

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 RIVERS EDGE DRIVE City or town, state or province, country, and ZIP or foreign postal code MEDFORD, MA 02155 F Name and address of principal officer: MARIAN WENTWORTH SAME AS C ABOVE	D Employer identification number 04-2482188 E Telephone number 617-250-9500 G Gross receipts \$ 171,902,869. 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

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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	262
6	Total number of volunteers (estimate if necessary)	6	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	154,193,320.
9	Program service revenue (Part VIII, line 2g)	9	171,171,736.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	-1,389,280.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	689,723.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	2,424.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	152,804,040.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	171,863,883.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	27,496,390.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	34,677,075.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	0.
19	Revenue less expenses. Subtract line 18 from line 12	19	74,082,358.
20	Total assets (Part X, line 16)	20	0.
21	Total liabilities (Part X, line 26)	21	51,854,633.
22	Net assets or fund balances. Subtract line 21 from line 20	22	153,433,381.
23		23	-629,341.
24		24	3,237,972.
25		25	62,653,470.
26		26	71,800,085.
27		27	26,588,680.
28		28	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 GORDON KIHUGURU, VP/CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ERIN COUTURE	Preparer's signature <i>Erin Couture</i>
	Date 05/13/24	Check if self-employed <input type="checkbox"/> PTIN P01390592
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558
	Firm's address 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109	Phone no. (617) 848-5039

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

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 70,349,081. including grants of \$ 21,437,945.) (Revenue \$ 0.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 31,368,589. including grants of \$ 8,836,694.) (Revenue \$ 0.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 18,794,184. including grants of \$ 2,052,706.) (Revenue \$ 0.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 15,289,343. including grants of \$ 2,349,730.) (Revenue \$ 0.)

4e Total program service expenses 135,801,197.Form **990** (2022)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4 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>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b 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>	15 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>	16 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. See instructions</i>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	120
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 262		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	10			
b Enter the number of voting members included on line 1a, above, who are independent		10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☒ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 GORDON KIHUGURU - 617-250-9500
 200 RIVERS EDGE DR, MEDFORD, MA 02155

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, box 6 of 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				499,235.	0.	37,671.
(2) COLLEEN MCGUFFIN CHIEF PEOPLE AND CULTURE OFFICER	40.00 0.00				X			281,032.	0.	32,715.
(3) ANTOINE NDIAYE PROJECT DIRECTOR II	40.00 0.00					X		280,071.	0.	23,798.
(4) PAUL ZIMMERMAN VP/GENERAL COUNSEL/SECRETARY	40.00 0.00			X				253,310.	0.	47,679.
(5) NORIO KASAHARA CHIEF OF PARTY/AFIAT	40.00 0.00				X			281,450.	0.	5,004.
(6) STEPHEN MORGAN FINANCE DIRECTOR	40.00 0.00				X			254,504.	0.	31,017.
(7) ALI RAJPOOT FINANCE DIRECTOR	40.00 0.00				X			257,950.	0.	23,161.
(8) FRANCIS ABOAGYE-NYAME PORTFOLIO DIRECTOR	40.00 0.00				X			233,841.	0.	45,862.
(9) SEYDOU DOUMBIA SENIOR TECHNICAL MANAGER	40.00 0.00					X		240,755.	0.	35,489.
(10) CEDRIC YAMBABARIYE M&E DIRECTOR	40.00 0.00					X		255,443.	0.	17,817.
(11) JACOB HUGHES SENIOR TECHNICAL DIRECTOR	40.00 0.00				X			239,526.	0.	30,178.
(12) GORDON KIHUGURU VICE PRESIDENT/CFO	40.00 0.00			X				245,106.	0.	22,947.
(13) DAVID HUMPHRIES CHIEF COMM. & EXT. AFFAIRS OFFICER	40.00 0.00				X			219,370.	0.	47,406.
(14) FLORIDE NIYUHIRE PORTFOLIO DIRECTOR	40.00 0.00					X		240,093.	0.	17,780.
(15) DANA SANDSTROM VP/STRATEGY, BUS. DEV. & PARTNERSHIP	40.00 0.00				X			243,779.	0.	11,597.
(16) HENRY HAPPY NGABO REGIONAL FINANCE DIRECTOR	40.00 0.00				X			226,091.	0.	16,022.
(17) JOHN DAMIAN YANULIS PORTFOLIO DIRECTOR	40.00 0.00						X	187,242.	0.	42,937.

