

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MANAGEMENT SCIENCES FOR HEALTH, INC.		D Employer identification number 04-2482188
	Doing business as		E Telephone number 617-250-9500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code MEDFORD, MA 02155		G Gross receipts \$ 182,448,098.
F Name and address of principal officer: MARIAN WENTWORTH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MSH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1971
			M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: (MSH) SAVES LIVES AND IMPROVES THE HEALTH OF THE WORLD'S POOREST (SEE SCHEDULE O).		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	226
	6 Total number of volunteers (estimate if necessary)	6	13
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	145,214,756.	154,193,320.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	209,311.	-1,389,280.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	145,424,118.	152,804,040.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	25,533,431.	27,496,390.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	67,089,260.	74,082,358.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,877.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	51,334,435.	51,854,633.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	143,957,126.	153,433,381.
19 Revenue less expenses. Subtract line 18 from line 12	1,466,992.	-629,341.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	61,343,018.	62,653,470.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,941,252.	26,588,680.
		36,401,766.	36,064,790.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	GORDON KIHUGURU, VP/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ERIN COUTURE	Preparer's signature <i>Erin Couture</i>	Date 5.11.23	Check if self-employed <input type="checkbox"/>	PTIN P01390592
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558	Phone no. (617) 848-5039		
Firm's address ▶ 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.**

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MANAGEMENT SCIENCES FOR HEALTH, INC.	Taxpayer identification number (TIN) 04-2482188
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 200 RIVERS EDGE DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEDFORD, MA 02155	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

GORDON KIHUGURU

- The books are in the care of ▶ **200 RIVERS EDGE DR - MEDFORD, MA 02155**

Telephone No. ▶ **617-250-9500** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2021** , and ending **JUN 30, 2022** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 27,800,429. including grants of \$ 6,314,591.) (Revenue \$) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 60,550,525. including grants of \$ 16,165,318.) (Revenue \$) SEE SCHEDULE O.

4c (Code:) (Expenses \$ 12,791,295. including grants of \$ 870,523.) (Revenue \$) SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 25,467,940. including grants of \$ 4,145,958.) (Revenue \$)

4e Total program service expenses 126,610,189.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIAN WENTWORTH CEO/PRESIDENT	40.00 0.00			X				471,045.	0.	53,251.
(2) ROBERT TIMMONS PROJECT DIRECTOR III (THRU 2/28/22)	40.00 0.00					X		354,321.	0.	37,090.
(3) DANIEL KRESS VICE PRESIDENT GHSI	40.00 0.00				X			291,488.	0.	21,919.
(4) GORDON COMSTOCK VP PDG	40.00 0.00				X			265,492.	0.	40,563.
(5) COLLEEN MCGUFFIN VICE PRESIDENT HR	40.00 0.00				X			272,623.	0.	32,117.
(6) PAUL ZIMMERMAN GENERAL COUNSEL	40.00 0.00			X				245,578.	0.	53,015.
(7) DONNA COULIBALY DIRECTOR OPERATIONS (THRU 6/17/22)	40.00 0.00					X		263,481.	0.	34,903.
(8) FLORIDE NIYUHIRE PROJECT DIRECTOR II	40.00 0.00					X		278,572.	0.	18,149.
(9) YOUSSEF TAWFIK SENIOR PRINCIPAL TECHNICAL ADVISOR (40.00 0.00					X		271,031.	0.	24,651.
(10) ANTOINE NDIAYE PROJECT DIRECTOR II	40.00 0.00					X		268,756.	0.	25,528.
(11) FRANCIS ABOAGYE-NYAME PORTFOLIO DIRECTOR	40.00 0.00				X			213,569.	0.	48,920.
(12) RUDOLPH THETARD GLOBAL TECHNICAL LEAD	40.00 0.00				X			220,943.	0.	38,814.
(13) DAVID HUMPHRIES ASSOCIATE VP - COMMUNICATIONS	40.00 0.00				X			203,131.	0.	50,507.
(14) DANA SANDSTROM BUSINESS DEVELOPMENT SENIOR DIRECTOR	40.00 0.00				X			218,490.	0.	12,477.
(15) KATHLEEN ALVAREZ PORTFOLIO DIRECTOR	40.00 0.00				X			184,046.	0.	46,257.
(16) JOHN DAMIAN YANULIS PORTFOLIO DIRECTOR	40.00 0.00				X			186,509.	0.	40,246.
(17) GORDON KIHUGURU VP/CFO	40.00 0.00			X				204,795.	0.	21,246.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTOPHER WELCH PROJECT DIRECTOR III	40.00 0.00				X			175,284.	0.	47,626.
(19) MATTHEW GEMEDA ASSOCIATE VP - INTERNAL AUDIT	40.00 0.00				X			193,912.	0.	22,817.
(20) STEPHANIE ARMAND XUEREZ PORTFOLIO DIRECTOR	40.00 0.00				X			196,177.	0.	11,771.
(21) CRAIG MOLYNEAUX FORMER VP/CFO	40.00 0.00						X	160,815.	0.	29,297.
(22) DAN PELLEGRAM DIRECTOR	3.00 0.00	X						0.	0.	0.
(23) BARBARA BIERER DIRECTOR	3.00 0.00	X						0.	0.	0.
(24) LARRY FISH DIRECTOR	3.00 0.00	X						0.	0.	0.
(25) KATHERINE LUZURIAGA DIRECTOR	3.00 0.00	X						0.	0.	0.
(26) ROBERT HALLAGAN DIRECTOR	3.00 0.00	X						0.	0.	0.
1b Subtotal								5,140,058.	0.	711,164.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,140,058.	0.	711,164.

