence	у
5 Attach an orga	niza	tional chart that identifies the	name, pl	acen	nent, percentage of ow	nership, tax classifi	cati	ion, and country	of orga	nizatio	on of all entities in the ch	nain of

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

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	port all information							
dollars translat	ted from functional	l currency (using	g GAAP trans	slation rules or	the average	exchange rate	e determined	under
	). If the functional		U.S. dollar,	complete only	the U.S. Do	llars column. 🤇	See instructio	ns for
special rules fo	or FDEs or FBs that	use DASTM.						

If yοι	ı are using the average exchange rate (determined under section 989(b)), check	the	following box		🔲
			Functional Currency	U.S. D	Oollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		1	,713,901.
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10		1.	,713,901.
11	Total deductions (exclude income tax expense)	11		2	,800,002.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14		-1	,086,101.
Sch	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount of functional of recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
	7			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	•			

#### Schedule F **Balance Sheet**

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	5,590.	74,572.
2	Other assets	2	36,722.	29,804.
3	Total assets	3	42,312.	104,376.
	Liabilities and Owner's Equity			
4	Liabilities	4	42,312.	104,376.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	42,312.	104,376.

#### Schedule G Other Information

	10	.s	140
1 During the tax year, did the FDE or FB own an interest in any trust?			Х
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any			
partnership?			X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its	owner		
during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a re-	esult of		
the election?			
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit	t under		
section 901(m)?			X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or			
foreign taxes that were previously suspended under section 909 as no longer suspended?			X
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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See Instructions.		

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Form 8	858 (Rev. 9	9-2020)								Page <b>4</b>
Sch	nedule F	Current I	Earnings and Pi	ofits or Taxable	e Income (see	nstructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	ı				
1	Currer	nt year net incom	ne (loss) per forei	gn books of accou	ınt			1	-1	,086,101.
2	2 Total net additions									
3	Total r	net subtractions						3		
4	Currer	nt earnings and p	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3)	4	-1	,086,101.
5	DASTI	M gain (loss) (if a	applicable)					5		
6	Comb	ine lines 4 and 5						6	-1	,086,101.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchai	nge rate determi	ned under sectior	n 989(b) and the r	related regulation	ns (see instructions)	)	7	-1	,086,101.
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	1.0000000						
	nedule I		red Loss Amou							
Impo	rtant: S	ee instruction:	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	in FB that is an	FDE) transferred	to a foreign corpo	oration? If "N	о,"		
	stop h	ere. If "Yes," go t	o line 2							Х
2	Was th	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	an FB (includi	ing		
	an FB	that is an FDE	) to a specified <sup>2</sup>	10%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	to		
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	respect to t	he		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount ind	cluded in gross	income as requ	ired under sectior	n 91. See			
	instruc	ctions						4		
Sch	nedule J	Income 1	Taxes Paid or A	ccrued (see inst	tructions)					
		F	oreign Income Tax	1		Foreign Tax Credit	Separate Cate	gorie	S	
Cou	(a) untry or	<b>(b)</b> Foreign Currency	(c)	( <b>d)</b> U.S.	(e) Foreign Branch	(f)	(g)		(	h)
	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General			her
Total	19			I	1	I	I			

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### SCHEDULE M (Form 8858)

## Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018)

Department of the Treasury

Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858					Identifyii	ng number				
MANAGEMENT SCIENCES FOR HEA	ALTH, INC	•			04-2	2482188				
Name of FDE or FB	U.S. identifying		number, if any Reference ID number (see instructions)							
MSH FO - TANZANIA	FOREIGNUS		TANZANIA1							
Name of tax owner	ntifying number, if	any								
mportant: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amount nust be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. Se instructions.  USD  Inter the relevant functional currency and the exchange rate used throughout this schedule   1.000000										
Column Headings. This schedule contains three and complete lines 1 through 19 with respect to				entifies the st	tatus of	the tax owner				
Controlled Foreign Partnership  (a) Transactions of FDE or FB  (b) U.S. pers this return the return	son filing corp urn con	y domestic oration or thership trolling or ed by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. p with a 10% on direct interest controlled fo partnership ( than the fil	r more in the reign other					
Controlled Foreign Corporation  (a) Transactions of FDE or FB  (b) U.S. pers this return the return	son filing corp	y domestic oration or hip controlled the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or mor shareholder of corporation controlling the owner	of any on	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner				
X U.S. Tax Owner  (a) Transactions of FDE or FB  (b) U.S. pers this retu (other that tax owner FDE or F	of the corp	hip controlled ler (other than	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any fore partnership (incl branches or F controlling or co by the file	luding its DEs) ontrolled					
1 Sales of inventory										
2 Sales of property rights										
3 Compensation received for										
certain services										
4 Commissions received										
5 Rents, royalties, and license										
fees received										
6 Dividends/Distributions received										
7 Interest received										
8 Other										
9 Add lines 1 through 8										
11 Purchases of tangible property										
other than inventory										
12 Purchases of property rights										
13 Compensation paid for certain										
services										
14 Commissions paid										
15 Rents, royalties, and license										
fees paid										
16 Interest paid										
17 Add lines 10 through 16										
18 Amounts borrowed (see										
instructions)										
19 Amounts loaned (see										
instructions)										