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) MATTHEW GEMEDA ASSOCIATE VP - INTERNAL AUDIT	40.00 0.00				X			205,051.	0.	23,418.
(19) DANIEL KRESS VP GHSI	40.00 0.00						X	203,804.	0.	24,206.
(20) RUDOLPH THETARD GLOBAL TECHNICAL LEADER	40.00 0.00						X	194,403.	0.	33,490.
(21) CHRISTOPHER WELCH PORTFOLIO DIRECTOR	40.00 0.00						X	180,939.	0.	42,954.
(22) ADESUWA ADETOSOYE VP/GLOBAL HEALTH PROGRAM DELIVERY	40.00 0.00				X			192,286.	0.	27,602.
(23) KATHLEEN ALVAREZ TALENT ACQUISITION SR. DIRECTOR	40.00 0.00						X	175,587.	0.	38,904.
(24) STEPHANIE ARMAND XUEREY PORTFOLIO DIRECTOR	40.00 0.00						X	186,134.	0.	4,435.
(25) GORDON COMSTOCK VP PDG	40.00 0.00						X	160,270.	0.	25,672.
(26) PETER BUIJS DIRECTOR (AS OF 01/2023)	3.00 0.00	X						0.	0.	0.
1b Subtotal								5,937,272.	0.	709,761.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,937,272.	0.	709,761.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		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
S & S OPEN DEVELOPMENT LLC 400 G STREET NE, WASHINGTON, DC 20002	GOV'T CONTRACTOR	486,524.
THINKWELL, LLC 1519 YORK ROAD, LUTHERVILLE, MD 21093	EDUCATIONAL SOFTWARE SOLUTIONS	349,509.
PHARMACEUTICAL SYSTEMS AFRICA, 21177 BOSTON TERRACE, #103, STERLING, VA 20166	PHARMACEUTICAL SUPPLY MANAGEMENT	308,852.
BW HOSPITALITY DBA PARK HYATT WASHINGTON 1201 24TH STREET NW, WASHINGTON, DC 20037	HOSPITALITY	298,112.
STERLING COMPUTERS CORPORATION 303 CENTENNIAL DRIVE, NORTH SIOUX, SD 57049	COMPUTER EQUIPMENT	282,560.
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	12	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BETH DEHAMEL DIRECTOR (AS OF 01/2023)	3.00 0.00	X						0.	0.	0.
(28) CHARLES DOCKENDORFF DIRECTOR	3.00 0.00	X						0.	0.	0.
(29) LARRY FISH DIRECTOR (THRU 12/2022)	3.00 0.00	X						0.	0.	0.
(30) LATANYA MAPP FRET DIRECTOR	3.00 0.00	X						0.	0.	0.
(31) ROBERT HALLAGAN DIRECTOR	3.00 0.00	X						0.	0.	0.
(32) JOHN ISAACSON DIRECTOR	3.00 0.00	X						0.	0.	0.
(33) KATHERINE LUZURIAGA DIRECTOR (THRU 12/2022)	3.00 0.00	X						0.	0.	0.
(34) JOHN MASTERSON DIRECTOR	3.00 0.00	X						0.	0.	0.
(35) W. GYUDE MOORE DIRECTOR	3.00 0.00	X						0.	0.	0.
(36) BERNARD NAHLEN DIRECTOR	3.00 0.00	X						0.	0.	0.
(37) LESLYE OBIORA DIRECTOR	3.00 0.00	X						0.	0.	0.
(38) MUHAMMAD PATE DIRECTOR (THRU 08/2022)	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	149,798,771.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,372,965.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				171,171,736.		
Program Service Revenue			Business Code				
	2 a						
	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)			694,947.			694,947.
	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 (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	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			Business Code				
	11 a MISCELLANEOUS INCOME			2,424.			2,424.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				2,424.		
12 Total revenue. See instructions				171,863,883.	0.	0.	692,147.

