Form <b>990</b>
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Use Only

Firm's address

## \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury

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

J **Open to Public** 

Intern	ai Reven	ue service do to while sign of the most dottone and the	e lateot ili		inspection
ΑF	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and end	nding JT	JN 30, 2024	
<b>В</b> с ар	heck if oplicable	C Name of organization		D Employer identific	ation number
X	Addres	MANAGEMENT SCIENCES FOR HEALTH, INC.			
	Name change			04-2482188	
	Initial	×	loom/suite	E Telephone number	
		4201 WILSON BOULEVARD, SUITE 500		617-250-9500	
	termin- ated			<b>G</b> Gross receipts \$	169,609,984.
	Amend return			H(a) Is this a group ret	
	Applica	F Name and address of principal officer: MARIAN WENTWORTH			Yes X No
	pendin	<sup>9</sup> SAME AS C ABOVE		H(b) Are all subordinates inc	
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		ist. See instructions
	Vebsit			H(c) Group exemption	number
ΚF	orm of	organization: 🕱 Corporation 📄 Trust 📄 Association 📄 Other	L Year (		State of legal domicile: MA
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: (MSH) SA	AVES LIV	ES AND IMPROVES	
Activities & Governance		THE HEALTH OF THE WORLD'S POOREST (SEE SCHEDULE O)			
Lua	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	ets.
o ve	3	Number of voting members of the governing body (Part VI, line 1a)			13
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b) $\dots$			13
se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			302
Ţ		Total number of volunteers (estimate if necessary)			14
<b>V</b> cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		171,171,736.	166,834,600.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
se		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		689,723.	899,345.
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,424.	1,109,301.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		171,863,883.	168,843,246.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		34,677,075.	30,266,704.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		81,770,717.	85,496,631.
sua		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 9,54		F0 170 110	E1 140 0EC
"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,178,119.	51,148,856.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		168,625,911.	166,912,191.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12	 Ro	3,237,972. ginning of Current Year	1,931,055. End of Year
Net Assets or Fund Balances	<b></b>			71,800,085.	73,661,296.
Bala	20	Total assets (Part X, line 16)		33,854,817.	32,729,444.
let ∕	21	Total liabilities (Part X, line 26)		37,945,268.	40,931,852.
$ \mathbf{P}_a $	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		57,545,200.	40,991,092.
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts and to the best of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			knowledge and belief, it is
<u>1100</u> ,	CONTCC	TAXPAYER COPY	πρισμαισι		
Sign		Signature of officer		Date	
Sigr Here		GORDON KIHUGURU, VP/CFO			
I ICI (	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid			tuer 1	2/20/2024 self-employed	
Prep		Firm's name GRANT THORNTON ADVISORS LLC	~	•••• ••••	9-1856619

<u>Phone no.</u>(617) 723-7900 May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2023)

No

X Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

53 STATE STREET, SUITE 1600

BOSTON, MA 02109

Form	1990 (2023) MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
	SEE SCHEDULE U	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •
	revenue, if any, for each program service reported.	, the total expenses, and
4a	(Code:) (Expenses \$51,141,020. including grants of \$15,443,163. ) (Revenue	•\$ 0.)
		··· /
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$40,530,830. including grants of \$5,200,738. ) (Revenue	e\$)
	SEE SCHEDULE O	
	(Code:) (Expenses \$33,281,688. including grants of \$8,585,157. ) (Revenue	e\$0.)
4c	(Code:) (Expenses \$33,281,688. including grants of \$8,585,157. ) (Revenue	۶ <u> </u>
	SEE SCHEDULE O	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 2,541,092. including grants of \$ 1,037,646.) (Revenue \$	0.)
4e	Total program service expenses     127,494,630.	
		Form <b>990</b> (2023)
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Part IV Checklist of Required Schedules

MANAGEMENT SCIENCES FOR HEALTH, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	1
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? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	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? If "Yes," complete Schedule I, Parts I and II	21	х	
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			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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete			
	Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	X	
rai	Charly if Cabady la Constains a reasonance ar note to any line in this Dart V			X
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<b>V</b>	
4-	Enter the number reported in box 3 of Form 1096. Enter $-0$ , if not applicable 120		Yes	No
ז b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a120Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	х	
33200/	(gambling) winnings to prize winners?			ı (2023)
002002	1	1 0111		(-020)

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Par	rt 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,	ſ			
	filed for the calendar year ending with or within the year covered by this return 2a	302			
b			2b	х	
3a		Г	3a		x
b		F	3b		
		·····	00		<u> </u>
чa			4.0	х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	·····	4a		
a					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a			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
С	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 sc	olicit			
	any contributions that were not tax deductible as charitable contributions?	L	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		he navor?	7a		x
		Г	7b		
b		·····	10		
С			_		
	to file Form 8282?	·····	7c		X
d					
е	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 requ	ired?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098-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.				
а			9a		
b		Г	9b		
10	Section 501(c)(7) organizations. Enter:	·····	0.0		
a					
b					
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b					
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans				
с					
			140		x
14a			14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·····	14b		<u> </u>
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?	·····	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	[	16		X
	If "Yes," complete Form 4720, Schedule O.				
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?		17		
	If "Yes," complete Form 6069.	·····			
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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		13		
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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			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:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	. 9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?		Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	х	
-	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
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_0			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(		availal	hla
10	for public inspection. Indicate how you made these available. Check all that apply.	JS Officy	avanai	DIC
	X       Own website       Another's website       X       Upon request       X       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	rial	
13			Jial	
	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			
20	GORDON KIHUGURU - 617-250-9500			
20	GORDON KIHUGURU - 617-250-9500 4201 WILSON BLVD., SUITE 500, ARLINGTON, VA 22203			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		Х
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	te this table for all persons required to be listed. Depend as representing for the colorday required in the		

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-NEĆ) 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) (B)					C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	Individual trustee or director	Institutional trustee	_	mploy	st col	L.	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) MARIAN WENTWORTH	40.00									
CHIEF EXECUTIVE OFFICER & PRESIDENT	0.00			х				527,823.	0.	70,525.
(2) NORIO KASAHARA	40.00									
CHIEF OF PARTY, AFIAT	0.00				х			374,619.	0.	23,162.
(3) PAUL ZIMMERMAN	40.00									
VICE PRESIDENT & GENERAL COUNSEL	0.00			Х				297,260.	0.	71,556.
(4) ADESUWA ADETOSOYE	40.00									
VICE PRESIDENT PDG	0.00				х			285,136.	0.	64,628.
(5) COLLEEN MCGUFFIN	40.00									
CPO & EXECUTIVE VP	0.00				Х			294,167.	0.	52,350.
(6) DAN SCHWARZ	40.00									
VICE PRESIDENT - GHSI	0.00				Х			282,879.	0.	62,197.
(7) GORDON KIHUGURU	40.00									
VP- CHIEF FINANCIAL OFFICER	0.00			х				265,792.	0.	65,126.
(8) ANTOINE NDIAYE	40.00									
PROJECT DIRECTOR II	0.00					х		295,636.	0.	27,540.
(9) SEYDOU DOUMBIA	40.00									
SENIOR TECHNICAL MANAGER	0.00					х		262,477.	0.	53,803.
(10) STEPHEN MORGAN	40.00									
FINANCE DIRECTOR	0.00				Х			267,800.	0.	48,019.
(11) ELKE KONINGS	40.00									
SENIOR TECHNICAL DIRECTOR	0.00					X		249,571.	0.	63,719.
(12) ALI RAJPOOT	40.00									
FINANCE DIRECTOR	0.00				Х			277,701.	0.	25,147.
(13) FLORIDE NIYUHIRE	40.00									
PORTFOLIO DIRECTOR	0.00					X		267,243.	0.	33,865.
(14) DANA SANDSTROM	40.00									
VP/STRATEGY, BUS. DEV. & PARTNERSHIP	0.00				х			265,856.	0.	32,730.
(15) DAVID HUMPHRIES	40.00									
ASSOCIATE VP - COMMUNICATIONS	0.00				Х			231,792.	0.	65,127.
(16) JACOB HUGHES	40.00									
SENIOR TECHNICAL DIRECTOR	0.00	L				x		260,914.	0.	33,025.
(17) FRANCIS ABOAGYE-NYAME	40.00									
PORTFOLIO DIRECTOR	0.00				Х			228,770.	0.	62,001.
332007 12-21-23				_	_					Form <b>990</b> (2023)

13481220 153424 0199872-00005

Form 990 (2023) MANAGEMENT SCIENCES FOR HEALTH, INC. 04-2482188 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Name and title Average			Pos				Reportable	Reportable		Es	timate	d
	having man			ss per	son i	than o s both	n an	compensation	compensation	ו ו	an	nount	of
	week	offic	cer an	d a di	irecto	or/trus	tee)	from	from related			other	
	(list any	ctor						the	organizations	;	com	pensa	tion
	hours for	r dire				ed		organization	(W-2/1099-MIS	C/	fr	om the	e
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizati	on
	organizations	l trus	nal tr		oyee	duo		1099-NEC)			and	d relate	ed
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner				orga	anizatio	ons
	line)	Indi	Insti	Officer	Key	High	Former						
(18) KAMIAR KHAJAVI	40.00							050.045				21	c > c
PROJECT DIRECTOR III	0.00				X			250,045.		0.		31,	636.
(19) SERGE RAHARISON	40.00						v	226 280				40	005
PROJECT DIRECTOR III (20) KATHLEEN ALVAREZ	0.00 40.00						х	236,389.		0.		42,	985.
TALENT ACQUISITION SENIOR DIRECTOR	0.00	1					х	200,970.		٥.		56	029
(21) JOHN DAMIAN YANULIS	40.00						л	200,570.		<u>.</u>		50,	029.
PORTFOLIO DIRECTOR	0.00						х	199,246.		٥.		56	123.
(22) MATTHEW GEMEDA	40.00											,	
ASSOCIATE VP - INTERNAL AUDIT	0.00						х	224,118.		٥.		27.	295.
(23) RUDOLPH THETARD	40.00											/	
GLOBAL TECHNICAL LEAD	0.00	1					х	207,884.		٥.		39	479.
(24) CHRISTOPHER WELCH	40.00											,	
PORTFOLIO DIRECTOR	0.00						х	187,975.		٥.		57,	569.
(25) HENRY HAPPY NGABO	40.00							, -				,	
FINANCE DIRECTOR	0.00	1					х	211,644.		٥.		16,	953.
(26) STEPHANIE ARMAND XUEREF	40.00							,				,	
PORTFOLIO DIRECTOR	0.00	1					х	208,736.		٥.		10,	936.
1b Subtotal								6,862,443.		٥.	1	193,	
c Total from continuation sheets to Part VI								176,994.		0.			0.
d Total (add lines 1b and 1c)								7,039,437.		0.	1	193,	525.
2 Total number of individuals (including but no									000 of reportable				
compensation from the organization						,							153
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for su	uch individual				-		-	· · · ·	-		3	х	
4 For any individual listed on line 1a, is the su										··· [			
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	dule	Jf	or such individual	-		4	х	
5 Did any person listed on line 1a receive or a										ſ			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith c	or wi	thin	the organization's tax ye	ear.				
(A)								(B)		-	(0		
Name and business	address							Description of se	ervices	C	ompe	nsatior	ו 
S&S OPEN DEV LLC													
642 PICKFORD PL. NE, WASHINGTON, DC 2	20002						_	GOV'T CONTRACTOR				486,	524.
THINKWELL LLC													
1519 YORK ROAD, LUTHERVILLE, MD 21093	3						_	EDUCATIONAL SOFTWA	RE SOLUTIONS			349,	509.
PHARMACEUTICAL SYSTEMS AFRICA	0166											200	050
21177 BOSTON TERRRACE, STERLING, VA 2								SUBCONTRACTOR				308,	052.
BW HOSPITALITY LLC DBA PARK HYATT WAS												208	112
1201 24TH STREET NW, WASHINGTON, DC 2 STERLING COMPUTERS CORPORATION	10001						f	HOSPITALITY				298,	<u></u>
303 CENTENNIAL DRIVE, NORTH SIOUX, SI	57049						k	COMPUTER EQUIPMENT				282,	560,
2 Total number of independent contractors (ir		ot lin	nitec	to	thos	se lis			ore than			,	
\$100,000 of compensation from the organiz	•				18			,					
SEE PART VII, SECTION A CONTINU		TS									Form	<b>990</b> (2	2023)

Form 990 MANAGEMENT SCIENCES FOR HEALTH, INC. 04-2482188										
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A) (B) (C) (D) (E) (F)										
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(cl	check all that apply)				ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em j		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	stee			n sate				and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest com pensated em ployee				organizations
	below	vidual	itutior	er	Key employee	nest c	Former			-
	line)	Indi	Inst	Officer	Key	High	Forr			
(27) PAUL WAIBALE	40.00									
SR. PR. TECH. ADV., INFECT. DIS.	0.00						х	176,994.	0.	0.
(28) PETER BUIJS	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(29) MUSHTAQUE CHOWDHURY	3.00									
DIRECTOR (AS OF 03/2024)	0.00	Х						0.	0.	0.
(30) BETH DEHAMEL	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(31) CHARLES DOCKENDORFF	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(32) LATANYA MAPP FRETT	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(33) ROBERT HALLAGAN	3.00									
DIRECTOR (THRU 12/2023)	0.00	Х						0.	0.	0.
(34) JOHN ISAACSON	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(35) JOHN MASTERSON	3.00									
DIRECTOR	0.00	х			<u> </u>			0.	0.	0.
(36) W. GYUDE MOORE	3.00							0	0	0
DIRECTOR	0.00	Х						0.	0.	0.
(37) BERNARD NAHLEN	3.00							0	0	0
DIRECTOR	0.00	Х						0.	0.	0.
(38) LESLYE OBIORA	3.00							0	0	0
DIRECTOR	0.00	X						0.	0.	0.
(39) MUHAMMAD PATE	3.00							0	0	0
DIRECTOR (THRU 09/2023)	0.00	X						0.	0.	0.
(40) MAGDA ROBALO DIRECTOR (AS OF 03/2024)	3.00							0	0	0
(41) NANKHONDE KASONDE VAN DEN BROE	0.00	X						0.	0.	0.
DIRECTOR (AS OF 06/2024)	0.00	х						0.	0.	0
	0.00	^						0.	0.	0.
		1								
		1								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u> .	<u></u> .		<u></u> .		176,994.		