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

### Form 8858

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) OMB No. 1545-1910

Attachment Sequence No. 140

, and ending 06/30/2021beginning 07/01/2020Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Final 8858 Check here Initial 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - UGANDA-KAMPALA FOREIGNUS b(2) Reference ID number (see instructions) PLOT 15, PRINCESS ANNE DR BUGOLOBI P.O. BOX 71419 KAMPALA, c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

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Schedule C	Income Statement	(see instructions	)
Schedule C	Income Statement	(see instruction	s

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FBs the section of the superior the superior that the superior translation rules are set to the section of the superior translation rules for the superior than the superior translation rules are set to the section of the superior translation rules for the superior rules for the superior translation rules for the superior ru

lf yοι	are using the average exchange rate (determined under section 989(b)), check	the i	following box		
			Functional Currency	U.S. E	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			78
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		3	,837,531
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10		3	,837,609
11	Total deductions (exclude income tax expense)	11		4	,505,267
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-667,658
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(b) Amount functional o recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	8,027.	102,199.
2	Other assets	2	15,858.	65,168.
3	Total assets	3	23,885.	167,367.
	Liabilities and Owner's Equity			
4	Liabilities	4	23,885.	167,367.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	23,885.	167,367.

#### Schedule G Other Information

		res	NO
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
	_	00E0 /5	

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c _		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ <u>\$ (</u>		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
_	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
120	("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		Х
b	If "Yes," enter the total amount of recapture.   See instructions.		Λ
<u> </u>	. See Instructions.		

Form **8858** (Rev. 9-2020)

649N 04-2482188

Form 88	858 (Rev. 9	9-2020)								Page <b>4</b>
Sch	nedule H	Current	Earnings and Pi	ofits or Taxable	e Income (see i	nstructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	1				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		-667,658.
2 Total net additions										
3 Total net subtractions								3		
							-667,658.			
5 DASTM gain (loss) (if applicable)							5			
6								6		-667,658.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchai	nge rate determi	ined under sectior	n 989(b) and the r	elated regulation	ns (see instructions)	) L	7		-667,658.
8	Enter	exchange rate u	sed for line 7	1.0000000						
Sch	nedule I	Transfer	red Loss Amou	<b>nt</b> (see instruction	ons)					
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "No	0,"		
	stop h	ere. If "Yes," go t	to line 2					L		Х
2	Was th	ne transferor a c	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (includi	ng		
	an FB	that is an FDE	) to a specified	10%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	to		
	line 3							L		
3	Immed	diately after the	transfer, was th	ne domestic cor	poration a U.S.	shareholder with	respect to t	he		
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount ind	luded in gross	income as requ	ired under section	91. See			
	instruc	tions						4		
Sch	nedule J	Income 7	Taxes Paid or A	ccrued (see inst	tructions)					
		ı	Foreign Income Tax	es		Foreign Tax Credit	Separate Cate	gories		
(a) (b) (c) Country or Possession Foreign Currency Conversion F		(c) Conversion Rate	(d) U.S. Dollars	<b>(e)</b> Foreign Branch	(f) (g) Passive General			<b>(h)</b> Other		
Total	s									

Form **8858** (Rev. 9-2020)