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 **129**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 listed above) who received more than \$100,000 of compensation from the organization **15**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	137,548,013.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,645,307.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			154,193,320.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		459,493.			459,493.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	27,795,285.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	29,644,058.				
c Gain or (loss)	7c	-1,848,773.					
d Net gain or (loss)			-1,848,773.		-1,848,773.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			152,804,040.	0.	0.	-1,389,280.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,317,243.	6,317,243.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,179,147.	21,179,147.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,762,486.	1,086,489.	2,675,997.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	58,750,168.	46,778,564.	11,967,686.	3,918.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,629,440.	2,931,770.	697,454.	216.
9 Other employee benefits	5,907,271.	4,371,493.	1,535,302.	476.
10 Payroll taxes	2,032,993.	1,082,843.	949,883.	267.
11 Fees for services (nonemployees):				
a Management				
b Legal	469,083.	100,805.	368,278.	
c Accounting	291,179.	81,454.	209,725.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,039,188.	6,501,779.	537,409.	
12 Advertising and promotion	88,333.		88,333.	
13 Office expenses	5,493,846.	5,097,854.	395,992.	
14 Information technology	5,423,336.	3,810,123.	1,613,213.	
15 Royalties				
16 Occupancy	5,307,243.	3,024,485.	2,282,758.	
17 Travel	10,002,475.	9,444,564.	557,911.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,653,129.	2,571,652.	81,477.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	320,128.	10,004.	310,124.	
23 Insurance	1,432,226.	936,940.	495,286.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACT COSTS	7,534,934.	7,204,213.	330,721.	
b EQUIPMENT AND SUPPLIES	3,535,992.	3,535,400.	592.	
c RESERVE FOR INVESTMENT	1,665,533.	0.	1,665,533.	
d BAD DEBTS	484,245.	543,367.	-59,122.	
e All other expenses	113,763.		113,763.	
25 Total functional expenses. Add lines 1 through 24e	153,433,381.	126,610,189.	26,818,315.	4,877.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,969,993.	1	10,186,493.
	2 Savings and temporary cash investments	12,683,205.	2	10,187,424.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,526,160.	4	21,377,529.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	882,162.	7	1,060,028.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,726,012.	9	3,807,727.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,736,602.		
	b Less: accumulated depreciation	10b 4,464,653.		
		321,294.	10c	271,949.
	11 Investments - publicly traded securities	18,514,492.	11	13,820,253.
	12 Investments - other securities. See Part IV, line 11	2,132,310.	12	1,390,656.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	587,390.	15	551,411.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	61,343,018.	16	62,653,470.	
Liabilities	17 Accounts payable and accrued expenses	15,064,025.	17	14,567,211.
	18 Grants payable		18	
	19 Deferred revenue	8,087,316.	19	10,659,572.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,789,911.	25	1,361,897.
	26 Total liabilities. Add lines 17 through 25	24,941,252.	26	26,588,680.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,218,218.	27	34,815,218.
	28 Net assets with donor restrictions	183,548.	28	1,249,572.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	36,401,766.	32	36,064,790.
	33 Total liabilities and net assets/fund balances	61,343,018.	33	62,653,470.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,804,040.
2	Total expenses (must equal Part IX, column (A), line 25)	2	153,433,381.
3	Revenue less expenses. Subtract line 2 from line 1	3	-629,341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,401,766.
5	Net unrealized gains (losses) on investments	5	-708,545.
6	Donated services and use of facilities	6	323,422.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	677,488.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,064,790.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	165,999,910.	111,558,586.	124,338,488.	145,214,756.	154,193,320.	701,305,060.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	165,999,910.	111,558,586.	124,338,488.	145,214,756.	154,193,320.	701,305,060.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						701,305,060.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	165,999,910.	111,558,586.	124,338,488.	145,214,756.	154,193,320.	701,305,060.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,349.	375,716.	331,088.	209,362.	459,493.	1,386,008.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	85,965.	81,123.				167,088.
11 Total support. Add lines 7 through 10						702,858,156.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.78 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.82 %