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 ...	4,884,051.	4,884,051.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	29,793,024.	29,793,024.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,611,828.	840,585.	2,771,243.	
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	65,379,245.	50,389,060.	14,987,586.	2,599.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,035,621.	3,136,685.	898,788.	148.
9 Other employee benefits	6,159,588.	4,251,523.	1,907,736.	329.
10 Payroll taxes	2,584,435.	1,283,088.	1,301,145.	202.
11 Fees for services (nonemployees):				
a Management				
b Legal	234,916.	129,968.	104,948.	
c Accounting	375,539.	125,370.	250,169.	
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.)	8,307,214.	7,620,773.	686,441.	
12 Advertising and promotion	250,000.		250,000.	
13 Office expenses	5,626,403.	5,146,225.	480,178.	
14 Information technology	5,582,785.	3,991,523.	1,591,262.	
15 Royalties				
16 Occupancy	5,771,261.	2,729,787.	3,041,474.	
17 Travel	13,332,739.	11,854,977.	1,477,762.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,370,170.	1,115,104.	255,066.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	361,401.	10,629.	350,772.	
23 Insurance	1,166,504.	570,736.	595,768.	
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	5,248,368.	5,040,142.	208,226.	
b EQUIPMENT AND SUPPLIES	2,630,327.	2,630,026.	301.	
c RESERVE FOR INVESTMENT	1,111,372.		1,111,372.	
d BAD DEBTS	777,946.	257,921.	520,025.	
e All other expenses	31,174.		31,174.	
25 Total functional expenses. Add lines 1 through 24e	168,625,911.	135,801,197.	32,821,436.	3,278.
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 SheetCheck 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	10,186,493.	1	10,256,033.
	2 Savings and temporary cash investments	10,187,424.	2	8,706,592.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,377,529.	4	20,167,093.
	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	1,060,028.	7	1,116,187.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,807,727.	9	3,856,904.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,832,027.		
	b Less: accumulated depreciation	10b 4,616,889.		
		271,949.	10c	215,138.
	11 Investments - publicly traded securities	13,820,253.	11	15,236,140.
	12 Investments - other securities. See Part IV, line 11	1,390,656.	12	1,512,506.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	551,411.	15	10,733,492.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	62,653,470.	16	71,800,085.	
Liabilities	17 Accounts payable and accrued expenses	14,567,211.	17	15,422,500.
	18 Grants payable		18	
	19 Deferred revenue	10,659,572.	19	9,084,266.
	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	1,361,897.	25	9,348,051.
	26 Total liabilities. Add lines 17 through 25	26,588,680.	26	33,854,817.
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	34,815,218.	27	34,599,688.
	28 Net assets with donor restrictions	1,249,572.	28	3,345,581.
	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	36,064,790.	32	37,945,268.
	33 Total liabilities and net assets/fund balances	62,653,470.	33	71,800,085.

Form **990** (2022)

Part XI Reconciliation of Net AssetsCheck 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	171,863,883.
2	Total expenses (must equal Part IX, column (A), line 25)	2	168,625,911.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,237,972.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,064,790.
5	Net unrealized gains (losses) on investments	5	1,100,537.
6	Donated services and use of facilities	6	326,033.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,784,064.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,945,268.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111,558,586.	124,338,488.	145,214,756.	154,193,320.	171,171,736.	706,476,886.
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	111,558,586.	124,338,488.	145,214,756.	154,193,320.	171,171,736.	706,476,886.
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.						706,476,886.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	111,558,586.	124,338,488.	145,214,756.	154,193,320.	171,171,736.	706,476,886.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	375,716.	331,088.	209,362.	459,493.	694,947.	2,070,606.
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.)	81,123.				2,424.	83,547.
11 Total support. Add lines 7 through 10						708,631,039.

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 2022 (line 6, column (f), divided by line 11, column (f))	14	99.70 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.78 %

16a 33 1/3% support test - 2022. 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 - 2021.** 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 - 2022.** 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 - 2021.** 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☐

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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).		

Schedule A (Form 990) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

2018 AMOUNT: \$ 81,123.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 2,424.

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

2022

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 foundationCheck 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		\$ 144,531,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,906,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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) 2022

LHA

232041 11-08-22

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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) 2019	(b) 2020	(c) 2021	(d) 2022	(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					

Schedule C (Form 990) 2022

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		10,620.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			10,620.
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 expenditures 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBY DAYS: 3

SIGN-ON LETTERS: 13

DEAR COLLEAGUE LETTERS: 6

THE TOPICS LOBBIED ON INCLUDED APPROPRIATIONS, COVID-19, NATIONAL

SECURITY SUPPLEMENTAL, HEALTH SYSTEM STRENGTHENING, TUBERCULOSIS,

Part IV Supplemental Information *(continued)*

PEPFAR, HIV/AIDS, FAMILY PLANNING AND REPRODUCTIVE HEALTH, MATERNAL

NEWBORN AND CHILD HEALTH, VACCINES, GLOBAL HEALTH SECURITY.