0X4066 2.000 7345RO 649N 04-2482188

#### **SCHEDULE M** (Form 8858)

#### Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018) Department of the Treasury Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858 Identifying number							
MANAGEMENT SCIENCES FOR HEALTH, INC. 04-2482188							
Name of FDE or FB	U.S. identifying	ng number, if any Reference ID number			er (see instructions)		
MSH FO - UGANDA-KAMPALA	SH FO - UGANDA-KAMPALA FOREIGNUS UGANDA1						
Name of tax owner			U.S. ider	itifying number, if	any		
mportant: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amount be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. Substructions.  USD  Enter the relevant functional currency and the exchange rate used throughout this schedule							
Column Headings. This schedule contains three	sets of column	neadings. Ch	eck the box that ide			the tax owner	
and complete lines 1 through 19 with respect to	the applicable s	et of column	headings.				
Controlled Foreign Partnership  (a) Transactions of FDE or FB  (b) U.S. pers this retu	on filing corp par urn cont	y domestic oration or tnership rolling or ed by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. p with a 10% on direct interest controlled fo partnership ( than the fil	r more in the reign other		
Controlled Foreign Corporation  (a) Transactions of FDE or FB  (b) U.S. pers this retu	on filing corp	y domestic bration or hip controlled the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more shareholder of corporation controlling the owner	of any on	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner	
X U.S. Tax Owner  (a) Transactions of FDE or FB  (b) U.S. pers this retu (other that tax owner FDE or F	of the corp.  of the corp.  torn partners by the fill the tax	hip controlled er (other than	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any fore partnership (incl branches or F controlling or co by the file	luding its DEs) ontrolled		
1 Sales of inventory							
2 Sales of property rights							
3 Compensation received for							
certain services							
4 Commissions received							
5 Rents, royalties, and license							
fees received							
6 Dividends/Distributions received							
7 Interest received							
8 Other							
9 Add lines 1 through 8							
10 Purchases of inventory  11 Purchases of tangible property							
other than inventory							
12 Purchases of property rights							
13 Compensation paid for certain							
services							
14 Commissions paid							
15 Rents, royalties, and license							
fees paid							
16 Interest paid							
17 Add lines 10 through 16							
18 Amounts borrowed (see							
instructions)							
19 Amounts loaned (see							
instructions)							

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2020, and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. **140** 

Filer's identifying number Name of person filing this return 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 200 RIVERS EDGE DRIVE City or town, state, and ZIP code MEDFORD, MA 02155 Filer's tax year beginning 07/01/2020 and ending 06/30/2021Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Final 8858 Check here Initial 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any MSH FO - UKRAINE FOREIGNUS b(2) Reference ID number (see instructions) 47 VOLODOMYRSKAYA STREET, SUITE 9 KYIV, 01001 UP c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity PUBLIC HEALTH Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different MANAGEMENT SCIENCES FOR HEALTH, INC. 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address b Country under whose laws organized c U.S. identifying number, if any d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2020)

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Form 8858 (Rev. 9-2020) Page 2

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)) check the following how

f yοι	ı are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7		3,	701,872.
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Other income Total income (add lines 3 through 9)	10		3,	701,872.
11	Total deductions (exclude income tax expense)	11		3,	379,239.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			322,633.
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount s functional c recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
	, , , , , , , , , , , , , , , , , , , ,			Yes	No
4 5	Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with re-				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				
	the change and new method of accounting		<u></u>		
Scho	dule F Balance Sheet				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	132,598.	23,382.
2	Other assets	2	33,658.	8,600.
3	Total assets	3	166,256.	31,982.
	Liabilities and Owner's Equity			
4	Liabilities	4	166,256.	31,982.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	166,256.	31,982.

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
		2052	

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Form 8858 (Rev. 9-2020) Page **3** 

Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
Ü	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see	instructions)				
Impo	rtant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.	•				
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1		322,633.
2	Total r	net additions						2		
3	Total r	net subtractions						3		
4 Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) 4								322,633.		
5	DAST	M gain (loss) (if a	applicable)					5		
6	Comb	ine lines 4 and 5						6		322,633.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	excha	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions))		7		322,633.
8	Enter	exchange rate u	sed for line 7 ▶	1.0000000						
Sch	nedule I	Transfer	red Loss Amou	nt (see instruction	ons)					
Impo	rtant: S	ee instruction	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an	FDE) transferred	to a foreign corpo	ration? If "I	No,"		
	stop h	ere. If "Yes," go t	to line 2							х
2	Was tl	ne transferor a d	lomestic corporat	ion that transferre	ed substantially a	all of the assets of a	n FB (includ	ding		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	o to		
	line 3									
3						shareholder with i				
	transfe	eree foreign corp	oration? If "No," s	top here. If "Yes,"	go to line 4					
4	Enter	the transferred	loss amount ind	luded in gross	income as requ	ired under section	91. See			
	instru	tions						4		
Sch	edule J		Taxes Paid or A	ccrued (see inst	tructions)					
		ı	oreign Income Tax	es		Foreign Tax Credit S	Separate Cat	egories	5	
Cor	(a) Intry or	_ (b)	(c)	<b>(d)</b> U.S.	(e)	(f)	(g)			n)
Pos	session	Foreign Currency	Conversion Rate	Dollars	Foreign Branch	Passive	General		Ot	her
Total	•				I	1				

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#### SCHEDULE M (Form 8858)

#### Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018) Department of the Treasury Internal Revenue Service

► Attach to Form 8858. ► Go to www.irs.gov/Form8858 for instructions and the latest information. OMB No. 1545-1910

Name of person filing Form 8858 Identifying number 04-2482188 MANAGEMENT SCIENCES FOR HEALTH, Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - UKRAINE **FOREIGNUS** UKRAINE1

Name of tax owner U.S. identifying number, if any

Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions. USD

1.0000000 Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings

and	and complete lines 1 through 19 with respect to the applicable set of column headings.							
	Controlled Foreign Partnership  (a) Transactions of  FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)			
	Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner		
X	U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer			
1	Sales of inventory							
2	Sales of property rights							
3	Compensation received for							
ŭ	certain services							
4	Commissions received							
5	Rents, royalties, and license							
3	fees received							
6	Dividends/Distributions received							
-								
7	Interest received							
8	Other							
9	Add lines 1 through 8							
10	Purchases of inventory							
11	Purchases of tangible property							
	other than inventory							
	Purchases of property rights							
13	Compensation paid for certain							
	services							
14	Commissions paid							
15	Rents, royalties, and license							
	fees paid							
16	Interest paid							
17	Add lines 10 through 16							
18	Amounts borrowed (see							
	instructions)							
19	Amounts loaned (see							
	instructions)							

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

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### Form **8858**

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2020 and ending 06/30/2021

OMB No. 1545-1910

Attachment Sequence No. **140** 

3 07/01/2020							
ame of person filing this return	Filer's identifying number						
MANAGEMENT SCIENCES FOR HEALTH, INC. 04-2482188							
umber, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)							
200 RIVERS EDGE DRIVE							
ity or town, state, and ZIP code							
MEDFORD, MA 02155							
iler's tax year beginning $07/01/2020$ , and e	nding 06/30/2021						
mportant: Fill in all applicable lines and schedules. All information me U.S. dollars unless otherwise indicated.	ust be in English. All amounts must be stated in						
heck here FDE of a U.S. person FDE of a controlled foreign cor	poration (CFC) FDE of a controlled foreign partnership						
X FB of a U.S. person FB of a CFC	FB of a controlled foreign partnership						
heck here Initial 8858 Final 8858							
a Name and address of FDE or FB	<b>b(1)</b> U.S. identifying number, if any						
MSH FO - SENEGAL	FOREIGNUS						
SACRE COEUR 1 VILLA NO. 8527	b(2) Reference ID number (see instructions)						
DAKAR, SG	SENEGAL1						
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization e Effective date as FDE						
f If benefits under a U.S. tax treaty were claimed with respect to g Country in which principal b	usiness h Principal business i Functional currency						
income of the FDE or FB, enter the treaty and article number activity is conducted	activity						
SG	PUBLIC HEALTH						
Provide the following information for the FDE's or FB's accounting period stated above.	PUBLIC REALIR						
the United States with such MANA 200	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different  MANAGEMENT SCIENCES FOR HEALTH, INC.  200 RIVERS EDGE DRIVE  MEDFORD, MA 02155						
For the tax owner of the FDE or FB (if different from the filer), provide the following (see instruct	ions):						
	ual accounting period covered by the return (see instructions)						
<b>c(1)</b> U	S. identifying number, if any						
<b>c(2)</b> R	eference ID number (see instructions)						
d Cou	ntry under whose laws organized e Functional currency						
4 For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):							
, , , , , , , , , , , , , , , , , , , ,	ntry under whose laws organized						
c U.S.	identifying number, if any d Functional currency						
Attach an organizational chart that identifies the name, placement, percentage of ownership, t	ax classification, and country of organization of all entities in the chain of						

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

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ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Form 8858 (Rev. 9-2020) Page 2

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.
If you are using the average exchange rate (determined under section 989(b)), check the following box . . . . . . . . .