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

Schedule A (Form 990) 2021

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

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

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 85,965.

2018 AMOUNT: \$ 81,123.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 130,063,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 7,366,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
--	--

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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) organizations: Complete Part III.

Name of organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		13,218.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			13,218.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-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 expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

LOBBY DAYS: 3

SIGN-ON LETTERS: 15

DEAR COLLEAGUE LETTERS: 5

THE TOPICS LOBBIED ON INCLUDED APPROPRIATIONS, EMERGENCY SUPPLEMENTALS FOR

COVID AND UKRAINE RESPONSE, FAMILY PLANNING AND MATERNAL HEALTH AND VISAS

FOR AFGHAN STAFF.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: MANAGEMENT SCIENCES FOR HEALTH, INC. Employer identification number: 04-2482188

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section 170(h)(4)(B) requirements and reporting.

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.				
b Contributions	1,018,765.				
c Net investment earnings, gains, and losses	21,478.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,040,243.				

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|--------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		963,574.	847,452.	116,122.
d Equipment		2,957,090.	2,942,272.	14,818.
e Other		815,938.	674,929.	141,009.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				271,949.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	1,361,897.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,361,897.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS:

UNDER ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", AN

ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS ASSOCIATED

WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY

THAN NOT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING

AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL

UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY

LIABILITY FOR UNRECOGNIZED TAX POSITIONS. THE ORGANIZATION HAS FILED FOR

AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS

REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990

INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN

Part XIII Supplemental Information *(continued)*

JURISDICTIONS WHERE SO REQUIRED. FOR THE YEARS ENDED JUNE 30, 2022 AND

2021, THERE WERE NO MATERIAL INTEREST OR PENALTIES RECORDED OR INCLUDED IN

THE CONSOLIDATED STATEMENT OF ACTIVITIES RELATED TO UNCERTAIN TAX

POSITIONS.

Multiple horizontal lines for supplemental information.

**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

2021

Open to Public Inspection

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	3	21	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	2,831,509.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	2	21	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	1,829,573.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	8	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	1,524,823.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	4	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	1,103,458.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	1	18	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	4,217,720.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	2	315	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	16,710,768.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	23	987	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	87,766,930.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTMAKING		522,248.
3 a Subtotal	32	1374			116,507,029.
b Total from continuation sheets to Part I	0	0			23,196,767.
c Totals (add lines 3a and 3b)	32	1374			139,703,796.