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

2022Open 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.

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

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,040,243.	0.			
b Contributions	0.	1,018,765.			
c Net investment earnings, gains, and losses	103,884.	21,478.			
d Grants or scholarships					
e Other expenditures for facilities and programs	42,832.				
f Administrative expenses					
g End of year balance	1,101,295.	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:

(i) Unrelated organizations

(ii) Related organizations

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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.	940,455.	23,119.
d Equipment		2,957,090.	2,942,273.	14,817.
e Other		911,363.	734,161.	177,202.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				215,138.

Schedule D (Form 990) 2022

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) RIGHT OF USE ASSETS	10,055,048.
(2) OTHER ASSETS	678,444.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	10,733,492.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ROU LEASE LIABILITY	9,348,051.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,348,051.

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 ☒

Schedule D (Form 990) 2022

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 ACCOUNTING STANDARDS CODIFICATION (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,

Part XIII Supplemental Information *(continued)*

AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO

REQUIRED. FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, THERE WERE NO

MATERIAL INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED

STATEMENT OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

**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

2022

 Open to Public
Inspection

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

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,	2	17	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	1,727,020.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	2	21	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	1,996,685.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	7	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	1,325,343.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	10	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	1,685,585.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	1	25	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	5,553,032.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	3	497	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	21,925,595.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	27	1031	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	83,951,276.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		3,091,425.
3 a Subtotal	36	1608			121,255,961.
b Total from continuation sheets to Part I	0	0			4,469,809.
c Totals (add lines 3a and 3b)	36	1608			125,725,770.

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

Schedule F (Form 990) 2022

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
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTMAKING		482,315.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTMAKING		733,696.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	GRANTMAKING		576,615.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	INVESTMENTS		2,677,183.
Totals					4,469,809.

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)
		SOUTH ASIA	SEE PART V	204,701.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	20,313.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	53,725.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	20,813.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	42,852.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	37,197.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	19,056.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	21,993.	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 35

3 Enter total number of other organizations or entities 9

Schedule F (Form 990) 2022

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)
		SOUTH ASIA	SEE PART V	42,983.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	18,682.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	22,087.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	36,973.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	58,386.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	118,852.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	107,103.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	209,287.	ETHIOPIAN BIRR	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	7,760.	ETHIOPIAN BIRR	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	7,882.	ETHIOPIAN BIRR	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	220,077.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	329,095.	ETHIOPIAN BIRR	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	10,064.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	282,675.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	7,821.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	50,830.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	110,058.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	17,629.	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	254,619.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	600,083.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	43,151.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	525,893.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	54,032.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	15,819.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	270,926.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	29,927.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	14,747.	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	34,676.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	100,651.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	52,185.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	31,484.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	24,798.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	19,240.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	80,329.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	67,153.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	8,829.	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	2,029	45,569.	WIRE	3,575.	TRAINING	BOOK
	EAST ASIA AND THE PACIFIC	2,141	93,775.	WIRE	10,907.	TRAINING	BOOK
	MIDDLE EAST AND NORTH AFRICA	3,699	105,668.	WIRE	23,281.	TRAINING	BOOK
	RUSSIA AND NEIGHBORING STATES	857	5,448,650.	WIRE	4,577.	TRAINING	BOOK
	SOUTH ASIA	10,325	1,084,654.	WIRE	270,150.	TRAINING	BOOK
	SUB-SAHARAN AFRICA	43,134	14,330,711.	WIRE	3,167,837.	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

Schedule F (Form 990) 2022

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: EXPENSES****ITEM 2: 1ST PAYMENT****ITEM 3: EXPENSES****ITEM 4: 1ST PAYMENT****ITEM 5: EXPENSES****ITEM 6: 1ST PAYMENT****ITEM 7: 1ST PAYMENT****ITEM 8: 1ST PAYMENT****ITEM 9: 1ST PAYMENT - HERAT****ITEM 10: 1ST PAYMENT****ITEM 11: ASSOCIATION POUR L'EDUCATION, LA SEXUALITE ET LA SANTE EN****AFRIQUE (APESSA)****ITEM 12: CENTRE DE REFLEXIONS ET D'ACTIONS POUR LE DEVELOPPEMENT INTGR ET****LA SOLIDARIT**