12   13   14   15   15   15   15   15   15   15	<sup>‡</sup> you	are using the average exchange rate (determined under section 989(b)), check	the i	following box		
2 Cost of goods sold 3 Gross profit (subtract line 2 from line 1) 4 Dividends 5 Interest 6 Gross rents, royalties, and license fees 7 Gross income from performance of services 7 Foreign currency gain (loss) 9 Other income 9 10 Total income (add lines 3 through 9) 11 Total deductions (exclude income tax expense) 12 Income tax expense 13 Other adjustments 13 Other adjustments 14 Net income (loss) per books 15 Section 987 Gain or Loss Information 16 Remittances from the FDE or FB 17 Remittances from the FDE or FB 18 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement) 19 Vers all remittances from the FDE or FB treated as made to the direct owner? 19 Other adjustments 10 Other adjustments 11 Amount stated in functional currency of FDE or FB treated as made to the direct owner? 10 Total income (loss) per books 11 Amount stated in functional currency of FDE or FB treated as made to the direct owner? 10 Total income (loss) recognized by recipient sof remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting for section 987 gain or loss with respect to remittances from the change and new method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method				Functional Currency	U.S. D	ollar
2 Cost of goods sold 3 Gross profit (subtract line 2 from line 1) 4 Dividends 5 Interest 6 Gross rents, royalties, and license fees 7 Gross income from performance of services 7 Foreign currency gain (loss) 9 Other income 9 10 Total income (add lines 3 through 9) 11 Total deductions (exclude income tax expense) 12 Income tax expense 13 Other adjustments 13 Other adjustments 14 Net income (loss) per books 15 Section 987 Gain or Loss Information 16 Remittances from the FDE or FB 17 Remittances from the FDE or FB 18 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement) 19 Vers all remittances from the FDE or FB treated as made to the direct owner? 19 Other adjustments 10 Other adjustments 11 Amount stated in functional currency of FDE or FB treated as made to the direct owner? 10 Total income (loss) per books 11 Amount stated in functional currency of FDE or FB treated as made to the direct owner? 10 Total income (loss) recognized by recipient sof remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting for section 987 gain or loss with respect to remittances from the change and new method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method	1	Gross receipts or sales (net of returns and allowances)	1			
3 Gross profit (subtract line 2 from line 1) 4 Dividends 5 Interest 6 Gross rents, royalties, and license fees 7 Gross income from performance of services 8 Foreign currency gain (loss) 9 Other income 10 Total income (add lines 3 through 9) 11 Total deductions (exclude income tax expense) 12 Income tax expense 13 Other adjustments 14 Net income (loss) per books 15 Net income (loss) per books 16 Net income (loss) per books 17 Section 987 Gain or Loss Information 18 Remittances from the FDE or FB 19 Section 987 gain (loss) recognized by recipient 19 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement) 10 Were all remittances from the FDE or FB treated as made to the direct owner? 19 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	2		2			
Dividends	3	Gross profit (subtract line 2 from line 1)	3			
5 Interest	4	Dividends	4			
6 Gross rents, royalties, and license fees 7 Gross income from performance of services 8 Foreign currency gain (loss) 9 Other income 10 Total income (add lines 3 through 9) 11 Total deductions (exclude income tax expense) 12 Income tax expense 13 Other adjustments 14 Net income (loss) per books 15 Schedule C-1 Section 987 Gain or Loss Information  Note: See the instructions if there are multiple recipients of remittances from the FDE or FB. 1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  4 Were all remittances from the FDE or FB treated as made to the direct owner? 5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	5	Interest	5			
7 Gross income from performance of services 8 Foreign currency gain (loss) 9 Other income 10 Total income (add lines 3 through 9) 11 Total deductions (exclude income tax expense) 12 Income tax expense 13 Other adjustments 14 Net income (loss) per books 15 Schedule C-1 Section 987 Gain or Loss Information  Note: See the instructions if there are multiple recipients of remittances from the FDE or FB. 1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  4 Were all remittances from the FDE or FB treated as made to the direct owner? 5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	6	Gross rents, royalties, and license fees	6			
8 Foreign currency gain (loss) 9 Other income 10 Total income (add lines 3 through 9) 11 Total deductions (exclude income tax expense) 12 Income tax expense 13 Other adjustments 14 Net income (loss) per books 15 Schedule C-1 Section 987 Gain or Loss Information  Note: See the instructions if there are multiple recipients of remittances from the FDE or FB. 1 Remittances from the FDE or FB 1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement) 4 Were all remittances from the FDE or FB treated as made to the direct owner? 5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	7	Gross income from performance of services	7			
9 Other income 10 Total income (add lines 3 through 9) 11 Total deductions (exclude income tax expense) 12 Income tax expense 13 Other adjustments 14 Net income (loss) per books 15 Schedule C-1 Section 987 Gain or Loss Information  Note: See the instructions if there are multiple recipients of remittances from the FDE or FB. 1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  4 Were all remittances from the FDE or FB treated as made to the direct owner? 5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	8	Foreign currency gain (loss)	8			
10   10tal income (add lines 3 through 9)   10   11   11   11   12   13   14   15   15   15   15   15   15   15	9	Other income	9			
11 Total deductions (exclude income tax expense) 12 Income tax expense 13 Other adjustments 14 Net income (loss) per books 15 Schedule C-1 Section 987 Gain or Loss Information  Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.  1 Remittances from the FDE or FB 1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  4 Were all remittances from the FDE or FB treated as made to the direct owner?  5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	10	Total income (add lines 3 through 9)	10			
12 Income tax expense 13 Other adjustments 14 Net income (loss) per books 15 Schedule C-1 Section 987 Gain or Loss Information  Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.  1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  4 Were all remittances from the FDE or FB treated as made to the direct owner?  5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	11	Total deductions (exclude income tax expense)	11			595,917.
14 Net income (loss) per books.  Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.  Remittances from the FDE or FB  Section 987 gain (loss) recognized by recipient  Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	12	Income tax expense	12			
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.   1	13	Other adjustments	13			
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.  1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  4 Were all remittances from the FDE or FB treated as made to the direct owner?  5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		Net income (loss) per books.	14		=	-595,917.
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.  1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  4 Were all remittances from the FDE or FB treated as made to the direct owner?  5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	Sche	dule C-1 Section 987 Gain or Loss Information				
the FDE or FB.  functional currency of FDE or FB  Remittances from the FDE or FB  Section 987 gain (loss) recognized by recipient  Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		<b>Note:</b> See the instructions if there are multiple recipients of remittances from				
1 Remittances from the FDE or FB 2 Section 987 gain (loss) recognized by recipient 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  4 Were all remittances from the FDE or FB treated as made to the direct owner?  5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		·		functional currency of	functional c	urrency of
Section 987 gain (loss) recognized by recipient  Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  Yes No  Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting				FDE or FB	recip	ient
Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)  Yes No  Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	1	Remittances from the FDE or FB				
statement)  Yes No  Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	2		2			
Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	3					
Were all remittances from the FDE or FB treated as made to the direct owner?  Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		statement)	3			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting					Yes	No
from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	4					
the change and new method of accounting	5	<u> </u>	•			
the change and new method of accounting				•		
		the change and new method of accounting				