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

Schedule F (Form 990) 2021

Part I Continuation of Activities per Region. (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
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		42,418.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		23,804.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	GRANTMAKING		2,192,535.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTMAKING		1,276,281.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		17,121,861.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	INVESTMENTS		2,539,868.
Totals					23,196,767.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	34,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	56,198.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	105,950.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	88,680.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	385,860.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	28,193.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	28,562.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	147,769.	ELECTRONIC FUND/WIRE TRANSFER	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 **43**

3 Enter total number of other organizations or entities **2**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	157,007.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	207,817.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	5,163.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	987,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	35,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	40,062.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	132,359.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	81,832.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	10,610.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	10,086.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	41,062.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	5,829.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	10,219.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	30,134.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	23,690.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	62,435.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	9,658.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	81,627.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	90,008.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	40,033.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	54,565.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	25,909.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	56,611.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	1,678,113.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES	SEE PART V	59,182.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		RUSSIA AND NEIGHBORING STATES	SEE PART V	233,903.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	155,956.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	66,686.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	38,700.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	48,588.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	35,120.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	24,796.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	24,747.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	34,380.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	20,055.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	35,037.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	24,828.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	122,380.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	5,733.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	28,220.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA AND THE CARIBBEAN	719	50,652.	WIRE	7,249.	TRAINING	BOOK
	EAST ASIA AND THE PACIFIC	93	38,914.	WIRE	3,504.	TRAINING	BOOK
	MIDDLE EAST AND NORTH AFRICA	464	17,024.	WIRE	6,780.	TRAINING	BOOK
	RUSSIA AND THE NEWLY INDEPENDENT STATES	3,154	1,874,363.	WIRE	25,087.	TRAINING	BOOK
	SOUTH ASIA	5,385	458,801.	WIRE	124,379.	TRAINING	BOOK
	SUB-SAHARAN AFRICA	42,509	10,594,340.	WIRE	2,261,266.	TRAINING	BOOK

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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: SUPPORT VARIOUS PROJECTS IN THE SUB-SAHARAN AFRICAN REGION
- ITEM 2: ENHANCE ADOPTION OF OPTIMAL HEALTH AND NUTRITION BEHAVIORS
- ITEM 3: ENHANCE ADOPTION OF OPTIMAL HEALTH AND NUTRITION BEHAVIORS
- ITEM 4: ENHANCE ADOPTION OF OPTIMAL HEALTH AND NUTRITION BEHAVIORS
- ITEM 5: ENHANCE ADOPTION OF OPTIMAL HEALTH AND NUTRITION BEHAVIORS
- ITEM 6: IMPROVE THE QUALITY OF PRIMARY AND SECONDARY HEALTH AND
NUTRITION SERVICES IN RURAL AREAS
- ITEM 7: TO ASSIST IMPLEMENTATION OF NATIONAL TOBACCO CONTROL POLICIES
- ITEM 8: COMMUNITY TB CARE
- ITEM 9: COMMUNITY TB CARE
- ITEM 10: COMMUNITY TB CARE
- ITEM 11: TB LABORATORY CAPACITY BUILDING
- ITEM 12: REDUCE TB
- ITEM 13: SUPPORT CIVIL SOCIETY AND ADVOCACY WCAN IN GLOBAL COVID19

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.