332201 04-01-23

and the field campaigns     tag     tag       b     Membership dus     tag       c     Fundasing events     tag       td     tag     tag       td     tag <t< th=""><th>Form</th><th></th><th></th><th>020/</th><th></th><th>CIENCES</th><th>FOR HEALTH,</th><th>INC.</th><th></th><th>04-248218</th><th>8 Page <b>9</b></th></t<>	Form			020/		CIENCES	FOR HEALTH,	INC.		04-248218	8 Page <b>9</b>
Total revenue         O(A) Total revenue         Petted or exempt function revenue         CC balances method balances metho	Pa	rt V	111	Statement of Rev	venue						
Total revenue         Related or exemple building events         In- the the the the the the the the the the				Check if Schedule O c	ontains a re	esponse (	or note to any line	e in this Part VIII			
By Membership Ques         ID           c         Fundating events         ID           d         Related organizations         ID           d         Related organizations         ID           g         Government grants (contributions)         ID           g         Related organizations         ID           g         Related organizations         ID           g         Related organizations         ID           g         Related organizations         ID           g         Relates         ID           g </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>• •</th> <th>Related or exempt</th> <th>Unrelated</th> <th><b>(D)</b> Revenue excluded from tax under sections 512 - 514</th>								• •	Related or exempt	Unrelated	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
By Membership Ques         ID           c         Fundating events         ID           d         Related organizations         ID           d         Related organizations         ID           g         Government grants (contributions)         ID           g         Related organizations         ID           g         Related organizations         ID           g         Related organizations         ID           g         Related organizations         ID           g         Relates         ID           g </td <td>s S</td> <td>1</td> <td>a</td> <td>Federated campaigns</td> <td></td> <td>1a</td> <td></td> <td></td> <td></td> <td></td> <td></td>	s S	1	a	Federated campaigns		1a					
Business Code         Business Code         Maintess	ant										
Business Code         Business Code         Maintess	ອີຍີ										
Business Code         Business Code         Maintess	ífts,										
Business Code         Business Code         Maintess	nila nila						151,382,657.				
Business Code         Business Code         Maintess	Sin						, , .				
Business Code         Business Code         Maintess	her					1f	15,451,943.				
Business Code         Business Code         Maintess	o <u>t</u> i Ott						, , .				
Business Code         Business Code         Maintess	no		-		_			166,834,600.			
Be         Image: Section of the sectine sect section of the section of the section of the sec	0.0					<u></u>	1	, , -			
Be         Image: Section of the sectine sect section of the section of the section of the sec	đ	2	а								
Instruction         Instruction <thinstruction< th=""> <thinstruction< th=""></thinstruction<></thinstruction<>	< <u>vic</u>		. 7								
Instruction         Instruction <thinstruction< th=""> <thinstruction< th=""></thinstruction<></thinstruction<>	Ser		-								
Instruction         Instruction <thinstruction< th=""> <thinstruction< th=""></thinstruction<></thinstruction<>	Rel a										
Instruction         Instruction <thinstruction< th=""> <thinstruction< th=""></thinstruction<></thinstruction<>	Be		-								
g Total. Add lines 2a:21	Pro		-	All other program service r	evenue						
3         investment income (including dividends, interest, and other similar amounts)         610,464.         610,464.           4         income from investment of tax-exempt bond proceeds         610,464.         610,464.           5         Royalties         0         0           6 a         Gross rents         6a         0         0           6 a         Gross rents         6a         0         0           6 a         Gross rents         6a         0         0           b         Less: rental expenses         6b         0         0           6 Royalties         0         0         Sec         0         0           6 Not rental income or (loss)         1         0         Sec.ord         0         0           7 a         Gross amount from sales of including \$											
other similar amounts)         610,464.         610,464.           income from investment of tax exempt bond proceeds         610,464.         610,464.           Royaties         (i) Real         (ii) Personal         62           a Gross rents         62         (iii) Personal         62           a Gross rents         66         (iii) Personal         (iiii) Personal           a Gross rents         66         (iii) Personal         (iii) Personal           a Gross rents         66         (iii) Personal         (iii) Personal           a Gross rents         66         (iii) Personal         (iiii) Personal           a Gross income from sales of assts other than investor         7a         (i) Securities         (iii) Other           a Gross income from fundraising events (not including \$		3									
4         Income from investment of tax-exempt bond proceeds         Image: constraint of the second					-			610,464.			610,464.
Ba         Grass rents         Ga         (i) Real         (ii) Personal           b         Less: rental expenses         Gb		4	I								
Ba         Grass rents         Ga         (i) Real         (ii) Personal           b         Less: rental expenses         Gb		5	F	Royalties							
b         Less: rental expenses         6b											
b         Less: rental expenses         6b		6	a (	Gross rents	6a						
a         c         Rental income or (loss)         6c			bι		6b						
7 a Gross amount from sales of assets other than inventory       (i) Securities (ii) Other / 7a 1, 055, 619.         b Less: cost or other basis       7b 756, 738.         c Gain or (loss)       7c 288, 881.         d Net gain or (loss)       7c 288, 881.         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       288, 881.         b Less: direct expenses       8a         c Ross income from gaming activities. See       9a         part IV, line 18       8a         b Less: direct expenses       9b         c Net income or (loss) from fundraising events       9a         part IV, line 19       9a         b Less: cost of goods sold       10a         c Net income or (loss) from gaming activities.       9a         g Gross income from gaming activities.       9a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory.       9a         g Gross sales of inventory.       9a         g Gross income from gaming activities.       10a         c Net income or (loss) from sales of inventory.       10a         g Allowances       10a         g Gross allos of inventory.       1,109,301.         c Net income or (loss) from sales of inventory.       1,1,109,301. </td <td></td> <td></td> <td></td> <td></td> <td>6c</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>					6c						
99       1       1       0.55, 619.       1         b       Less: cost or other basis and sales expenses       76       738.       1         c       Gain or (loss)       76       738.       288,881.       288,881.         d       Net gain or (loss)       76       738.       288,881.       288,881.       288,881.         d       Net gain or (loss)			d I	Net rental income or (loss)							
But Less: cost or other basis and sales expenses         766,738.           c Gain or (loss)         766,738.           c Gain or (loss)         288,881.           d Net gain or (loss)         288,881.           a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18         288,881.           b Less: direct expenses         8b           c Net income or (loss) from fundraising events         0           g Gross income from gaming activities. See Part IV, line 19         9a           g Gross sincome from gaming activities. See Part IV, line 19         9a           g Gross sincome from gaming activities. See Part IV, line 19         9a           g Gross sincome from gaming activities         0           c Net income or (loss) from gaming activities         0           g Gross acles of inventory, less returns and allowances         0a           b Less: cost of goods sold         0b           c Net income or (loss) from sales of inventory         0           g Gross income or (loss) from sales of inventory         0           g Gross income or (loss) from sales of inventory         0           c All other revenue		7	<b>a</b> (	Gross amount from sales of	(i) Se	curities	(ii) Other				
Product         To         766,738.         288,881.         28			6	assets other than inventory	<b>7a</b> 1,05	55,619.					
Vertice         Gain or (loss)         Tc         288,881.         288,81.         288,81. <t< td=""><td></td><td></td><td>bι</td><td>Less: cost or other basis</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			bι	Less: cost or other basis							
d       Net gain or (loss)       288,881.       288,881.       288,881.         8       Gross income from fundraising events (not including \$of contributions reported on line 1c). See      of      of         9       A       Gross income from fundraising events      of      of         9       Gross income or (loss) from fundraising events      of      of         9       Gross income from gaming activities. See      of      of         9       Gross sincome from gaming activities. See      of      of         0       Gross sales of inventory, less returns and allowances	an		â			56,738.					
d       Net gain or (loss)       288,881.       288,881.       288,881.         8       Gross income from fundraising events (not including \$of contributions reported on line 1c). See      of      of         9       A       Gross income from fundraising events      of      of         9       Gross income or (loss) from fundraising events      of      of         9       Gross income from gaming activities. See      of      of         9       Gross sincome from gaming activities. See      of      of         0       Gross sales of inventory, less returns and allowances	ven		c (	Gain or (loss)	7c 28	38,881.					
source       contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events			d i	Net gain or (loss)		<u></u>		288,881.			288,881.
source       contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events	Jer	8	<b>a</b> (	Gross income from fundraisin	ig events (no	ot					
Part IV, line 18       Ba         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events       9         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       9         c       Net income or (loss) from gaming activities       0         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       0         d       It a       VAT REFUND ADJUSTMENT       Business Code         900099       1,109,301.       1,109,30         c	đ		i	including \$		of					
b       Less: direct expenses       8b       Ab       Ab         9 a       Gross income from gaming activities. See Part IV, line 19       9a       Ab       Ab         b       Less: direct expenses       9b       Ab       Ab       Ab         b       Less: direct expenses       9b       Ab       Ab       Ab         c       Net income or (loss) from gaming activities       Ab       Ab       Ab       Ab         10 a       Gross sales of inventory, less returns and allowances       10a       Ab       Ab       Ab         b       Less: cost of goods sold       10b       Ab       Ab       Ab       Ab         c       Net income or (loss) from sales of inventory       Business Code       Ab					-						
set       Net income or (loss) from fundraising events       set       set <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a       9a       9a       9a       9a       9b       <											
Part IV, line 19       9a       9a       9a       9b       9c       9c<											
b       Less: direct expenses       9b       Image: section of the sectin of the sectin of the sectin of the section of the sect		9									
c       Net income or (loss) from gaming activities       Image: state of inventory, less returns and allowances       Image: state of inventof inventory, less returns											
10 a       Gross sales of inventory, less returns and allowances       10a       Image: Construction of the second of the seco						·····					
and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: cost of goods sold         11 a       VAT REFUND ADJUSTMENT       900099       1,109,301.         b						vities					
b       Less: cost of goods sold       10b       Image: contract of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: contract of goods sold       Image: contract of goods		10									
Business Code         Image: Column Strength Strengt Strengt Strength Strength Strength Strengt Strength Strength S											
Business Code     Model       11 a     VAT REFUND ADJUSTMENT     900099     1,109,301.     1,109,301.       b     900099     1,109,301.     1.000000000000000000000000000000000000						·····					
11 a       VAT REFUND ADJUSTMENT       900099       1,109,301.       1,109,30         b			c I	Net income or (loss) from s	sales of inve	entory					
e         Total. Add lines 11a-11d         1,109,301.           12         Total revenue. See instructions         168,843,246.         0.         0.         2,008,64	ŝ							1 100 000			1 100 55
e         Total. Add lines 11a-11d         1,109,301.           12         Total revenue. See instructions         168,843,246.         0.         0.         2,008,64	eou	11	a <u>`</u>	VAT REFUND ADJUSTMEN	N'1'		900099	1,109,301.			1,109,301.
e         Total. Add lines 11a-11d         1,109,301.           12         Total revenue. See instructions         168,843,246.         0.         0.         2,008,64	lan		b _								
e         Total. Add lines 11a-11d         1,109,301.           12         Total revenue. See instructions         168,843,246.         0.         0.         2,008,64	Sev		-								
e         Total. Add lines 11a-11d         1,109,301.           12         Total revenue. See instructions         168,843,246.         0.         0.         2,008,64	Mis							1 100 000			
					ns			100,043,246.	۰ <b>۰</b>	۰. ۱	Form <b>990</b> (2023

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MANAGEMENT SCIENCES FOR HEALTH, INC.