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	136,400.	82,103.
2	Other assets	2	NONE	7,969.
3	Total assets	3	136,400.	90,072.
	Liabilities and Owner's Equity			
4	Liabilities	4	136,400.	90,072.
5	Owner's equity	5	NONE	NONE
6	Total liabilities and owner's equity	6	136,400.	90,072.

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
		2052	

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Sche	dule G Other Information (continued)		
		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		
	and 6c		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c.		X
b	Enter the total amount of the base erosion payments \$		
С	Enter the total amount of the base erosion tax benefit \$		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		
	tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ ()		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit • \$ (		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
_	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
u	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income		
Ü	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture		

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Form 88	58 (Rev. 9	9-2020)								Page 4
Sch	edule H	Current I	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)				
Impor	tant: E	nter the amou	nts on lines 1 th	rough 6 in func	tional currency.					
1	Currer	nt year net incom	ne (loss) per forei	gn books of accou	ınt			1		-595,917.
2	Total r	net additions						2		
3 Total net subtractions										
4										
5	DAST	M gain (loss) (if a	applicable)					5		
6								6		-595,917.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchar	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions)	)	7		
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶							
Sch	edule I	Transfer	red Loss Amou	nt (see instruction	ons)					
<b>Impor</b>	tant: S	ee instructions	s for who has to	complete this s	ection.					
									Yes	No
1		-				to a foreign corpo				
	stop h	ere. If "Yes," go t	o line 2							Х
2	Was th	ne transferor a d	lomestic corporati	on that transferre	ed substantially a	all of the assets of a	n FB (inclu	ding		
	an FB	that is an FDE	) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	o to		
3		•				shareholder with		I		
				•	-					
4				ŭ	•	ired under section				
								4		
Sch	edule J		Taxes Paid or A		ructions)					
	(-)	F	oreign Income Tax			Foreign Tax Credit	Separate Cat	egories	3	
(a) (b) (c) Country or Possession Foreign Currency Conversion Rate		<b>(d)</b> U.S. Dollars	<b>(e)</b> Foreign Branch	(f) Passive	<b>(g)</b> Genera	ı		<b>h)</b> :her		
1 000	.0001011			Bollaro						
Totals	S									

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#### SCHEDULE M (Form 8858)

#### Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. December 2018) Department of the Treasury Internal Revenue Service

► Attach to Form 8858. ► Go to www.irs.gov/Form8858 for instructions and the latest information. OMB No. 1545-1910