PANDEMIC

ITEM 14: MILESTONE 1, UNDER AWARD NO:0620-UG01

ITEM 15: COST REIMBURSEMENT

ITEM 16: COST REIMBURSEMENT

ITEM 17: COST REIMBURSEMENT FOR FY22 REPORTS

ITEM 18: UPDATED WORKPLAN

ITEM 19: SUPPORT COMMUNITY AND FACILITY-BASED STRATEGIES

ITEM 20: STRENGTHENING POLICIES AND PROTOCOLS

ITEM 21: TO SUPPORT COMMUNITY AND FACILITY-BASED STRATEGIES

ITEM 22: ADVOCACY AND ACCOUNTABILITY IN PREVENTION OF COVID-19

ITEM 23: STRENGTHENING POLICIES AND PROTOCOLS

ITEM 24: FACILITY-BASED STRATEGIES TO INCREASE INDIGENOUS WOMEN

ITEM 25: FACILITY-BASED STRATEGIES TO INCREASE INDIGENOUS WOMEN

ITEM 26: FACILITY-BASED STRATEGIES TO INCREASE INDIGENOUS WOMEN

ITEM 27: BUILD GOVERNMENT OF HAITI (GOH) CAPACITY TO LEAD AND FINANCE

THE HEALTH SECTOR

ITEM 28: REDUCE STIGMA AND DISCRIMINATION AMONG HIV CARE AND TREATMENT

PROVIDERS

ITEM 29: CARRY OUT THE PRE-SERVICE WITH THE FMP

ITEM 30: IMPROVE GOVERNMENT OF HAITI (GOH) PLANNING AND OVERSIGHT THE

HEALTH WORKFORCE

ITEM 31: PROVIDE TECHNICAL EXPERTISE IN PEDIATRICS

ITEM 32: CONSTRUCTION OF WASH INFRASTRUCTURE

ITEM 33: SUPPORT COMMUNITY MOBILIZATION ACTIVITIES

ITEM 34: SUPPORT PROJECT COMMUNICATIONS EFFORTS

ITEM 35: PROVIDE RELEVANT LEGAL SUPPORT TO PROMOTE THE SUSTAINABILITY

OF THE MEDICINE'S SELECTION PROCESS

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 36: DEDRAS

ITEM 37: CERRHUD

ITEM 38: APSSA

ITEM 39: CERADIS

ITEM 40: SGM RECIPIENTS ENSURING SERVICE CONTINUITY FOR WCAH IN

RESPONSE TO COVID-19

ITEM 41: SGM RECIPIENTS ENSURING SERVICE CONTINUITY FOR WCAH IN

RESPONSE TO COVID-19

ITEM 42: SGM RECIPIENTS ENSURING SERVICE CONTINUITY FOR WCAH IN

RESPONSE TO COVID-19

ITEM 43: SGM RECIPIENTS ENSURING SERVICE CONTINUITY FOR WCAH IN

RESPONSE TO COVID-19

ITEM 44: SGM RECIPIENTS ENSURING SERVICE CONTINUITY FOR WCAH IN

RESPONSE TO COVID-19

ITEM 45: SGM RECIPIENTS ENSURING SERVICE CONTINUITY FOR WCAH IN

RESPONSE TO COVID-19

ITEM 46: SGM RECIPIENTS ENSURING SERVICE CONTINUITY FOR WCAH IN

RESPONSE TO COVID-19

ITEM 47: INTRODUCE AND ENFORCE AN INCREASE OF TOBACCO TAXES TO ENSURE

SUSTAINABILITY OF TOBACCO CONTROL

ITEM 48: COMMUNITY TB CARE

ITEM 49: COMMUNITY TB CARE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **MANAGEMENT SCIENCES FOR HEALTH, INC.** Employer identification number **04-2482188**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET N.W. WASHINGTON, DC 20036	56-0942853	501C3	1,245,208.	0.			MOBILE CLIENT OUTREACH SERVICES
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501C3	1,795,426.	0.			WASH INFRASTRUCTURE AND TECHNICAL ADVICE
OVERSEAS STRATEGIC CONSULTING 1500 WALNUT STREET SUITE 1300 PHILADELPHIA, PA 19102	23-2720769	FOR PROFIT	46,071.	0.			TECHNICAL ASSISTANCE FOR HEALTHY PRACTICES AND SBCC
RESULTS FOR DEVELOPMENT INSTITUTE INC. - 1111 19TH STREET NW SUITE 700 - WASHINGTON, DC 20036	20-8530747	501C3	175,000.	0.			JOINT LEARNING NETWORK
DIMAGI INC 585 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	83-0343298	N/A	249,586.	0.			TECHNICAL ASSISTANCE
JHPIEGO (JOHN HOPKINS UNIVERSITY) 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C3	1,064,184.	0.			DESIGN, PLAN AND IMPLEMENT FOR SBC