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 13: CENTRE DE RECHERCHE EN REPRODUCTION HUMAINE ET EN DEMOGRAPHIE

ITEM 14: ORGANISATION POUR LE DEVELOPPEMENT DURABLE, LE RENFORCEMENT ET

L'AUTO PROMOTION DES STRUCTURES COMMUNAUTAIRES

ITEM 15: ASSIST IMPLEMENTATION OF NATIONAL TOBACCO CONTROL POLICIES IN

ACCORDANCE WITH THE WORLD HEALTH ORGANIZATION (WHO)

ITEM 16: COMMUNITY TB CARE

ITEM 17: COMMUNITY TB CARE/LABORATORY CAPACITY BUILDING

ITEM 18: COMMUNITY TB CARE/MDR TB CAPACITY BUILDING

ITEM 19: COMMUNITY TB CARE

ITEM 20: COMMUNITY TB CARE

ITEM 21: SUPPORT STRENGTHENING POLICIES AND PROTOCOLS FOR IMPROVING THE

QUALITY OF CULTURALLY RESPONSIVE ANTENATAL AT THE NATIONAL LEVEL IN

GUATEMALA AND IN QUETZALTENANGO AND SAN MARCOS

ITEM 22: REPORT OF THE FIRST WORKSHOP WITH FACILITATORS FROM NEW

DISTRICTS IN THE DEPARTMENT OF SAN MARCOS.

ITEM 23: SUPPORT STRENGTHENING POLICIES AND PROTOCOLS FOR IMPROVING THE

QUALITY OF ANTENATAL IN QUETZALTENANGO AND SAN MARCOS

ITEM 24: STRENGTHENING POLICIES AND PROTOCOLS

ITEM 25: FACILITY-BASED STRATEGIES TO INCREASE INDIGENOUS WOMEN

ITEM 26: SUPPORT PRE SERVICE DEVELOPEMENT FOR MEDICAL STUDENTS AND

BUILD THEIR CAPACITY AS COMPASSIONATE HEALTH CARE PROVIDERS IN THE

FIELD.

ITEM 27: FONDATION SEROVIE IS THE LOCAL PARTNER OF THE RISE HAITI

PROJECT IMPLEMENTING THE PROJECT'S INTERVENTIONS WITHIN THE 5

DEPARTMENTS OF HAITI COVERED BY THE PROJECT'S SCOPE OF WORK

ITEM 28: SUPPORT COMMUNITY MOBILIZATION ACTIVITIES AND SUPPORT HEALTH

CENTER COMMUNITY HEALTH COACHING.

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 29: IMPROVEMENT OF QUALITY OF CARE FOCUS ON THE HEALTH OF MOTHER

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

ITEM 30: SUPPORT COMMUNITY MOBIIZATION ACTIVITIES SUPPORT HEALT ENTER

COMMUNITY HEALTH COACHING

ITEM 31: CONSTRUCTION OF WASH INFRASTRUCTURE

ITEM 32: HEALTH TECHNOLOGY

ITEM 33: PROVIDE MOBILE CLINIC OUTREACH SERVICES IN SUPPORT OF THE

ACCESS ACTIVITY IN MADAGASCAR

ITEM 34: ADVOCACY AROUND DOMESTIC RESOURCE MOBILIZATION, TARGETING

STATE AND LOCAL GOVERNMENTS IN FOCAL STATES

ITEM 35: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE

MANAGEMENT, DATA MANAGEMENT, AND MALARIA IN PREGNANCY

ITEM 36: BUILD THE CAPACITY OF PRIVATE SECTOR HEALTH FACILITY TO

DELIVER AND REPORT MALARIA CASE MANAGEMENT

ITEM 37: TOPAFA

ITEM 38: COST REIMBURSEMENT FOR JULY-DEC 2022 FY22 INVOICES

ITEM 39: COST REIMBURSEMENT FOR JULY-DEC 2022 FY22 INVOICES

ITEM 40: COVID 19 RESPONSE, MILESTONE 3, GRANT NO. 0649-SGM-2021-PHAU

ITEM 41: DELIVERABLE 1 FOR THE FIXED CONTRACT NO.