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

Part IX Statement of Functional Expenses

04-2482188 Page **10** 

### Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 2,861,645 2,861,645 and domestic governments. See Part IV, line 21 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 27,405,059. 27,405,059. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 2,925,281. 1,194,395. trustees, and key employees 4,119,676. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 69,579,155. 50,393,337. 19,177,896. 7,922. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,205,166 3,009,583. 1,195,103 480. 6,546,441 4,387,290 2,158,228 923. Other employee benefits 9 1,046,193 479,662. 566,309 222. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 398,585. 128,370. 270,215. b Legal 685,641 387,426 298,215 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 7,523,902 6,975,728. 548,174 column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 581,266 4,271,140. 3,689,874. 13 Office expenses \_\_\_\_\_ 4,113,422 1,988,547. 2,124,875 14 Information technology 15 Royalties 5,709,731 2,189,232. 3,520,499 16 Occupancy 12,700,883 10,130,281. 2,570,602 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 436,986 704,777. Conferences, conventions, and meetings ..... 1,141,763 19 278. 278. 20 Interest Payments to affiliates 21 372,543 4,657, 367,886 22 Depreciation, depletion, and amortization ..... 1,206,723 585,781 620,942. 23 Insurance 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 0.) SUBCONTRACT COSTS 6,950,895. 6,609,276. 341,619 а EQUIPMENT AND SUPPLIES 3,474,094 3,479,556 5,462 b RESERVE FOR INVESTMENT 1,639,796. 1,639,796. С 57,339 BAD DEBT 952,955. 895,616. d 1,043 1,043 All other expenses е 127,494,630 9,547. 166,912,191 39,408,014 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

332010 12-21-23

Check here

13481220 153424 0199872-00005

educational campaign and fundraising solicitation.

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

Form **990** (2023)

332011 12-21-23

13481220 153424 0199872-00005

Net Assets or Fund Balances

9,348,051.

33,854,817.

34,599,688.

3,345,581.

37,945,268.

71,800,085.

25

26

27

28

29

30

31

32

33

Investments - other securities. See Part IV, line 11 1,512,506. 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 10,733,492. Other assets. See Part IV, line 11 15 71,800,085. Total assets. Add lines 1 through 15 (must equal line 33) 16 15,422,500. Accounts payable and accrued expenses 17 18 Grants payable 9,084,266. 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24

X

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

	Check if Schedule O contains a response or note to any line in this Part X						
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
1	Cash - non-interest-bearing			10,256,033.	1	10,137,204.	
2	Savings and temporary cash investments			8,706,592.	2	8,039,354.	
3	Pledges and grants receivable, net				з		
4	Accounts receivable, net			20,167,093.	4	23,877,901.	
5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst						
	controlled entity or family member of any of the	e person	s		5		
6	Loans and other receivables from other disqualit	fied perso	ons (as defined				
	under section 4958(f)(1)), and persons described	l in sectio	n 4958(c)(3)(B)		6		
7	Notes and loans receivable, net			1,116,187.	7	1,345,181.	
8	Inventories for sale or use				8		
9	Duanaid averages and defensed descence			3,856,904.	9	3,587,192.	
10a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	5,165,198.				
b	Less: accumulated depreciation	10b	4,756,334.	215,138.	10c	408,864.	
11	Investments - publicly traded securities			15,236,140.	11	17,197,027.	
12	Investments - other securities. See Part IV. line 1	1,512,506.	12	1,510,556.			

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Page 11

7,558,017.

73,661,296.

17,236,440.

6,806,030.

8,686,974.

32,729,444.

37,630,211.

3,301,641.

40,931,852.

73,661,296.

Form 990 (2023)

Form 990 (2023)

Assets

13 14

15

16

17 18

19

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31

32

33

of Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Liabilities

Part X Balance Sheet

Form	1990 (2023) MANAGEMENT SCIENCES FOR HEALTH, INC.	04-248218	8	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	168,	843,	246.
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,	912,	191.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	931,	055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,	945,	268.
5	Net unrealized gains (losses) on investments	5	1,	275,	463.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-23,	213.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		196,	721.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	40,	931,	852.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	I
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

# **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
2023
Open to Public Inspection

Nan	Name of the organization Employer identification number								
		MANAGE	MENT SCIENCES F	OR HEALTH, INC.					04-2482188
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	nization is not a private found	lation because it is: (	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative				)(b)(1)(A)(ii	ii).		
4		A medical research organiz					-	.)(iii). Enter	the hospital's name,
		city, and state:							-
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0							
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					ne general i	oublic described in
		section 170(b)(1)(A)(vi). (C	-	i i i	5			5	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	$\square$	An agricultural research org				ed in coniu	unction with a	land-grant	college
		or university or a non-land-g	-			-		-	-
		university:		( , , , , , , , , , , , , , , , , , , ,				0	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities related to its exen							
		income and unrelated busir							-
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g	Pro	vide the following informatior							
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	<b>(f)</b> Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	124,338,488.	145,214,756.	154,193,320.	171,171,736.	166,834,600.	761,752,900.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge $\dots$												
4	Total. Add lines 1 through 3	124,338,488.	145,214,756.	154,193,320.	171,171,736.	166,834,600.	761,752,900.						
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.						761,752,900.						
Sec	ction B. Total Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	<b>(f)</b> Total						
7	Amounts from line 4	124,338,488.	145,214,756.	154,193,320.	171,171,736.	166,834,600.	761,752,900.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources	331,088.	209,362.	459,493.	694,947.	610,464.	2,305,354.						
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.)				2,424.	1,109,301.	1,111,725.						
11	Total support. Add lines 7 through 10						765,169,979.						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12							
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)							
	organization, check this box and stop	bhere											
Sec	ction C. Computation of Publi	c Support Per	centage										
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	99.55 %						
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	99.70 %						
<b>1</b> 6a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line <sup>.</sup>	14 is 33 1/3% or m	ore, check this bo	k and						
	stop here. The organization qualifies	as a publicly supp	orted organization				X						
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box						
	and stop here. The organization qual												
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,						
	and if the organization meets the fact												
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization								
b	10% -facts-and-circumstances test	-			-								
	more, and if the organization meets th	-											
	organization meets the facts-and-circu												
18	Private foundation. If the organization		•										
							(Form 990) 2023						

Schedule A	(Form	990	) 2023

## 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.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	iness under section 513 Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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 th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organiza	ition,
	check this box and stop here	<u></u>					
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					<del>, , , , , , , , , , , , , , , , , , , </del>	
	Investment income percentage for <b>20</b> Investment income percentage from a					17 18	<u>%</u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-21-23		,				A (Form 990) 2023
			16				, , ,

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

### 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

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

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332024 12-21-23

| 10b | | Schedule A (Form 990) 2023

MANAGEMENT SCIENCES FOR HEALTH, INC.

04-2482188 Page 5

Yes No

1

2

		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>b</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

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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (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.	
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. 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 ergepiration(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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	1	1	1	Check the box next to the metho	od that the organization use	d to satisfy the Integral Par	t Test during the year	r (see instructior
--	---	---	---	---------------------------------	------------------------------	-------------------------------	------------------------	--------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
-----	--	-------------------------	-----------------	---------------------	-----------------------------

18

- 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.
- 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.
- 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.** 

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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Sche	dule A (Form 990) 2023 MANAGEMENT SCIENCES FOR HEALTH, INC	•		04 - 2482188	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain ii</i>	n Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must c			·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
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	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting org	ganization (see	

instructions).

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe		1			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pr		5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	he organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	T	1	10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.			_		
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years			_		
h	Applied to 2023 distributable amount					
<u>i</u>	Carryover from 2018 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$			-		
	Applied to underdistributions of prior years			-		
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.			-		
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2023. Subtract lines 3h					
0						
	and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

MANAGEMENT SCIENCES FOR HEALTH. INC 04 - 2482188Schedule A (Form 990) 2023 Page 8 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 2019 AMOUNT: \$ Ο. 2020 AMOUNT: \$ Ο. 2021 AMOUNT: \$ Ο. 2022 AMOUNT: \$ 2,424. 2023 AMOUNT: \$ Ο. VAT REFUND ADJUSTMENT 2019 AMOUNT: \$ Ο. 2020 AMOUNT: \$ Ο. 2021 AMOUNT: \$ Ο. 2022 AMOUNT: \$ Ο. 2023 AMOUNT: \$ 1,109,301.

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Department of the Treasury	
Internal Revenue Service	
Name of the organization	

Name of the organization

Schedule B

(Form 990)

	MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### **Special Rules**

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

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

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

**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).

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

NAGEMENT	SCIENCES FOR HEALTH, INC.		04-2482188
art I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1                                </u>		\$147,401,494.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,134,725.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		\$3,339,351.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

13481220 153424 0199872-00005

23 2023.05010 MANAGEMENT SCIENCES FOR H 01998721

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

Page **2** 

Name of or	rganization		Employer identification number
IANAGEME	NT SCIENCES FOR HEALTH, INC.		04-2482188
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	

24

323453 12-26-23

Schedule B (Form 990) (2023)

### 13481220 153424 0199872-00005

2023.05010 MANAGEMENT SCIENCES FOR H 01998721

Page 3

Schedule B (Form 990) (2023)

Page **4** 

ame of organiz	ation			Employer identification number
ANAGEMENT S	CIENCES FOR HEALTH, INC.			04-2482188
Part III Exc	lusively religious, charitable, etc., contribution any one contributor. Complete columns (a)	through (e) and the following lin	e entry. For or	l(c)(7), (8), or (10) that total more than \$1,000 for the year ganizations
com	pleting Part III, enter the total of exclusively religious, c duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,00	0 or less for the	s year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, ar			elationship of transferor to transferee
	,,,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, and ZIP + 4		Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(a) Transfer		
		(e) Transfer o		slationabin of transforms to transforms
	Transferee's name, address, ar	u zir + 4	Re	elationship of transferor to transferee
3454 12-26-23				Schedule B (Form 990) (20

25

13481220 153424 0199872-00005

<ol> <li>Enter the amount of any excise tax incurred by the organization under section 4955</li> <li>Enter the amount of any excise tax incurred by organization managers under section 4955</li> <li>If the organization incurred a section 4955 tax, did it file Form 4720 for this year?</li> <li>Was a correction made?</li> <li>If "Yes," describe in Part IV.</li> <li>Part I-C</li> <li>Complete if the organization is exempt under section 501(c), except section 4000 for the filing organization for section 527 exempt function activities</li> <li>Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> </ol>	y excise tax incurred by organization managers under section 4955  rrred a section 4955 tax, did it file Form 4720 for this year?  art IV. <b>if the organization is exempt under section 501(c), except section 501(c)</b> rtly expended by the filing organization for section 527 exempt function activities  filing organization's funds contributed to other organizations for section 527  ties
<ul> <li>3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?</li> <li>4a Was a correction made?</li> <li>b If "Yes," describe in Part IV.</li> <li>Part I-C Complete if the organization is exempt under section 501(c), except section 5</li> <li>1 Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527</li> </ul>	arred a section 4955 tax, did it file Form 4720 for this year? art IV. <b>art IV.</b> <b>b if the organization is exempt under section 501(c), except section 501(c)</b> art ly expended by the filing organization for section 527 exempt function activities \$ <b>a</b> filing organization's funds contributed to other organizations for section 527 ties \$ expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
<ul> <li>4a Was a correction made?</li> <li>b If "Yes," describe in Part IV.</li> <li>Part I-C Complete if the organization is exempt under section 501(c), except section 5</li> <li>1 Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527</li> </ul>	art IV. <b>b if the organization is exempt under section 501(c), except section 501(c)</b> tily expended by the filing organization for section 527 exempt function activities \$ e filing organization's funds contributed to other organizations for section 527 ties \$ expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
b If "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 5         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	art IV.
<ul> <li>Part I-C Complete if the organization is exempt under section 501(c), except section 5</li> <li>1 Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527</li> </ul>	e if the organization is exempt under section 501(c), except section 501(c)         ettly expended by the filing organization for section 527 exempt function activities         e filing organization's funds contributed to other organizations for section 527         ties         expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
<ol> <li>Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>Enter the amount of the filing organization's funds contributed to other organizations for section 527</li> </ol>	<ul> <li>sty expended by the filing organization for section 527 exempt function activities</li> <li>filing organization's funds contributed to other organizations for section 527</li> <li>sexpenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,</li> </ul>
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527	e filing organization's funds contributed to other organizations for section 527 ties \$ expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
	expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
exempt function activities	expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
<b>3</b> Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	

### Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

MANAGEMENT SCIENCES FOR HEALTH, INC.