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 12.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 MIDWIVES 8403 COLESVILLE ROAD SILVER SPRING, MD 20910	74-1685515	501C3	218,663.	0.			TECHNICAL ASSISTANCE FOR CLINICAL TRAINING
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA, IL 60143	36-2275597	501C3	204,274.	0.			TECHNICAL ASSISTANCE FOR CLINICAL TRAINING
ACESO GLOBAL 1616 P STREET NW SUITE 103 WASHINGTON, DC 20036	47-4215911	501C3	406,093.	0.			EXPANDING TECHNICAL KNOWLEDGE
THE WORLD BANK 1818 H STREET NW WASHINGTON, DC 20433	98-0002549	N/A	345,000.	0.			ANALYSIS AND PERFORMANCE OF PRIMARY HEALTH CARE SYSTEMS
UMASS 333 SOUTH STREET, STE. 450 SHREWSBURY, MA 01545	04-3167352	501C3	191,908.	0.			TECHNICAL ASSISTANCE
BATTELLE MEMORIAL INSTITUTE 505 KING AVENUE COLUMBUS, OH 43201	31-4379427	501C3	17,248.	0.			TECHNICAL ASSISTANCE TO SUPPORT RBC, NPHI PROJECT
ACCESS HEALTH INTERNATIONAL 1016 FIFTH AVENUE, SUITE 11A/C NEW YORK, NY 10028	26-3709070	501C3	31,188.	0.			TECHNICAL ASSISTANCE IN PHC COSTING
BRAC USA, INC 110 WILLIAM STREET, 18TH FLOOR NEW YORK, NY 10038	20-8456741	501C3	137,755.	0.			TECHNICAL ASSISTANCE IN MNCH AND FP SERVICES
THE POPULATION COUNCIL, INC ONE DAG HAMMARSKJOLD PLAZA, 3RD. FL NEW YORK, NY 10017	13-1687001	501C3	189,639.	0.			TECHNICAL ASSISTANCE IN MNCH

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

MSH HAS A POLICY IN PLACE DESCRIBING HOW GRANTS ARE MONITORED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **MANAGEMENT SCIENCES FOR HEALTH, INC.**
 Employer identification number: **04-2482188**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIAN WENTWORTH CEO/PRESIDENT	(i)	407,948.	39,727.	23,370.	17,615.	35,636.	524,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT TIMMONS PROJECT DIRECTOR III (THRU 2/28/22)	(i)	354,321.	0.	0.	8,817.	28,273.	391,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL KRESS VICE PRESIDENT GHSI	(i)	272,281.	15,279.	3,928.	11,724.	10,195.	313,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GORDON COMSTOCK VP PDG	(i)	223,850.	15,361.	26,281.	14,846.	25,717.	306,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) COLLEEN MCGUFFIN VICE PRESIDENT HR	(i)	255,481.	14,558.	2,584.	8,400.	23,717.	304,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL ZIMMERMAN GENERAL COUNSEL	(i)	243,231.	0.	2,347.	15,140.	37,875.	298,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DONNA COULIBALY DIRECTOR OPERATIONS (THRU 6/17/22)	(i)	237,049.	0.	26,432.	6,630.	28,273.	298,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) FLORIDE NIYUHIRE PROJECT DIRECTOR II	(i)	238,375.	0.	40,197.	10,508.	7,641.	296,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) YOUSSEF TAWFIK SENIOR PRINCIPAL TECHNICAL ADVISOR	(i)	266,234.	0.	4,797.	6,544.	18,107.	295,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANTOINE NDIAYE PROJECT DIRECTOR II	(i)	222,923.	0.	45,833.	9,329.	16,199.	294,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) FRANCIS ABOAGYE-NYAME PORTFOLIO DIRECTOR	(i)	211,571.	0.	1,998.	13,116.	35,804.	262,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RUDOLPH THETARD GLOBAL TECHNICAL LEAD	(i)	209,004.	0.	11,939.	10,490.	28,324.	259,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID HUMPHRIES ASSOCIATE VP - COMMUNICATIONS	(i)	202,683.	0.	448.	12,703.	37,804.	253,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DANA SANDSTROM BUSINESS DEVELOPMENT SENIOR DIRECTOR	(i)	205,300.	11,423.	1,767.	12,477.	0.	230,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KATHLEEN ALVAREZ PORTFOLIO DIRECTOR	(i)	183,140.	0.	906.	11,351.	34,906.	230,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JOHN DAMIAN YANULIS PORTFOLIO DIRECTOR	(i)	184,638.	0.	1,871.	10,032.	30,214.	226,755.	0.
	(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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) GORDON KIHUGURU VP/CFO	(i)	204,795.	0.	0.	5,047.	16,199.	226,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CHRISTOPHER WELCH PROJECT DIRECTOR III	(i)	174,717.	0.	567.	10,952.	36,674.	222,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MATTHEW GEMEDA ASSOCIATE VP - INTERNAL AUDIT	(i)	191,973.	0.	1,939.	9,849.	12,968.	216,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) STEPHANIE ARMAND XUERE PORTFOLIO DIRECTOR	(i)	196,177.	0.	0.	11,771.	0.	207,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CRAIG MOLYNEAUX FORMER VP/CFO	(i)	158,538.	0.	2,277.	9,104.	20,193.	190,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

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.