A0629-SSCS-2022-FP-SIGNALYTIC

ITEM 42: COST REIMBURSEMENTS FROM JAN-JUNE 2023

ITEM 43: COST REIMBURSEMENTS FROM JAN-JUNE 2023

ITEM 44: AMS-NEWS LETTER PUBLICATIONS

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

2022

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	501(C)(3)	1,068,830.	0.			MOBILE CLIENT OUTREACH SERVICES
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	1,250,315.	0.			WASH INFRASTRUCTURE AND TECHNICAL ADVICE
OVERSEAS STRATEGIC CONSULTING 1500 WALNUT STREET, SUITE 1300 PHILADELPHIA, PA 19102	23-2720769	FOR PROFIT	46,949.	0.			TECHNICAL ASSISTANCE FOR HEALTHY PRACTICES AND SBCC
DIMAGI INC 585 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	83-0343298	N/A	275,933.	0.			TECHNICAL ASSISTANCE
JHPIEGO (JOHN HOPKINS UNIVERSITY) 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	787,737.	0.			DESIGN, PLAN AND IMPLEMENT FOR SBC
AMERICAN COLLEGE OF NURSE MIDWIVES 8403 COLESVILLE ROAD SILVER SPRING, MD 20910	74-1685515	501(C)(3)	280,300.	0.			TECHNICAL ASSISTANCE FOR CLINICAL TRAINING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9.

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) 2022

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 ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA, IL 60143	36-2275597	501(C)(3)	257,945.	0.			TECHNICAL ASSISTANCE FOR CLINICAL TRAINING
UMASS 333 SOUTH STREET, STE. 450 SHREWSBURY, MA 01545	04-3167352	501(C)(3)	30,013.	0.			TECHNICAL ASSISTANCE
ACCESS HEALTH INTERNATIONAL 1016 FIFTH AVENUE, SUITE 11A/C NEW YORK, NY 10028	26-3709070	501(C)(3)	93,518.	0.			TECHNICAL ASSISTANCE IN PHC COSTING
BRAC USA, INC 110 WILLIAM STREET, 18TH FLOOR NEW YORK, NY 10038	20-8456741	501(C)(3)	210,713.	0.			TECHNICAL ASSISTANCE IN MNCH AND FP SERVICES
THE POPULATION COUNCIL, INC ONE DAG HAMMARSKJOLD PLAZA, 3RD FL NEW YORK, NY 10017	13-1687001	501(C)(3)	154,147.	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

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) 2022

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)	422,975.	51,890.	24,370.	16,888.	20,783.	536,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) COLLEEN MCGUFFIN CHIEF PEOPLE AND CULTURE OFFICER	(i)	262,271.	14,922.	3,839.	12,242.	20,473.	313,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANTOINE NDIAYE PROJECT DIRECTOR II	(i)	233,928.	0.	46,143.	9,219.	14,579.	303,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAUL ZIMMERMAN VP/GENERAL COUNSEL/SECRETARY	(i)	250,886.	0.	2,424.	15,446.	32,233.	300,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NORIO KASAHARA CHIEF OF PARTY/AFIAT	(i)	281,450.	0.	0.	5,004.	0.	286,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHEN MORGAN FINANCE DIRECTOR	(i)	219,762.	0.	34,742.	5,511.	25,506.	285,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALI RAJPOOT FINANCE DIRECTOR	(i)	217,348.	0.	40,602.	8,756.	14,405.	281,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) FRANCIS ABOAGYE-NYAME PORTFOLIO DIRECTOR	(i)	230,836.	0.	3,005.	13,783.	32,079.	279,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SEYDOU DOUMBIA SENIOR TECHNICAL MANAGER	(i)	210,137.	0.	30,618.	9,983.	25,506.	276,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CEDRIC YAMBABARIYE M&E DIRECTOR	(i)	133,379.	0.	122,064.	3,238.	14,579.	273,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JACOB HUGHES SENIOR TECHNICAL DIRECTOR	(i)	238,306.	0.	1,220.	14,759.	15,419.	269,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GORDON KIHUGURU VICE PRESIDENT/CFO	(i)	234,612.	10,350.	144.	7,026.	15,921.	268,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID HUMPHRIES CHIEF COMM. & EXT. AFFAIRS OFFICER	(i)	218,459.	0.	911.	13,744.	33,662.	266,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) FLORIDE NIYUHIRE PORTFOLIO DIRECTOR	(i)	212,756.	0.	27,337.	10,609.	7,171.	257,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DANA SANDSTROM VP/STRATEGY, BUS. DEV. & PARTNERSHIP	(i)	230,435.	12,851.	493.	11,597.	0.	255,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) HENRY HAPPY NGABO REGIONAL FINANCE DIRECTOR	(i)	118,434.	0.	107,657.	2,818.	13,204.	242,113.	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) JOHN DAMIAN YANULIS	(i)	185,491.	0.	1,751.	10,525.	32,412.	230,179.	0.
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MATTHEW GEMEDA	(i)	202,199.	0.	2,852.	11,768.	11,650.	228,469.	0.
ASSOCIATE VP - INTERNAL AUDIT	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DANIEL KRESS	(i)	200,870.	0.	2,934.	10,272.	13,934.	228,010.	0.
VP GHSI	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) RUDOLPH THETARD	(i)	191,645.	0.	2,758.	10,763.	22,727.	227,893.	0.
GLOBAL TECHNICAL LEADER	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CHRISTOPHER WELCH	(i)	180,037.	0.	902.	11,302.	31,652.	223,893.	0.
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) ADESUWA ADETOSOYE	(i)	188,272.	3,391.	623.	4,861.	22,741.	219,888.	0.
VP/GLOBAL HEALTH PROGRAM DELIVERY	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) KATHLEEN ALVAREZ	(i)	174,660.	0.	927.	8,671.	30,233.	214,491.	0.
TALENT ACQUISITION SR. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) STEPHANIE ARMAND XUERE	(i)	186,134.	0.	0.	4,435.	0.	190,569.	0.
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) GORDON COMSTOCK	(i)	154,163.	0.	6,107.	9,437.	16,235.	185,942.	0.
VP PDG	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