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.

Pa	art I-A	Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 org	ganization.	
1 2 3	Political	a description of the organiz campaign activity expendit er hours for political campai					
Pa	art I-B	Complete if the org	anization is exempt unde	r section 501(c)(3)	).		
1	Enter the	e amount of any excise tax	incurred by the organization unde	r section 4955	\$		
2 Enter the amount of any excise tax incurred by organization managers under section 4955							
						Yes No	
_	o If "Yes," art I-C	describe in Part IV.	anization is exempt unde	r section $501(c)$	except section 501(c)	(3)	
			by the filing organization for sect				
			ization's funds contributed to othe				
-		00		0			
3			. Add lines 1 and 2. Enter here an		•		
					\$		
4			1120-POL for this year?				
5			nployer identification number (EIN				
		, 0	tion listed, enter the amount paid	0 0			
			omptly and directly delivered to a additional space is needed, provic			e segregated fund or a	
	political	. ,		1			
		<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and	
					funds. If none, enter -0	promptly and directly	
						delivered to a separate	
						political organization. If none, enter -0	
					1		

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

Schedule C (Form 990) 2023

Delitical	Compoint			
Political	Campaign	and	Lobbyin	g Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Name of organization

SCHEDULE C

(Form 990)

LHA 332041 11-06-23

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

04 - 2482188

23

		CES FOR HEALTH,			2482188 Page <b>2</b>
Part II-A Complete if the organ	nization is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
A Check if the filing organizatio	n belongs to an affi	iliated group (and list i	n Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share o	of excess lobbying	expenditures).			
B Check if the filing organizatio	n checked box A a	nd "limited control" pr	ovisions apply.		1
Limits ( The term "expendite)	on Lobbying Expe ures" means amou		.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influer	nce public opinion (	arassroots lobbying)			
<b>b</b> Total lobbying expenditures to influer					
c Total lobbying expenditures (add lines	•				
<b>d</b> Other exempt purpose expenditures					
e Total exempt purpose expenditures (a		n .			
f _Lobbying nontaxable amount. Enter t	he amount from the				
If the amount on line 1e, column (a) or (b		bying nontaxable an			
not over \$500,000,	20% of	the amount on line 1e	).		
over \$500,000 but not over \$1,000,00	00, \$100,00	00 plus 15% of the ex	cess over \$500,000.		
over \$1,000,000 but not over \$1,500,	000, \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
over \$1,500,000 but not over \$17,000	),000, \$225,00	00 plus 5% of the exce	ess 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 o	r less, enter -0-				
i Subtract line 1f from line 1c. If zero or	r less, enter -0-				
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this yea	ar?				Yes No
		eraging Period Unde	.,		-
(Some organizations that		01(h) election do not ate instructions for l		f the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	<b>(d)</b> 2023	(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) 2023

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

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(k	<b>)</b>
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
-			x		
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	x			
	Media advertisements?		x		
	Mailings to members, legislators, or the public?		x		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			18,275.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i				18,275.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>		
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(	5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th tIII-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	
Fa	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ie
	answered "Yes."			II-A, IIII€	0, 13
			4		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	car			
			20		
	Current year				
	Carryover from last year				
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?	Sittodi	4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
_	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II	A. lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,		
	F II-B, LINE 1, LOBBYING ACTIVITIES:				
LOBI	BY DAYS: 5				
ADV	DCACY LETTERS: 16				
TOP	ICS LOBBIED ON: THE FY2025 INTERNATIONAL AFFAIRS BUDGET, THE FY2024				
INT	ERNATIONAL AFFAIRS BUDGET, THE PRESIDENTS EMERGENCY PLAN FOR AIDS				
REL:	IEF (PEPFAR) APPROPRIATIONS AND AUTHORIZATION, GLOBAL HEALTH AND				

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Schedule C (Form 990) 2023

Part IV Supplemental Information (continued)

NUTRITION APPROPRIATIONS AND AUTHORIZATION, GLOBAL HEALTH SECURITY

### APPROPRIATIONS AND AUTHORIZATION, GLOBAL HEALTH SYSTEM STRENGTHENING

APPROPRIATIONS AND AUTHORIZATION, AND THE END TB NOW ACT.

Schedule C (Form 990) 2023

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	<b>O</b> urseland and			OMB No. 154	15-00/7	
	n 990) Complete if the orga	Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,				
Depart	ment of the Treasury	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to		
Interna	Il Revenue Service Go to www.irs.gov/Form99	90 for instructions and the latest information.		Inspectio		
Nam	e of the organization MANAGEMENT SCIENCES FOR HEA	АТ.ТН ТИС		identification 04-2482188	number	
Pa					è	
	organization answered "Yes" on Form 990, Part IV, lir				-	
		(a) Donor advised funds (	b) Funds and	d other accour	nts	
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	0				
_	are the organization's property, subject to the organization's			Yes	No No	
6	Did the organization inform all grantees, donors, and donor a	0 0				
	for charitable purposes and not for the benefit of the donor of		0			
Pa		rganization answered "Ves" on Form 990 Part IV		Yes	No No	
1	Purpose(s) of conservation easements held by the organizati					
•	Preservation of land for public use (for example, recrea		prically impor	tant land area		
	Protection of natural habitat	Preservation of a certi	•			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a co	nservation ea	asement on the	e last	
	day of the tax year.		Held	at the End of the	Tax Year	
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c			
d		• • •				
	on a historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organi	zation during	the tax		
	year	e construct for the state of				
4	Number of states where property subject to conservation ear Does the organization have a written policy regarding the per					
5	violations, and enforcement of the conservation easements i			Yes	No	
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ŭ			in cuscinicine	daning the ye		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	sements duri	ng the year		
•	Does each conservation easement reported on line 2d above	a action $170/h/(1/P)/i$				
8	•			Yes	No	
9	In Part XIII, describe how the organization reports conservati					
•	balance sheet, and include, if applicable, the text of the foot	-		the		
	organization's accounting for conservation easements.	5				
Pa	rt III Organizations Maintaining Collections or	f Art, Historical Treasures, or Other S	imilar Ass	sets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and bala	ance sheet w	orks		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furtherar	ice of public			
	service, provide in Part XIII the text of the footnote to its final					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherance	of public se	rvice,		
	provide the following amounts relating to these items.		*			
	(i) Revenue included on Form 990, Part VIII, line 1					
0		paguros, or other similar assets for financial gain, r				
2	If the organization received or held works of art, historical tree the following amounts required to be reported under FASB A		UVIDE			
а	Revenue included on Form 990, Part VIII, line 1	-	\$			
	Assets included in Form 990, Part X					
	,					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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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 IV, line 21.         Ia Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c Beginning balance       Id       Id       Id       Id       Id         d Additions during the year       Id       Id       Id       Id       Id       Id         2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No       If       Ves       No         b If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII       Im	Sche		SCIENCES FOR HE					04-248		Р	age 2
collection time (check all that apply). <ul> <li>Collection time (check all that apply).</li> <li>Collection time (check all that apply).</li></ul>	Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	easures, or	Othe	r Simila	r Assets	<b>i</b> (contii	nued)	
a       Public exhibition       d       Lan or exchange program         b       Scholarly research       e       Other	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that r	nake si	ignificant i	use of its			
b       Scholary research       e       Other         c       Previde 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 to to solic to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anount 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, line 21.       Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Intermediate Control Contrel Control Control Control C		collection items (check all that apply).									
c       Preservation for Vuture 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 solid or receive donations of art, historical treasures, or other similar assets       tes solt to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part V, line 9, or reported an anount on Form 990, Part X, line 21.         1a       is the organization and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Control (Control (Cont	а	Public exhibition	d	Loan or exc	hange progran	n					
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 donalitons of at, historical treasures, or other similar assets     to be solid to raise funds attend than to be maintained as part of the organization answered "Ves" on Form 990, Part X, line 9, or     reported an anount 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 X2     10 Both Part AX     11 Both organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X2     11 Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     12 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     12 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     12 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     12 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     12 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     12 Both the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?     12 Both the organization answered "Yes" on Form 990, Part X, line 10     12 Both the organization include an amount on Form 990, Part X, line 21, for escrew and load presents back.     13 Boginning of year balance     13 Dot 2, 255, 1, 0, 0, 243, 20, 40, 21, 478, 40     14 Content years back     14 Solid Gravitor of facilities     and programs     10 Dot 5     Forwide the escinated precentage of the current year end balance (li	b	Scholarly research	е	Other							
5         During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets         No           Part M         Escrow and Oustodial Arrangements         Complete if the organization is collection?         No           Part M         Escrow and Oustodial Arrangements         Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XP.         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount         Amount           c         Beginning balance         1d         1d         1d         1d           c         Distributions during the year         1d         1d         1d         1d           c         Ending balance         1f         1d         1d         1d         1d           c         Ending balance         1f         1d	с	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization is collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements         Complete if the organization answered "Yes" on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Interview in	4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization	's exer	mpt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements       Complete if the organization an aswerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21.         Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part IX       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         c       Beginning balance       Id       Id       Image: Complete intermediary for control table intermediary for control table intermediary for custodial account liability?       Yes       No         d       Additions during the year       Id       Image: Complete intermediary for escrow or custodial account liability?       Yes       No         d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         d       Did the organization an aswerd Yes?       No       If       Image: Complete inthe organization answerd Yes?       O       Image: Complete inthe organization answerd Yes?       Image: Complete inthe organization for form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete inthe organization for form 990, Part X, line 10.       Image: Complete inthe organization for form Part XIII. Check here i	5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	similar	assets				
reported an amount on Form 990, Part X, line 21.       Image: Control of Contrel of Control of Control of Control of Control											No
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       10         c       Beginning balance       10       Amount       10         d       Additions during the year       10       10       10         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       Contributions       (e) Four years hark       (f) Prior year       (f) Prior years hark       (f) Prior years hark         1a       Beginning of year balance       (f) Autors 255, 1, 0.40, 243, 1, 01, 245, 1, 01, 01, 2765, 1, 040, 243, 1, 01, 01, 2765, 1, 040, 243, 1, 01, 01, 2765, 1, 040, 243, 1, 01, 01, 2765, 1, 040, 243, 1, 01, 01, 01, 01, 01, 01, 01, 01, 01,	Par			te if the organization	n answered "Ye	es" on	Form 990	Part IV, li	ne 9, or		
or Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         2 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 in Part XIII       Part V       Indowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.       (e) Four years back (e) Four years back (e) Four years back (e) Four years back for facilities and programs       0.       0.       1.01.018, 765.       Contributions         e Other expenditures for facilities and programs       6.120.       42.832.       addition down and the and the second and th	- 1a			liary for contribution	s or other asse	ets not	included				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	14								Yes		No
c       Beginning balance       Amount         d       Additions during the year       1d         e       Distributions during the year       1d         2       Distributions during the year       1f         2       Distributions       Part V         Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       1, 101, 295, 1, 040, 243, 0, 0, 1, 0.18, 765, 0, 0, 0, 1, 0.18, 765, 0, 0, 0, 0, 0, 1, 0.18, 765, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	b							······ ∟			
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (e) Four years back       (e) Four years back         a Beginning of year balance       1, 101, 295, 1, 040, 243, 'V O, O, 1, 018, 765, .       .       .         b Contributions       0.       0, 1, 018, 765, .       .       .         c Stats or scholarships       6, 120, 42, 832, .       .       .       .         g End of year balance       1, 241, 529, 1, 101, 295, 1, 040, 243, .       .       .       .         g End of year balance       1, 241, 529, 1, 101, 295, 1, 040, 243, .       .       .       .       .         g End of year balance       1, 241, 529, 1, 1, 01, 295, 1, 040, 243, .       .       .       .       .       .       .         g End of year balance       1, 241, 529, 1, 1, 01, 295, 1, 040, 243, .       .       .       .       .       .       .       . </th <td></td> <td></td> <td></td> <td>ornig table.</td> <td></td> <td></td> <td></td> <td></td> <td>Amoun</td> <td>t</td> <td></td>				ornig table.					Amoun	t	
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (e) Four years back       (e) Four years back         a Beginning of year balance       1, 101, 295, 1, 040, 243, 'V O, O, 1, 018, 765, .       .       .         b Contributions       0.       0, 1, 018, 765, .       .       .         c Stats or scholarships       6, 120, 42, 832, .       .       .       .         g End of year balance       1, 241, 529, 1, 101, 295, 1, 040, 243, .       .       .       .         g End of year balance       1, 241, 529, 1, 101, 295, 1, 040, 243, .       .       .       .       .         g End of year balance       1, 241, 529, 1, 1, 01, 295, 1, 040, 243, .       .       .       .       .       .       .         g End of year balance       1, 241, 529, 1, 1, 01, 295, 1, 040, 243, .       .       .       .       .       .       .       . </th <td>с</td> <td>Beginning balance</td> <td></td> <td></td> <td></td> <td></td> <td>1c</td> <td></td> <td></td> <td></td> <td></td>	с	Beginning balance					1c				
e       Distributions during the year       1e         f       Ending balance       1f         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2n       Did the organization include an amount on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         4a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       0.       0.       1,018,765.       (c)       (c)       (c)       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c)       0.       0.       1,018,765.       (c)       <											
f       Ending balance											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds       Complete if the organization answered Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered Yes' on Form 990, Part V, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       0.       0.       1,011,295.       1,040,243.       0.       -         b       Contributions       0.       0.       1,018,755.       -											
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       0.       0									Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       0.       0.       0.       0.       0.       0.         b Contributions       0.       0.       0.       0.       1.018, 765.       0.         c Met investment earnings, gains, and losses       146, 354.       103, 884.       21, 478.       0.	b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided in Pa	rt XIII					
1a       Beginning of year balance       1,101,295.       1,040,243.       0.       0.         b       Contributions       0.       0.       1,018,765.	Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	rm 990, Part IV	, line 1	0.				
Image: State Stat			(a) Current year	<b>(b)</b> Prior year	(c) Two years	back	(d) Three y	/ears back	(e) Fou	r years	back
c       Net investment earnings, gains, and losses       146,354.       103,884.       21,478.         d       Grants or scholarships	1a	Beginning of year balance	1,101,295.	1,040,243.							
d Grants or scholarships	b	Contributions	0.	0.	1,018,	765.					
e Other expenditures for facilities and programs       6,120,42,832,433,433,433,433,433,433,433,433,433,4	с	Net investment earnings, gains, and losses	146,354.	103,884.	21,	478.					
and programs       6,120.       42,832.         f       Administrative expenses	d	Grants or scholarships									
f       Administrative expenses       1,241,529.       1,101,295.       1,040,243.         g       End of year balance       1,241,529.       1,01,295.       1,040,243.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a         a       Board designated or quasi-endowment       %         b       Permanent endowment       %         c       Term endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations?       init Network         (i)       Unrelated organizations?       3a(i)       X         ii)       Related organizations?       3a(ii)       X         d       Describe in Part XIII the intended uses of the organization's endowment funds.       4         Part VI       Land, Buildings, and Equipment       Ka) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         b       Buildings       963,574.       963,574.       0.       0.         c       Leasehold improvements       963,574.       963,574.       0.       0.         c       Leasehold improvements       963,574. <td>е</td> <td>Other expenditures for facilities</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	е	Other expenditures for facilities									
g End of year balance       1,241,529       1,101,295       1,040,243.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a         a Board designated or quasi-endowment      %         b Permanent endowment      %         c Term endowment      %         method year balance       %         b remanent endowment      %         c Term endowment funds not in the possession of the organization that are held and administered for the organizations?		and programs	6,120.	42,832.							
2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         me 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 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       Buildings         c       Leasehold improvements         b       963,574.       963,574.         c       Leasehold improvements       963,574.       0.         d       Equipment       3,048,563.       2,957,518.       91,045.         e       Other       1,153,061.       835,242.       317,819.	f	Administrative expenses									
a Board designated or quasi-endowment%         b Permanent endowment%         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 ff "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         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 Buildings	g					243.					
b       Permanent endowment%         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: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI</li> <li>Land, Buildings, and Equipment</li> </ul> <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> </ul> b         Buildings <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> </ul> 1a         Land <ul> <li>(a) Cost or other depreciation</li> <li>(b) So of a, 574.</li> <li>(c) Accumulated depreciation</li> <li>(c) Leasehold improvements</li> <li>(c) Accumulated depreciation</li> <li>(c) Leasehold improvements</li> <li>(c) Accumulated a, 2, 957, 518.</li> <li>(c) Other</li> <li>(c) Association (c) Association (c) Association (c) Association (c) Association (c) Assoc</li></ul>	2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	)) held as:						
c       Term endowment	а			_%							
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: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organization?</li> <li>(iii) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Leasehold improvements</li> <li>(f) Gost or other forganization?</li> <li>(ii) Cost or other forganis (other)</li></ul>	b	Permanent endowment100	%								
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Tyes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a     Land     Image: Cost or other basis (other)               b             Buildings             Image: Cost or other basis (other)             (c) Accumulated depreciation               1a             Land             Image: Cost or other basis (other)             (c) Accumulated depreciation <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Accumulated depreciation</li> <li>(c) Accumulated depreciation</li> <li>(c) Leasehold improvements</li> <li>(c) Accumulated depreciation</li>	С	Term endowment	%								
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       X         (ii)       Related organizations?       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3c       3c         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.       (d) Book value         Image: Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation       (d) Book value         1a       Land       1       1       1       1       1         b       Buildings       1       1       1       1       1       1         c       Leasehold improvements       963,574.       963,574.       0.       0.         d       Equipment       3,048,563.       2,957,518.       91,045.       91,045.         e       0ther       1,153,061.       835,242.       317,819.       317,819.			•								
(i)       Unrelated organizations?       3a(i)       X         (ii)       Related organizations?       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         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.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       963,574.       963,574.       0.         c       Leasehold improvements       963,574.       963,574.       0.         d       Equipment       3,048,563.       2,957,518.       91,045.         e       Other       1,153,061.       835,242.       317,819.	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	d for th	ne		i		
(ii) Related organizations?       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       963,574.       963,574.       0.         b Buildings       963,574.       963,574.       0.         c Leasehold improvements       963,574.       963,574.       0.         d Equipment       3,048,563.       2,957,518.       91,045.         e Other       1,153,061.       835,242.       317,819.		5 ,								Yes	I
(ii) Treated organizations:       Image: Construction of the related organizations listed as required on Schedule R?       Image: Construction of the organization of the organization of the organization of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Construction of the organization answered (depreciation depreciation deprecia											
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         1a       Land											X
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								3b		
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         1a       Land	4 Dar			wment funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Landb Buildingsc Leasehold improvements963,574.963,574.0.d Equipment3,048,563.2,957,518.91,045.e Other1,153,061.835,242.317,819.	I ai			Part IV line 11a S	Soo Form 000	Dart V	lino 10				
basis (investment)         basis (other)         depreciation           1a Land              b Buildings              c Leasehold improvements         963,574.         963,574.         0.           d Equipment         3,048,563.         2,957,518.         91,045.           e Other         1,153,061.         835,242.         317,819.									(.1) D	1	
b Buildings         963,574.         963,574.         0.           c Leasehold improvements         963,574.         963,574.         0.           d Equipment         3,048,563.         2,957,518.         91,045.           e Other         1,153,061.         835,242.         317,819.		Description of property		• •		• •		eα	( <b>a</b> ) Boo	k valu	e
b Buildings         963,574.         963,574.         0.           c Leasehold improvements         963,574.         963,574.         0.           d Equipment         3,048,563.         2,957,518.         91,045.           e Other         1,153,061.         835,242.         317,819.	1a	Land									
c         Leasehold improvements         963,574.         963,574.         0.           d         Equipment         3,048,563.         2,957,518.         91,045.           e         Other         1,153,061.         835,242.         317,819.											
d Equipment         3,048,563.         2,957,518.         91,045.           e Other         1,153,061.         835,242.         317,819.					963,574.						
e Other				3	,048,563.		2,957,	518.		91,	045.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part Y, line 10c, column (R)) 408,864.				1	,153,061.		835,	242.			
	<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	<u>X. line 10c. column</u>	<u>(B))</u>					408,	864.