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 MANAGEMENT DEVELOPMENT AND COMPENSATION

COMMITTEE (MDCC) FOR THE CEO. THE INCENTIVE COMPENSATION CALCULATIONS

ARE BASED ON THE LEVEL OF ATTAINMENT OF THE PERFORMANCE GOALS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

FORM 990, 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 OVER 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, AND 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) 2021

132211 11-11-21

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 GOVERNMENTS 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:

MADAGASCAR, MALAWI, MALI, NIGERIA,
 MOZAMBIQUE, PHILIPPINES, RWANDA, SENEGAL,
 SOUTH AFRICA, TANZANIA, UKRAINE, AFGHANISTAN,
 CAMEROON, BANGLADESH, BENIN, BURKINA FASO,
 COTE D IVOIRE, CONGO (BRAZZAVILLE), ETHIOPIA, GUATEMALA,
 HAITI, NEPAL, KENYA, UGANDA,
 JORDAN, INDONESIA

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.

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 SUBMIT ANNUAL FINANCIAL DISCLOSURE DOCUMENTS WHICH ARE REVIEWED BY THE GENERAL COUNSEL TO PREVENT, DETECT AND REMEDY ANY CONFLICTS OF INTEREST.

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

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
--	--

UPON REQUEST IT IS ALSO SHARED DURING MEETINGS WITH POTENTIAL DONORS AND
VIA MAILING IN RESPONSE TO DONOR REQUESTS OR INTERESTS.

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	397,367.
REALIZED GAINS ON FX	279,977.
OTHER ADJUSTMENTS	144.
TOTAL TO FORM 990, PART XI, LINE 9	677,488.

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)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **MANAGEMENT SCIENCES FOR HEALTH, INC.** Employer identification number **04-2482188**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MANAGEMENT SCIENCES FOR HEALTH LTD/GTE - 99-9999999, PLOT 5647565 INDEPENDENCE AVE, , CBD ABUJA, NIGERIA	SEE PART VII	NIGERIA	501(C)(3)		MSH	X	
MANAGEMENT SCIENCES FOR HEALTH-ESWATINI - 99-9999999, #110 THE NEW MALL, DR. SISHAYI, MBABANE, OTHER COUNTRY	SEE PART VII	OTHER COUNTRY	501(C)(3)		MSH	X	

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

Schedule R (Form 990) 2021

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDSOURCE GROUP LIMITED	B	89,018.	FY22 RESERVE
(2) MEDSOURCE GROUP LIMITED	B	105,547.	EXP INCURRED
(3) MEDSOURCE GROUP LIMITED	D	1,186,329.	NOTES/NOTES REC
(4) MEDSOURCE GROUP LIMITED	L	1,186,329.	FY22 RESERVE
(5) MEDSOURCE GROUP LIMITED	N	1,186,329.	FY22 RESERVE
(6)			

Part VII Supplemental Information

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

SCHEDULE R, PART II

LINE 1 - MANAGEMENT SCIENCES FOR HEALTH LTD/GTE

COMPLETE ADDRESS: 2ND FLOOR, BLOCK B, A.U.J. COMPLEX, PLOT 564/565

INDEPENDENCE AVENUE, CBD ABUJA, NI.

PRIMARY ACTIVITY: PROMOTION OF ADEQUATE HEALTHCARE AND PUBLIC HEALTH

INTERVENTIONS.

LINE 2 - MANAGEMENT SCIENCES FOR HEALTH-ESWATINI

COMPLETE ADDRESS: SUITE 110 THE NEW MALL, DR. SISHAYI ROAD, MBABANE,

WZ.

PRIMARY ACTIVITY: PROMOTION OF ADEQUATE HEALTHCARE AND PUBLIC HEALTH

INTERVENTIONS.

SCHEDULE R PART IV

LINE 2 - MEDSOURCE GROUP LIMITED

PRIMARY ACTIVITY: GROUP PURCHASING ORGANIZATION TO IMPROVE ACCESS TO

PHARMACEUTICALS.