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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, DESCRIPTION OF PROGRAM SERVICE:

STRENGTHENING HEALTH SYSTEMS TO SUPPORT UNIVERSAL HEALTH COVERAGE:

PROVIDING QUALITY HEALTH CARE TO SOMEONE WHO NEEDS IT, WHEN AND WHERE

THEY NEED 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

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

Schedule O (Form 990) 2022

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TO EVERYONE WHO NEEDS THEM. MSH STRENGTHENS HEALTH SYSTEMS TO
SUSTAINABLY 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 4B, DESCRIPTION OF PROGRAM SERVICE:

INFECTIOUS DISEASES:

OUR PROGRAMS BUILD CAPACITY AT ALL LEVELS OF A HEALTH SYSTEM: FROM
HOSPITAL STAFF KNOWING HOW TO PREVENT AN INFECTION, VILLAGE SENTINELS
REPORTING A SUSPICIOUS DISEASE OUTBREAK, PHARMACISTS KEEPING PRODUCTS
AVAILABLE, TO STRENGTHENING DISEASE SURVEILLANCE SYSTEMS, REINFORCE
STRONG NATIONAL PUBLIC HEALTH SYSTEMS AND WORKFORCES, AND INTRODUCE AND
SCALE NEW TOOLS TO PREVENT AND CONTROL INFECTIOUS DISEASES.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

ACCESS TO MEDICINES AND HEALTH TECHNOLOGIES:

STRONG HEALTH SYSTEMS ENSURE THAT ALL COMMUNITIES AND INDIVIDUALS HAVE
THE RIGHT MEDICINE, AT THE RIGHT DOSE, AT THE RIGHT TIME, AT AN
AFFORDABLE COST. ACCESS TO QUALITY MEDICINES CAN IMPROVE AND SAVE
LIVES. EQUALLY IMPORTANT IS THE KNOWLEDGE OF HOW TO PROPERLY USE THESE

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MEDICINES. MSH'S ACCESS TO MEDICINES PROGRAM BRINGS EXPERTISE AND
 PROVEN SOLUTIONS TO PUBLIC OFFICIALS, COMMUNITY LEADERS, AND
 INDIVIDUALS. WE DEVELOP STATE-OF-THE-ART TRAINING PROGRAMS AND TOOLS
 AND TRAIN PHARMACISTS IN SOME OF THE MOST VULNERABLE COUNTRIES IN THE
 WORLD TO ENABLE THEM TO RELY ON A STEADY SUPPLY OF SAFE, QUALITY
 MEDICINES AND TRAIN THEM HOW TO DISPENSE THEM PROPERLY. WE WORK TO
 EXPAND THE UNDERSTANDING OF WHAT IS REQUIRED TO DESIGN AND IMPLEMENT
 SUSTAINABLE MEDICINES BENEFIT PACKAGES AS A COMPONENT OF UNIVERSAL
 HEALTH COVERAGE - THROUGH PUBLIC AND PRIVATE HEALTH INSURANCE IN
 LOW-INCOME COUNTRIES. MSH'S PROGRAM ALSO SHARES GLOBAL PHARMACEUTICAL
 DATA ANALYTICS, ENSURES QUALITY OF MEDICINES, DEVELOPS PHARMACEUTICAL
 SOFTWARE, AND INNOVATES AND APPLIES PROVEN HEALTH TECHNOLOGIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WOMEN AND CHILD HEALTH, AND OTHER