Name of person filing Form 8858 Identifying number MANAGEMENT SCIENCES FOR HEALTH, 04-2482188 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) MSH FO - SENEGAL FOREIGNUS SENEGAL1 Name of tax owner U.S. identifying number, if any Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions Enter the relevant functional currency and the exchange rate used throughout this schedule Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or (c) Any domestic with a 10% or more Controlled Foreign Partnership partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer) tax owner) (e) 10% or more U.S. (d) Any foreign (f) 10% or more U.S. (c) Any domestic **Controlled Foreign Corporation** shareholder of any shareholder, or other corporation or corporation or (b) U.S. person filing partnership controlled owner, of any entity corporation partnership controlled (a) Transactions of by the filer (other controlling the tax controlling the tax by the filer FDE or FB than tax owner) owner owner (c) Any domestic (d) Any foreign U.S. Tax Owner (b) U.S. person filing (e) Any foreign corporation (including its branches or corporation or partnership controlled partnership (including its this return (other than the branches or FDEs by the filer (other than disregarded entities) (a) Transactions of controlling or controlled by the filer tax owner of the controlling or controlled by the filer the tax owner of the FDE or FB) FDE or FB FDE or FB) Sales of inventory Sales of property rights Compensation received for certain services Commissions received Rents, royalties, and license fees received Dividends/Distributions received 6 Interest received 7 8 Other Add lines 1 through 8 Purchases of inventory 10 Purchases of tangible property other than inventory Purchases of property rights 12 Compensation paid for certain services Commissions paid Rents, royalties, and license 15 fees paid Interest paid Add lines 10 through 16 Amounts borrowed (see instructions) Amounts loaned (see

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)

instructions)

#### Electronic Filing Information: PDF attachments Included in this Return

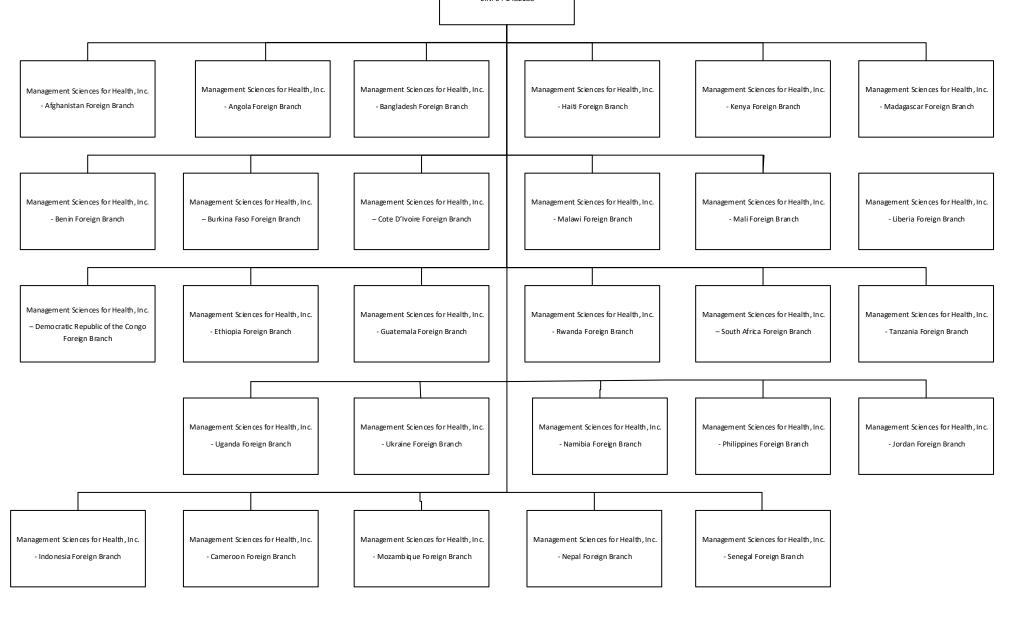
Tax Year:2020Jurisdiction:FederalName:Management Sciences foNo of Attachments:1

Return No: C7345RO0

PDF Attachment Description	PDF File Name	File Size
Form 8858, Item 5 - Org Chart	C7345R00_FE_2020_Management Sciences for Health, Inc_Org Chart.pdf	79,223

Management Sciences for Health, Inc. – US Main Branch

EIN: 04-2482188



#### $\mathbf{F}_{\mathsf{orm}}\mathbf{8992}$

(Rev. December 2020) Department of the Treasury Internal Revenue Service

# U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

OMB No. 1545-0123

Attachment Sequence No. **992** 

► Go to www.irs.gov/Form8992 for instructions and the latest information.