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D	(Form 990) 2023	MANAGEMENT	SCIENCES	FOR H	EALTH,	INC.	
Part VII	Investments - Ot	her Securiti	es				
	o						~

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, line 12, col. (B))		

### 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. line 13. col. (B))		

### **Other Assets** Part IX

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) ROU LEASE ASSET	6,296,048.				
(2) OTHER ASSETS	1,261,969.				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,558,017.				
Part X Other Liabilities					

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ROU LEASE LIABILITY	8,686,974.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	8,686,974.

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

X Schedule D (Form 990) 2023

332053 09-28-23

13481220 153424 0199872-00005

Sche	dule D (Form 990) 2023 MANAGEMENT SCIENCES FOR HEALTH, IN	2.	04-2482188	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par	t XII Reconciliation of Expenses per Audited Financial Sta		ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information	R <u>.)</u>		
	••			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		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 an	y additional information.		
PART	X, LINE 2:			
UNCE	RTAIN TAX POSITIONS:			
UNDE	R ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING	FOR		
UNCE	RTAINTY IN INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE T	HE FINANCIAL		
STAT	EMENT EFFECTS ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX	RETURN		
PURP	OSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL NO	T BE		
SUST	AINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZ	ATION DOES		
NOT	BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS	AND,		
ACCO	RDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZ	ED TAX		
POSI	TIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME	ТАХ		
EXEM	PTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO	•		
<u> </u>	MTONALLY MUE ODGANIZAMION UNG BILED THE BODY 000 THEORY	TON DEMIDING		
	TIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMA	TTON ALTORNO,	Cohedula D /F	000) 0000
332054	<sup>4</sup> 09-28-23 <b>33</b>		Schedule D (Form	<del>990)</del> 2023
	55			

Part XIII Supplemental Information (continued)

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

REQUIRED. FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, THERE WERE NO

MATERIAL INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED

STATEMENT OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2023

332055 09-28-23

LHA 332071 11-29-23

SCHEDULE F (Form 990)

# 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.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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

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?

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region (b) Number of expenditures employees, offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA. PROVIDING INTERNATIONAL ARUBA, BAHAMAS 2 17 PROGRAM SERVICES HEALTH SYSTEMS SERVICES 606,015. EAST ASIA AND THE PACIFIC - AUSTRALIA. BRUNEI, BURMA, PROVIDING INTERNATIONAL CAMBODIA PROGRAM SERVICES HEALTH SYSTEMS SERVICES 5,419,530. 2 21 EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, PROVIDING INTERNATIONAL AUSTRIA, BELGIUM PROGRAM SERVICES HEALTH SYSTEMS SERVICES 0 7 1,381,238. MIDDLE EAST AND NORTH AFRICA -ALGERIA, BAHRAIN, PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES DJIBOUTI, EGYPT, PROGRAM SERVICES 1 10 1,810,042. RUSSTA AND NEIGHBORING STATES -ARMENIA, AZERBIJAN, PROVIDING INTERNATIONAL PROGRAM SERVICES BELARUS 1 25 HEALTH SYSTEMS SERVICES 5,157,809. SOUTH ASIA -AFGHANISTAN. BANGLADESH, BHUTAN, PROVIDING INTERNATIONAL INDIA, MALDIVES, 4 497 PROGRAM SERVICES HEALTH SYSTEMS SERVICES 29,568,003. SUB-SAHARAN AFRICA ANGOLA, BENIN, BOTSWANA, BURKINA PROVIDING INTERNATIONAL FASO 24 1031 PROGRAM SERVICES HEALTH SYSTEMS SERVICES 81,013,851. SUB-SAHARAN AFRICA -ANGOLA, BENIN, BOTSWANA, BURKINA 0 0 GRANTMAKING FASO 4,412,814. 34 1608 29,369,302. 3 a Subtotal b Total from continuation 0 0 2,555,249. sheets to Part I c Totals (add lines 3a 34 1608 31,924,551. and 3b)

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

Schedule F (Form 990) 2023

Employer identification number

04-2482188

Department of the Treasury Internal Revenue Service

Name of the organization

United States

Part I

2

MANAGEMENT SCIENCES FOR HEALTH, INC.

Form 990, Part IV, line 14b.