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
 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

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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 ORGANIZATION AND FINANCING TO

SUPPORT ACCESSIBLE, AFFORDABLE, SUSTAINABLE SERVICES.

EXPENSES \$ 15,289,343. INCLUDING GRANTS OF \$ 2,349,730. REVENUE \$ 0.

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 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF

DIRECTORS. THE FORM 990 IS FILED AFTER REVIEW BY MEMBERS OF THE BOARD AUDIT

COMMITTEE.

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.

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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 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

Name of the organization

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AVAILABLE IN THE ORGANIZATION'S ANNUAL REPORT. THE 990 IS AVAILABLE ON THE

ORGANIZATION'S WEBSITE, MSH.ORG.

FORM 990, PART VII, SECTION A:

AFTER A REVIEW OF JOB RESPONSIBILITIES, SOME INDIVIDUALS NO LONGER MEET

THE KEY EMPLOYEE CLASSIFICATION BUT STILL REMAIN WITH THE ORGANIZATION

IN THE ROLE.

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

BALANCE SHEET REVALUATION

-2,784,064.

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

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Inspection**

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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-SWAZILAND - 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) 2022

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

[illegible]

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

[illegible]

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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	64,051.	FY23 RESERVE
(2) MEDSOURCE GROUP LIMITED	B	73,491.	EXP INCURRED
(3) MEDSOURCE GROUP LIMITED	D	1,091,544.	NOTES/NOTES REC
(4) MEDSOURCE GROUP LIMITED	L	2,277,873.	FY23 RESERVE
(5) MEDSOURCE GROUP LIMITED	N	2,277,873.	FY23 RESERVE
(6)			

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

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

[illegible]

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-SWAZILAND

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.

LINE 3 - MSH INDIA HEALTH MANAGEMENT PRIVATE LTD.

PRIMARY ACTIVITY: MSH INDIA HEALTH MANAGEMENT PRIVATE LIMITED (MSH

INDIA) IS A WHOLLY-OWNED, FOR-PROFIT SUBSIDIARY OF MSH INC. ITS

MEMORANDUM OF ASSOCIATION ALLOWS IT TO PARTICIPATE IN A WIDE RANGE OF

HEALTH-RELATED ACTIVITIES. IT WAS ESTABLISHED IN 2023 TO ENABLE MSH

INC. TO CONDUCT ACTIVITIES IN INDIA UNDER THE HEALTH SYSTEMS FOR

TUBERCULOSIS (HS4TB) CONTRACT WITH USAID. THE LOCAL REGISTRATION WAS

OBTAINED IN ORDER TO COMPLY WITH INDIA'S LAWS AND REGULATIONS.

CURRENTLY, MSH INC. SUBCONTRACTS WORK UNDER THE HS4TB AWARD TO MSH

INDIA WHO THEN CONDUCTS HS4TB ACTIVITIES IN INDIA AND INVOICES MSH INC.

FOR ITS EXPENSES PLUS A SMALL MARKUP. THOSE ACTIVITIES ARE PRIMARILY

WORKING WITH INDIAN CENTRAL AND STATE GOVERNMENT TB AUTHORITIES TO

Part VII Supplemental Information

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

IMPROVE HOW THE LATTER PROCURE AND PAY PRIVATE SECTOR CONTRACTORS FOR

TB-RELATED DIAGNOSTIC, TREATMENT AND PUBLIC HEALTH ACTIVITIES SUCH AS

ACTIVE CASE FINDING AND CONTACT TRACING. THE HS4TB CONTRACT CURRENTLY

HAS AN END DATE OF JUNE 2025 THOUGH THERE IS A POSSIBILITY OF AN

EXTENSION. IF THE AWARD IS NOT EXTENDED, MSH INDIA WILL LIKELY COMPETE

FOR OTHER AWARDS IN THE HEALTH AND DEVELOPMENT SECTOR IN INDIA.