Name	of person filing this return	A Identifying number	er
MANAGE	MENT SCIENCES FOR HEALTH, INC.	04-2482188	
Name	of U.S. shareholder	B Identifying number	er
MANAGE	MENT SCIENCES FOR HEALTH, INC.	04-2482188	
Par	Net Controlled Foreign Corporation (CFC) Tested Income		
1	Sum of Pro Rata Share of Net Tested Income		
	If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total		
	from Form 8992, Schedule A, line 1, column (e).	1	1,818,214.
	If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
	from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder. ${\cal J}$		
2	Sum of Pro Rata Share of Net Tested Loss		
	If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total		
	from Form 8992, Schedule A, line 1, column (f).	2	( 661,497.)
	If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
	from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.		
3	Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here	3	1,156,717.
Par	t II Calculation of Global Intangible Low-Taxed Income (GILTI)		
1	Net CFC Tested Income. Enter amount from Part I, line 3	1	1,156,717.
2	Deemed Tangible Income Return (DTIR)		
	If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the		
	total from Form 8992, Schedule A, line 1, column (g), by 10% (0.10).	2	
	If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
	from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder. ${\cal J}$		
3a	Sum of Pro Rata Share of Tested Interest Expense		
	If the U.S. shareholder is not a member of a U.S. consolidated		
	group, enter the total from Form 8992, Schedule A, line 1, column (j).		
	If the U.S. shareholder is a member of a U.S. consolidated		
	group, leave line 3a blank.		
b	Sum of Pro Rata Share of Tested Interest Income		
	If the U.S. shareholder is not a member of a U.S. consolidated		
	group, enter the total from Form 8992, Schedule A, line 1, column (i).	1,831.	
	If the U.S. shareholder is a member of a U.S. consolidated		
	group, leave line 3b blank.		
С	Specified Interest Expense		
	If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line		
	3b from line 3a. If zero or less, enter -0	3c	
	If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
	from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder. ${\cal J}$		
4	Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0-	4	
_5	GILTI. Subtract line 4 from line 1	5	1,156,717.
For Pa	perwork Reduction Act Notice, see separate instructions.		Form <b>8992</b> (Rev. 12-2020)

Form 8992 (Rev. 12-2020)

Schedule A for U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)								
Name of person filing this form	A Identifying number							
MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188							
Name of U.S. shareholder	B Identifying number							
MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188							

	(b) EIN or Reference ID	Calculations for Net Tested Income (see instructions)									GILTI Allocated to Tested Income CFCs (see instructions)	
(a) Name of CFC		(c) Tested Income	(d) Tested Loss	(e) Pro Rata Share of Tested Income	(f) Pro Rata Share of Tested Loss	(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)	(h) Pro Rata Share of Tested Loss QBAI Amount	(i) Pro Rata Share of Tested Interest Income	(j) Pro Rata Share of Tested Interest Expense	(k) GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	(I) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))	
MANAGEMENT SCIENCES	FOREIGNUS	NONE	( )	NONE	( )		( )			NONE	NONE	
MANAGEMENT SCIENCES	FOREIGNUS	1,818,214.	( )	1,818,214.	( )		( )			1.0000	1,156,717.	
MEDSOURCE GROUP LIM	FOREIGNUS		( 661,497.)		( 661,497.)		( )	1,831.			NONE	
MANAGEMENT SCIENCES	FOREIGNUS	NONE	( )		( )		( )				NONE	
			( )		( )		( )					
			( )		( )		( )					
			( )		( )		( )					
			( )		( )		( )					
			( )		( )		( )					
			( )		( )		( )					
1. Totals (see instru	ctions)	1,818,214.	( 661,497.)	1,818,214.	( 661,497.)		( )	1,831.		1.0000	1,156,717.	

Totals on line 1 should include the totals from any continuation sheets.

Form **8992** (Rev. 12-2020)

Form 8992 (Rev. 12-2020)

Schedule A - Continuation Sheet. Use only if you need additional space.	
Name of person filing this form	A Identifying number
MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188
Name of U.S. shareholder	B Identifying number
MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188

		Calculations for Net Tested Income (see instructions)							GILTI Allocated to Tested Income CFCs (see instructions)		
(a) Name of CFC	(b) EIN or Reference ID	(c) Tested Income	(d) Tested Loss	(e) Pro Rata Share of Tested Income	(f) Pro Rata Share of Tested Loss	(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)	(h) Pro Rata Share of Tested Loss QBAI Amount	(i) Pro Rata Share of Tested Interest Income	(j) Pro Rata Share of Tested Interest Expense	(k) GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	(I) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))
			( )		(		( )				
			( )		(		( )				
			( )		(		( )				
			( )		(		( )				
			( )		( )		( )				
			( )		( )		( )				
			( )		(		( )				
			( )				( )				
			( )								
1. Totals (see instruction	ons)		( )		( )		( )				

Totals of columns (c) through (l) should be included on line 1 Totals on page 2.

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