X Yes No

OMB No. 1545-0047 Open to Public Inspection

	MANAGEMENT S		• (Schedule F (Form 990), Part I, line 3)	04-2482188	Page
(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	<b>(f)</b> Total expenditure for region
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
NDIA, MALDIVES,	0	0	GRANTMAKING		1,045,11
CENTRAL AMERICA AND					
HE CARIBBEAN -					
ANTIGUA & BARBUDA,					
RUBA, BAHAMAS,	0	0	GRANTMAKING		506,22
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
, , BELARUS,	0	0	GRANTMAKING		533,93
AST ASIA AND THE					, í
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	GRANTMAKING		468,11
SUB-SAHARAN AFRICA -					100,11
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	INVESTMENTS		1,86
					1,000
					2,555,249

332181 04-01-23 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					ELECTRONIC			
		CENTRAL AMERICA			FUND/WIRE			
		AND THE CARIBBEAN	SEE PART V	58,174.	TRANSFER	٥.		N/A
					ELECTRONIC			
		CENTRAL AMERICA			FUND/WIRE			
		AND THE CARIBBEAN	SEE PART V	252,720.	TRANSFER	Ο.		N/A
					ELECTRONIC			
		CENTRAL AMERICA			FUND/WIRE			
		AND THE CARIBBEAN	SEE PART V	117,327.	TRANSFER	0.		N/A
					ELECTRONIC			
		CENTRAL AMERICA			FUND/WIRE			
		AND THE CARIBBEAN	SEE PART V	68,000.	TRANSFER	Ο.		N/A
					ELECTRONIC			
		CENTRAL AMERICA			FUND/WIRE			
		AND THE CARIBBEAN	SEE PART V	10,000.	TRANSFER	0.		N/A
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
			SEE PART V	89,887.	TRANSFER	Ο.		N/A
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
		PACIFIC	SEE PART V	126,680.	TRANSFER	0.		N/A
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
			SEE PART V	71 748	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

59 22

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

MANAGEMENT SCIENCES FOR HEALTH, INC.

								Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	-
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, Fl
	anu Env (n applicable)		grant	or cash grant	cash disbursement	assistance	assistance	appraisal, other
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
		PACIFIC	SEE PART V	109,075.	TRANSFER	0.		N/A
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
		PACIFIC	SEE PART V	17,238.	TRANSFER	0.		N/A
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
		PACIFIC	SEE PART V	10,187.	TRANSFER	0.		N/A
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
		PACIFIC	SEE PART V	15,280.	TRANSFER	0.		N/A
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
		PACIFIC	SEE PART V	5,045.	TRANSFER	0.		N/A
					ELECTRONIC			
		EAST ASIA AND THE		17 070	FUND/WIRE			
		PACIFIC	SEE PART V	17,870.	TRANSFER	0.		N/A
					ELECTRONIC			
		EAST ASIA AND THE			FUND/WIRE			
		PACIFIC	SEE PART V	5 104	TRANSFER	0.		N/A
				5,104.		0.		N/A
		RUSSIA AND			ELECTRONIC			
		NEIGHBORING			FUND/WIRE			
		STATES	SEE PART V	345 479.	TRANSFER	0.		N/A
				,				
		RUSSIA AND			ELECTRONIC			
		NEIGHBORING			FUND/WIRE			
		STATES	SEE PART V	154 189	TRANSFER	0.		N/A

MANAGEMENT SCIENCES FOR HEALTH, INC.

Part II Continuatio	n of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	on (b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		RUSSIA AND NEIGHBORING			ELECTRONIC FUND/WIRE			
		STATES	SEE PART V	34,270.	TRANSFER	٥.		N/A
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	SEE PART V	384,917.	TRANSFER	0.		N/A
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	SEE PART V	576,561.	TRANSFER	0.		N/A
					ELECTRONIC			
		SOUTH ASIA	SEE PART V	11 379	FUND/WIRE TRANSFER	0.		N/A
				11,375.	TRANSPER	••		N/A
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	SEE PART V	12,334.	TRANSFER	0.		N/A
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	SEE PART V	12,595.	TRANSFER	٥.		N/A
					ELECTRONIC			
		SOUTH ASIA	SEE PART V	12 646	FUND/WIRE TRANSFER	Ο.		N/A
				12,010.		· · ·		
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	SEE PART V	6,366.	TRANSFER	٥.		N/A
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	SEE PART V	8 829	TRANSFER	0.		N/A

MANAGEMENT SCIENCES FOR HEALTH, INC.

		ENI DEIENCED ION II			01 210			Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	SEE PART V	9,485.	TRANSFER	0.		N/A
					ELECTRONIC			
					FUND/WIRE			
		SOUTH ASIA	SEE PART V	10,004.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	15,000.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	19,504.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN		47 706	FUND/WIRE			7
		AFRICA	SEE PART V	47,706.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	14,281.	TRANSFER	Ο.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	43,659.	TRANSFER	0.		N/A
		SUB-SAHARAN			ELECTRONIC FUND/WIRE			
		AFRICA	SEE PART V	92 585	TRANSFER	0.		N/A
		III NICA		52,303.		0.		n/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	127,451.	TRANSFER	٥.		N/A

MANAGEMENT SCIENCES FOR HEALTH, INC.

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			1
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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, FM appraisal, other)
					EL ROMPONTO			
		SUB-SAHARAN			ELECTRONIC FUND/WIRE			
		AFRICA	SEE PART V	306 986.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	5,731.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	9,760.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	49 096.	TRANSFER	0.		N/A
				,				
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	43,909.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	52,984.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	247 329	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	154,108.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	473,597.	TRANSFER	0.		N/A

MANAGEMENT SCIENCES FOR HEALTH, INC.

					01 210	1100		Faye
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	Schedule F (Form 9	90), Part II, line 1	)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash	valuation (book, F
			grain	or cash grant	Cash disbuisement	assistance	assistance	appraisal, other
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	520,865.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	64,824.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	874,568.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	179,978.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN		0.7.005	FUND/WIRE			
		AFRICA	SEE PART V	27,805.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	33,256.	TRANSFER	0.		N/A
				,				
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	44,246.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	35,054.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	31,975.	TRANSFER	٥.		N/A

MANAGEMENT SCIENCES FOR HEALTH, INC.

			,,		01 210	1100		Fage
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FN appraisal other)
			3			assistance		appraisal, other)
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	38,354.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	66,170.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	21,922.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	24,727.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	22,878.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	26,372.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	29,008.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	22,727.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	12,732.	TRANSFER	0.		N/A

MANAGEMENT SCIENCES FOR HEALTH, INC.

chequie F (Form 990)	тинношн	BAI DEIBMEDD ION H	indin, inc.		01 210	2100		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
<b>1</b> (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, Fl
, -	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	66,170.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN AFRICA	SEE PART V	21 022	FUND/WIRE	0.		NT / 7
		AFRICA	SEE FARI V	21,922.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	24,727.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	48,838.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	83,181.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	17 600	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	30,722.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	9,634.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN		10 220	FUND/WIRE			NT / 7
		AFRICA	SEE PART V	18,332.	TRANSFER	0.		N/A

MANAGEMENT SCIENCES FOR HEALTH, INC.

chequie F (Form 990)	шшиюши	BNI DEIBNEBD ION H			01 210	1100		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
<b>1</b> (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, Fl
-, 5	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	41,633.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN AFRICA	SEE PART V	22 407	FUND/WIRE	0.		N/A
		AFRICA	SEE FREI V	22,407.	TRANSFER	0.		
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	40,184.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	59,511.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	48,105.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	20,041.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	23,937.	TRANSFER	0.		N/A
					ELECTRONIC			
		SUB-SAHARAN			FUND/WIRE			
		AFRICA	SEE PART V	14,495.	TRANSFER	0.		N/A
					EL ROMPONTO			
		SUB-SAHARAN			ELECTRONIC FUND/WIRE			
		AFRICA	SEE PART V	14 855	TRANSFER	0.		N/A
		PINICA	DEE FARI V	±4,000.	TRUSTER	v.		P/A

Schedule F (Form 990)	MANAGEM	ENT SCIENCES FOR H	EALTH, INC.		04-2482	2188		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	19,333.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

MANAGEMENT SCIENCES FOR HEALTH, INC.

04-2482188

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	d.		-			
(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	1,778	68,038.	WIRE	0.		воок
	EAST ASIA AND THE PACIFIC	12 460	625,646.	WIDE	97 504	TRAINING	BOOK
	PACIFIC	13,460	025,040.	WIRE	07,504.	IRAINING	BOOK
	MIDDLE EAST AND						
	NORTH AFRICA	2,059	109,839.	WIRE	9,327.	TRAINING	воок
	RUSSIA AND						
	NEIGHBORING						
	STATES	2,333	1,241,851.	WIRE	27,284.	TRAINING	воок
	SOUTH ASIA	6 316	2,064,060.	MTDE	353 001	TRAINING	воок
	SOUTH ASTA	0,310	2,084,080.	WIKE	555,554.		BOOK
	SUB-SAHARAN						
	AFRICA	35,864	10,266,024.	WIRE	1,528,537.	TRAINING	воок

Schedule F (Form 990) 2023

Page 3

<b>D</b> -			
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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	X Yes	No 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	X 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

332074 11-29-23

Schedule F (Form 990) 2023 MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188	Page 5
Part V         Supplemental Information           Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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 informat	ion. See instructions.	
PART I, LINE 2:		
THE ORGANIZATION HAS WELL-TRAINED LOCAL AND INTERNATIONAL GRANT OFFICERS,		
ECHNICAL OFFICERS AND TECHNICAL STAFF WHO ARE REQUIRED TO MONITOR THE		
JSE 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)		
TEM 1: TO SUPPORT STRENGTHENING POLICIES AND PROTOCOLS FOR IMPROVING		
THE QUALITY OF CULTURALLY RESPONSIVE ANTENATAL CARE AT THE NATIONAL		
EVEL IN GUATEMALA AND IN QUETZALTENANGO AND SAN MARCOS		
TEM 2: SUPPORTING COMMUNITY AND FACILITY - BASED STRATEGIES TO		
INCREASE INDIGINEOUS WOMENS ACCESS TO HIGH - QUALITY CULTURALLY		
SENSITIVE PRENATAL CARE IN QUETZALTENANGO AND SAN MARCOS		
TEM 3: ETHNOGRAPHIC EVALUATION OF THE UTZ NAN ANTENATAL CARE PROJECT		
TEM 4: CONDUCT COACHING AND SUPPORTIVE SUPERVISION VISITS WITHIN USG		
SUPPORTED HIV HEALTH FACILITIES IN 5 DEPARTMENTS TO STRENGHTEN PATIENT		
- CENTERED CARE, REDUCE STIGMA TOWARD PLHIV AND OTHER PATIENTS		
TEM 5: COLLABORATE WITH RISE HAITI TO CONTINUE TO DELIVER AN IMPROVED		
PRE-SERVICE HIV HEALTH PROFESSIONAL CURRICULUM AND ADVOCATE FOR		
IMPROVEMENTS TO IN - SERVICE TRAININGS TO REDUCE STIGMA AND BIAS TOWARD		

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Schedule F (Form 990) 2023 MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	unting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting met	hod); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation. See instructions.	
ITEM 6: LOCAL INSTITUTIONAL STRENGTHENING AND CAPACITY BUILDING		
ITEM 7: ENHANCED CAPACITY FOR TB CASE FINDINGS		
ITEM 8: ENHANCED CAPACITY FOR TB CASE FINDINGS & PREVENTION OF TB		
OPTIMIZED		
ITEM 9: ACTIVE TB CASE FINDING SCALED UP IN FACILITIES		
ITEM 10: EFFECTIVE ADHERENCE TOOLS INTRODUCED AND TREATMENT MONITORING		
IMPROVED		
ITEM 11: LANDSCAPE ANALYSIS		
ITEM 12: CONSULTATIVE WORKSHOP MATERIALS, FACILITATION		
ITEM 13: MTAPS POST DEPLOYMENT ACTIVITIES		
ITEM 14: DRAFT STRATEGIC PLAN		
ITEM 15: VALIDATION WORKSHOP FACILITATION AND FINAL STRATEGY		
ITEM 16: PROVIDING RELEVANT LEGAL SUPPORT TO PROMOTE THE SUSTAINABILITY		
OF THE MEDICINE'S SELECTION PROCESS FOR PROCUREMENT AND REIMBURSEMENT		
AS A PART OF THE REFORM PROCESS.		
ITEM 17: SUBCONTRACTOR (SMALL US BUSINESS) IS RESPONSIBLE TO SUPPORT		
PROJECT COMMUNICATIONS EFFORTS WITH A FULL-TIME PROJECT STAFF.		
ITEM 18: PROVIDING THE ADVANCED TRAINING OF THE DOERS OF HTA TO BRING		
ALL EXISTING EXPERTS TO A COMMON LEVEL.		
ITEM 19: TO PROVIDE SUPPORT FOR THE PROGRAM		
ITEM 20: TO CONDUCT ACTIVITIES RELATED TO AFGHAN HEALTH SURVEY (AHS)		
IMPLEMENTATION		
ITEM 21: CONDUCT TRAINING AND TRAINING REPORT OF GSDP TRAINERS.		
THEN 33. CONDUCT HEATNING AND HEATNING DEPOND OF GOD HEATNERS		
ITEM 22: CONDUCT TRAINING AND TRAINING REPORT OF GSDP TRAINERS.		
ITEM 23: CONDUCT TRAINING AND TRAINING REPORT OF GSDP TRAINERS.		
ITEM 24: CONDUCT GSDP TRAINING TO 300 WHOLESALERS AND PROVIDE TRAINING		
REPORT.		
332075 11-29-23	Schedule F (Form 9	90) 2023

	Form 990) 2023 MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188	Page 5
Part V	Supplemental Information	and the set of the set of the set	
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method);		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information		
ITEM 25: 0	CONDUCT GSDP TRAINING TO 300 WHOLESALERS AND PROVIDE TRAINING		
REPORT.			
KEI OKI.			
ITEM 26: 0	CONDUCT TRAINING AND TRAINING REPORT OF GSDP TRAINERS.		
ITEM 27: 0	CONDUCT GSDP TRAINING TO 300 WHOLESALERS AND PROVIDE TRAINING		
REPORT			
ITEM 28: 0	CONDUCT GSDP TRAINING TO 300 WHOLESALERS AND PROVIDE TRAINING		
REPORT.			
<u></u>			
ITEM 29: 1	PARTICIPATE IN THE PREPARATION OF AN APPLICATION TO BE		
SOBWITTED	TO USAID IN RESPONSE TO CUSTOMER'S ANNUAL		
PROGRAM S	FATEMENT ENTITLED STRENGTHENING HEALTH SERVICES, DEMAND, AND		
SYSTEMS I	N BENIN		
TTTEM 30.	PARTICIPATE IN THE PREPARATION OF AN APPLICATION TO BE		
<u></u>			
SUBMITTED	TO USAID IN RESPONSE TO CUSTOMER'S ANNUAL		
PROGRAM S	TATEMENT ENTITLED STRENGTHENING HEALTH SERVICES, DEMAND, AND		
SYSTEMS I	N BENIN		
ITEM 31:	STRENGTHENING FIGHT AGAINST SMOKING IN BURKINA BY ENFORCING		
THE BAN O	N SMOKING IN PUBLIC PLACES		
ITEM 32:	(TOPAFA) TO ASSIST IMPLEMENTATION OF NATIONAL TOBACCO CONTROL		
DOLTCIES	IN ACCORDANCE WITH THE (WHO) (FCTC)		
	IN ACCORDANCE WITH THE (WHO) (FCIC)		
ITEM 33:	(TOPAFA) TO ASSIST IMPLEMENTATION OF NATIONAL TOBACCO CONTROL		
POLICIES	IN ACCORDANCE WITH THE (WHO) (FCTC) II		
ITEM 34: 0	COMMUNITY TB CARE IN AMHARA REGION		
ITEM 35: 0	COMMUNITY TB CARE IN OROMIA REGION		
TጥፑM 36 • (	COMMUNITY TB CARE IN SIDAMA REGION, GEDIO AND HADIYA ZONES		
<u></u>	COMMONITY ID CARE IN SIDAWA REGION, GEDIC AND HADITA ZONES		
ITEM 37: 1	LABORATORY CAPACITY BUILDING, SAMPLE REFERRAL, ISO 15189TB		
LABORATOR	IES ACCREDITATION, EQA PROGRAM		
ITEM 38:	SUPPORT PMDT ON COE ESTABLISHMENT, STRENGTHEN CRC, STRENGTHEN		
	· · ·		

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Schedule F (Form 990) 2023

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Schedule F	(Form 990) 2023 MANAGEMENT SCIENCES FOR HEALTH, INC. Supplemental Information	04-2482188	Page 5
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accountin		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method) (estimated number of recipients), as applicable. Also complete this part to provide any additional information		
TB PROGRA	M - TERTIARY HOSPITALS		
	FINALIZED PROJECT WORKPLAN - JULY23		
	MAPPING COUNTY SPECIFIC COMMUNITY ORGANISATION & CSO PARTNER		
COMMITTE			
	RESEARCH & ADVOCACY CREATED FOR WHA 2023, RESEARCH OUTPUT (SET		
	NS)-JUNE24		
17EM 42:	TO CONTRIBUTE TAILORED AND INNOVATIVE APPROACHES TO ACHIEVING		
ACTIVITY	OBJECTIVE 1. AAP WILL SHIFT FROM A FOCUS ON TRAINING TO A		
FOCUS ON	QUALITY IMPROVEMENT AND TRANSITIONING THE APPROACHES AND TOOLS		
FOR COMM	JNITY AND CLINICAL SERVICE QUALITY IMPROVEMENT TO THE MOPH,		
INCLUDIN	G ACCESS-U AND AIM APPROACHES.		
ITEM 43:	TO CONTRIBUTE TAILORED AND INNOVATIVE APPROACHES TO ACHIEVING		
ACTIVITY	OBJECTIVE 1 AND THEIR FOCUS WILL BE SHIFTED SIMILARLY TO AAP.		
ITEM 44:	TO FOCUS ON COMMUNITY MOBILIZATION ACTIVITIES RELATED TO		
HEALTH P	ROMOTION AND BEHAVIOR CHANGE AND INNOVATIVE QUALITY IMPROVEMENT		
APPROACH	ES IN HEALTH FACILITIES. ASOS WILL FOCUS ON EMPOWERING LOCAL		
RESOURCE	3 AND TRANSITIONING SUSTAINABILITY OF ACTIVITIES TO CHV PEER		
SUPERVIS	DRS, EMARS, AND EMADS.		
ITEM 45:	TO COMPLETE QUALITY WASH IMPROVED INFRASTRUCTURES AT HEALTH		
FACILITI	ES AND TO CONTRIBUTE TO THE ACTIVITY'S SBC PROGRAM. CRS WILL		
SHIFT FR	OM DIRECTLY IMPLEMENTING WASH ACTIVITIES TO APPROACHES THAT		
PROMOTE	COMMUNITY LEADERSHIP AND OWNERSHIP.		
ITEM 46:	TO REVISE, ADAPT, TRAIN AND SCALE-UP THE MHEALTH APPLICATION		
FOR USE	BY CHVS, HEALTH CENTER CHIEFS, AND SUPPORT TECHNICIANS ALONG		
THE CONT	NUUM OF CARE. DIMAGI WILL FOCUS ON THE MIGRATION OF THE TWO		
COMMCARE	APPLICATIONS AND DHIS2 TO ON-PREMISE HOSTING BY THE MOPH;		
TRAINING	AND CAPACITY BUILDING ON DHIS2; AND POST-MIGRATION SUPPORT		
332075 11-29-	<sup>23</sup> 52	Schedule F (Form	990) 202

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Part V Supplemental Information	mathadi amajunta of	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method);		
(estimated number of recipients), as applicable. Also complete this part to provide any additional informati		
ITEM 47: TO LEAD THE IMPLEMENTATION OF TAILORED AND INNOVATIVE		
APPROACHES FOR SBC. JH-CCP WILL FOCUS ON ENSURING THE BE M'RAY APPROACH		
IS FULLY FUNCTIONAL AND HANDED OVER TO THE GOVERNMENT. JH-CCP WILL ALSO		
FOCUS ON QUALITY IMPROVEMENT AND TRANSITIONING TO LOCAL MECHANISMS		
(I.E., COSANS AND CCDSS) TO ENSURE A SMOOTH TRANSITION TO THE MOPH.		
ITEM 48: DIRECT IMPLEMENTATION OF THE MOBILE CLINIC ACTIVITY, INCLUDING		
TRANSITION OF THE MOBILE CLINIC ACTIVITY TO A FOLLOW ON PROJECT UNDER		
SEPARATE FUNDING.		
ITEM 49: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA		
MANAGEMENT.		
ITEM 50: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA		
MANAGEMENT.		
ITEM 51: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA		
MANAGEMENT.		
ITEM 52: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA		
MANAGEMENT.		
ITEM 53: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA		
MANAGEMENT.		
ITEM 54: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA		
MANAGEMENT.		
ITEM 55: SUPPORT MSH TO ORIENT DHMT ON MAQ-PHC APPROACH, DATA DEMAND		
AND USE (DDU), DATA REVIEW PROCESS, DLIS, LEARNING NETWORK APPROACH,		
AND TO CONDUCT THE BASELINE ASSESSMENT (MOH, HMIS/RBC M&E)		
ITEM 56: LDP ACTION PLAN WITH CORRESPONDING BUDGET, MIDPOINT REVIEW		
REPORT, LDP RESULT REPORT AND USE OF FUND REPORT		
ITEM 57: LDP ACTION PLAN WITH CORRESPONDING BUDGET, MIDPOINT REVIEW		
REPORT, LDP RESULT REPORT AND USE OF FUND REPORT		
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Schedule F (Form 990) 2023 MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	-	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method);		
(estimated number of recipients), as applicable. Also complete this part to provide any additional informat	lion. See instructions.	
ITEM 58: PAYMENT TO HISP INVOICES PERIOD NOVEMBER- DECEMBER 2023 FOR		
DIGITAL HEALTH		
ITEM 59: PAYMENT INVOICES PERIOD JANUARY- FEBRUARY 2024 TO CII CHIN		
FOR RESEARCH, DHMT, LMA & TWG		
ITEM 60: PAYMENT INVOICES PERIOD MARCH- APRIL 2024 TO CII CHIN FOR		
RESEARCH, DHMT, LMA & TWG		
ITEM 61: PAYMENT INVOICES PERIOD JULY - SEPTEMBER 2023 TO CII CHIN FOR		
RESEARCH, DHMT, LMA & TWG		
ITEM 62: PAYMENT INVOICES PERIOD JULY - DECEMBER 2023		
ITEM 63: SUPPORT MSH TO ORIENT DHMT ON MAQ-PHC APPROACH, DATA DEMAND		
AND USE (DDU), DATA REVIEW PROCESS, DLIS, LEARNING NETWORK APPROACH,		
AND TO CONDUCT THE BASELINE ASSESSMENT (MOH, HMIS/RBC M&E)		
ITEM 64: LDP ACTION PLAN WITH CORRESPONDING BUDGET , MIDPOINT REVIEW		
REPORT, LDP RESULT REPORT AND USE OF FUND REPORT		
ITEM 65: LDP ACTION PLAN WITH CORRESPONDING BUDGET , MIDPOINT REVIEW		
REPORT, LDP RESULT REPORT AND USE OF FUND REPORT		
ITEM 66: TOBACCO POLICY ACTION FUND FOR AFRICA(TOPAFA) TO ASSIST		
IMPLEMENTATION OF NATIONAL TOBACCO CONTROL POLICIES		
ITEM 67: FOLLOW-ON FIXED AMOUNT AWARD WAS DEEMED APPROPRIATE FOR THE		
FOLLOWING REASONS		
ITEM 68: COST REIMBURSEMENT FOR JUNE & JULY 2023 INVOICES		
ITEM 69: COST REIMBURSEMENT FOR JUNE, JULY & AUG 2023 INVOICES		
ITEM 70: AMR NEWSLETTER		
ITEM 71: DELIVERABLE 2-4 FOR THE FIXED CONTRACT NO.		
A0629-SSCS-2022-FP-SIGNALYTIC		
ITEM 72: COST REIMBURSEMENT FOR AUGUST & SEPTEMBER 2023 INVOICES		
ITEM 73: COST REIMBURSEMENT FOR SEPTEMBER & OCTOBER 2023 INVOICES		
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Part V	Supplem	nental	Information	1			
Schedule F	(Form 990) 2	2023	MANAGEMENT	SCIENCES	FOR	HEALTH,	INC.

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 74: MILESTONE 4-TOPAFA PROJECT

ITEM 75: COST REIMBURSEMENT FOR OCTOBER 2023 TO JANUARY 2024 INVOICES

ITEM 76: COST REIMBURSEMENT FOR NOVEMBER 2023 TO FEBRURARY 2024

INVOICES

ITEM 77: MILESTONE 5-TOPAFA PROJECT

ITEM 78: COST REIMBURSEMENT FOR FEBRUARY & MARCH 2024 INVOICES

ITEM 79: COST REIMBURSEMENT FOR MARCH 2024 INVOICES

ITEM 80: COST REIMBURSEMENT FOR APRIL 2024 INVOICES

ITEM 81: COST REIMBURSEMENT FOR APRIL AND MAY 2024 INVOICES

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SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Co to unusu in	Attach to Form		-		Open to Public Inspection
Name of the organization			s.gov/Form990 for	the latest morma	auon.		Employer identification number
MANAGEMENT SCI Part I General Information on Grants and		ALTH, INC.					04-2482188
1 Does the organization maintain records t							
criteria used to award the grants or assis 2 Describe in Part IV the organization's pro		oring the use of grant	funds in the United	l Statos			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990 Part	IV line 21 for any
recipient that received more than \$	•			· · ·			
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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.							MOBILE CLIENT OUTREACH
WASHINGTON, DC 20036	56-0942853	501(C)(3)	103,737.	0.			SERVICES
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET							WASH INFRASTRUCTURE AND
BALTIMORE, MD 21201	13-5563422	501(C)(3)	474,488.	0.			TECHNICAL ADVICE
,							
OVERSEAS STRATEGIC CONSULTING							TECHNICAL ASSISTANCE FOR
1500 WALNUT STREET SUITE 1300							HEALTHY PRACTICES AND
PHILADELPHIA, PA 19102	23-2720769	FOR PROFIT	35,015.	0.			SBCC
DIMAGI INC							
585 MASSACHUSETTS AVE							
CAMBRIDGE, MA 02139	83-0343298	FOR PROFIT	215,145.	0.			TECHNICAL ASSISTANCE
JHPIEGO (JOHN HOPKINS UNIVERSITY)							
3910 KESWICK ROAD		501(0)(0)	1 014 650				DESIGN, PLAN AND
BALTIMORE, MD 21211	52-0595110	DUT(C)(3)	1,014,652.	0.			IMPLEMENT FOR SBC
AMERICAN COLLEGE OF NURSE MIDWIVES							
8403 COLESVILLE ROAD				_			TECHNICAL ASSISTANCE FOR
SILVER SPRING, MD 20910	74-1685515		269,481.	0.			CLINICAL TRAINING
2 Enter total number of section 501(c)(3) ar	•	5	e line 1 table				
3 Enter total number of other organizations	s listed in the line <sup>-</sup>	1 table					

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

Schedule I (Form 990) 2023

#### Schedule I (Form 990) MANAGEMENT SCIENCES FOR HEALTH, INC.

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

		<u> </u>		· · ·	· · · · ·	,	
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA, IL 60143	36-2275597	501(C)(3)	165,044.	0.			TECHNICAL ASSISTANCE FOR CLINICAL TRAINING
BRAC USA, INC 110 WILLIAM STREET, 18TH FLOOR NEW YORK, NY 10038	20-8456741	501(C)(3)	160,587.	0.			TECHNICAL ASSISTANCE IN MNCH AND FP SERVICES
THE POPULATION COUNCIL, INC ONE DAG HAMMARSKJOLD PLAZA, 3RD. FI NEW YORK, NY 10017	13-1687001	501(C)(3)	203,248.	0.			TECHNICAL ASSISTANCE IN MNCH
ZENYSIS TECHNOLOGIES INC 548 MARKET ST PMB 76125 SAN FRANCISCO, CA 94104	81-0929294	FOR PROFIT	64,671.	0.			TECHNICAL ASSISTANCE
THREE STONES INTERNATIONAL 1315 HIGHLAND DR SILVER SPRING, MD 20910	82-2320878	FOR PROFIT	66,298.	0.			TECHNICAL ASSISTANCE
VITAL STRATEGIES INC 100 BROADWAY 4TH FLOOR NEW YORK, NY 10005	22-3419667	501(C)(3)	89,278.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

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Page 2

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Daut IV Cumplemental Information Dravida the information					

**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		Compensation Information		OMB No.	1545-004	47		
(Form 990)								
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2020				
	tment of the Treasury	Attach to Form 990.		Open to	o Publ ection			
	al Revenue Service ne of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide					
Num	le el trie elgunization	MANAGEMENT SCIENCES FOR HEALTH, INC.	04-248		onna			
Pa	rt I Question	s Regarding Compensation	01 210	2100				
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		100			
		line 1a. Complete Part III to provide any relevant information regarding these items.	;					
	First-class or c		nal use					
	Travel for com							
	Tax indemnific	ation and gross-up payments	s					
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
3		ny, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		ompensation consultant						
	X Form 990 of o	ther organizations	ommittee					
_								
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	-				x		
		e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?				X		
C		eive payment from an equity-based compensation arrangement?		4c				
	I Tes to any of in	$e^{2}$ $4a^{\circ}$ , is the persons and provide the applicable amounts for each term in Fart in.						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
-	contingent on the re							
а	-			5a		x		
		ation?		5b		X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n					
	contingent on the n							
а	The organization?			6a		X		
		ation?		6b		X		
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;					
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7	х			
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
	Regulations section	53.4958-6(c)?		9				
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	) 2023		

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	benefits         (B)(i)-(D)         in column (B) reported as deferred on prior Form 990           48,186.         598,348.         0.           0.         0.         0.           10,894.         397,781.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           37,032.         346,517.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.         0.           0.         0.	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) MARIAN WENTWORTH	(i)	442,699.	58,238.	26,886.	22,339.	48,186.	598,348.	0.
CHIEF EXECUTIVE OFFICER & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NORIO KASAHARA	(i)	374,619.	0.	0.	12,268.	10,894.	397,781.	0.
CHIEF OF PARTY, AFIAT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL ZIMMERMAN	(i)	271,497.	23,108.	2,655.	21,345.	50,211.	368,816.	0.
VICE PRESIDENT & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADESUWA ADETOSOYE	(i)	268,759.	15,469.	908.	17,069.	47,559.	349,764.	0.
VICE PRESIDENT PDG	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(5) COLLEEN MCGUFFIN	(i)	272,907.	17,243.	4,017.	15,318.	37,032.	346,517.	0.
CPO & EXECUTIVE VP	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(6) DAN SCHWARZ	(i)	269,612.	12,668.	599.	15,209.	46,988.	345,076.	0.
VICE PRESIDENT - GHSI	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(7) GORDON KIHUGURU	(i)	249,218.	14,167.	2,407.	18,704.	46,422.	330,918.	0.
VP- CHIEF FINANCIAL OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(8) ANTOINE NDIAYE	(i)	246,468.	0.	49,168.	17,253.	10,287.	323,176.	0.
PROJECT DIRECTOR II	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) SEYDOU DOUMBIA	(i)	258,509.	1,639.	2,329.	16,612.	37,191.	316,280.	0.
SENIOR TECHNICAL MANAGER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(10) STEPHEN MORGAN	(i)	266,072.	0.	1,728.	9,640.	38,379.	315,819.	0.
FINANCE DIRECTOR	(ii)	٥.	0.	0.	0.	0.	0.	0.
(11) ELKE KONINGS	(i)	247,196.	0.	2,375.	17,833.	45,886.	313,290.	0.
SENIOR TECHNICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALI RAJPOOT	(i)	237,097.	0.	40,604.	15,421.	9,726.	302,848.	0.
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) FLORIDE NIYUHIRE	(i)	246,289.	4,576.	16,378.	15,931.	17,934.	301,108.	0.
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DANA SANDSTROM	(i)	242,985.	22,083.	788.	18,555.	14,175.	298,586.	0.
VP/STRATEGY, BUS. DEV. & PARTNERSHIP		Ο.	0.	0.	0.	0.	0.	0.
(15) DAVID HUMPHRIES	(i)	224,053.	6,981.	758.	16,943.	48,184.	296,919.	0.
ASSOCIATE VP - COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JACOB HUGHES	(i)	254,587.	5,058.	1,269.	18,176.	14,849.	293,939.	0.
SENIOR TECHNICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2023

04 - 2482188

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
(A) Name and Title	(A) Name and Title         (i) Base compensation         (ii) Bonus & incentive compensation         (iii) rep comp           FRANCIS ABOAGYE-NYAME         (i)         226,600.         0.           DLID DIRECTOR         (ii)         0.         0.           KAMIAR KHAJAVI         (i)         246,531.         0.           CT DIRECTOR III         (ii)         0.         0.           JOHN DAMIAN YANULIS         (i)         193,420.         4,003.           OLIO DIRECTOR         (ii)         0.         0.           MATTHEW GEMEDA         (ii)         0.         0.           MATTHEW GEMEDA         (ii)         0.         0.           LTECHNICAL LEAD         (ii)         0.         0.           LTECHNICAL LEAD         (ii)         0.         0.           CE DIRECTOR         (ii)         0.         0.           CE	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(17) FRANCIS ABOAGYE-NYAME	(i)	226,600.	0.	2,170.	16,449.	45,552.	290,771.	٥.
PORTFOLIO DIRECTOR		0.	0.	0.	0.	0.	0.	0.
(18) KAMIAR KHAJAVI	(i)	246,531.	0.	3,514.	17,258.	14,378.	281,681.	0.
PROJECT DIRECTOR III		0.	0.	0.	0.	0.	0.	0.
(19) SERGE RAHARISON	(i)	174,610.	2,870.	58,909.	7,377.	35,608.	279,374.	0.
PROJECT DIRECTOR III		0.	0.	0.	0.	0.	0.	0.
(20) KATHLEEN ALVAREZ	(i)	190,910.	8,284.	1,776.	13,427.	42,602.	256,999.	0.
TALENT ACQUISITION SENIOR DIRECTOR		0.	0.	0.	0.	0.	0.	0.
(21) JOHN DAMIAN YANULIS	(i)	193,420.	4,003.	1,823.	12,954.	43,169.	255,369.	0.
PORTFOLIO DIRECTOR		0.	0.	0.	0.	0.	0.	0.
(22) MATTHEW GEMEDA	(i)	220,946.	0.	3,172.	15,731.	11,564.	251,413.	0.
ASSOCIATE VP - INTERNAL AUDIT		0.	0.	0.	0.	0.	0.	0.
(23) RUDOLPH THETARD	(i)	198,874.	6,140.	2,870.	13,809.	25,670.	247,363.	0.
GLOBAL TECHNICAL LEAD		0.	0.	0.	0.	0.	0.	0.
(24) CHRISTOPHER WELCH	(i)	187,029.	0.	946.	13,719.	43,850.	245,544.	0.
PORTFOLIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) HENRY HAPPY NGABO	(i)	158,073.	500.	53,071.	10,208.	6,745.	228,597.	0.
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) STEPHANIE ARMAND XUEREF	(i)	204,769.	3,967.	0.	10,936.	0.	219,672.	0.
PORTFOLIO DIRECTOR		0.	0.	0.	0.	0.	0.	0.
(27) PAUL WAIBALE	(i)	176,994.	0.	0.	0.	0.	176,994.	0.
SR. PR. TECH. ADV., INFECT. DIS.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(i)							
	(i)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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

MANAGEMENT SCIENCES FOR HEALTH, INC.

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

Page 3

Page 3

## 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 PEOPLE, CULTURE AND COMPENSATION COMMITTEE

FOR THE CEO. THE INCENTIVE COMPENSATION CALCULATIONS ARE BASED ON THE

LEVEL OF ATTAINMENT OF THE PERFORMANCE GOALS.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# 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.



Employer identification number 04-2482188

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

AND MOST VULNERABLE PEOPLE BY CLOSING THE GAP BETWEEN KNOWLEDGE AND

MANAGEMENT SCIENCES FOR HEALTH, INC.

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:

INTEGRATED HEALTH SYSTEMS DELIVERY:

13481220 153424 0199872-00005

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,

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

EQUITABLE AFORDABLE ACCESS TO HIGH-QUALITY ESSENTIAL HEALTH SERVICES

Schedule O (Form 990) 2023

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Name of the organization	Employer identification number
MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188
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:	
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	
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	
332212 11-14-23 65	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
LOW-INCOME COUNTRIES. MSH'S PROGRAM ALSO SHARES GLOBAL PHARMACEUTICA	L
DATA ANALYTICS, ENSURES QUALITY OF MEDICINES, DEVELOPS PHARMACEUTICA	L
SOFTWARE, AND INNOVATES AND APPLIES PROVEN HEALTH TECHNOLOGIES.	
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	
INFECTIOUS DISEASE:	
OUR PROGRAMS BUILD CAPACITY AT ALL LEVELS OF A HEALTH SYSTEM: FROM	
HOSPITAL STAFF KNOWING HOW TO PREVENT AN INFECTION, VILLAGE SENTINEL	S
REPORTING A SUSPICIOUS DISEASE OUTBREAK, PHARMACISTS KEEPING PRODUCT	S
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 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 CONTINUU	М
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 O	FA
SUSTAINABLE, RESPONSIVE HEALTH SYSTEMS, AND SUPPORTS EMPOWERED WOMEN	IN
TAKING ON LEADERSHIP AND DEMANDING ACCOUNTABILITY. WE FOSTER	
332212 11-14-23	Schedule O (Form 990) 2023

13481220 153424 0199872-00005

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Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2482188
SUSTAINABLE INSTITUTIONAL CHANGE - STRENGTHENED LEADERSHIP, BETTER -	
SUPPORTED HEALTH WORKERS, PEOPLE-CENTERED CARE MODELS, AND	
EVIDENCE-INFORMED QUALITY IMPROVEMENT - SO THAT HEALTH SYSTEMS CAN	_
CONSISTENTLY DELIVER HIGH-QUALITY CARE THAT IS USED AND THAT IMPROVES	
HEALTH OUTCOMES. WE INTRODUCE AND SCALE UP NEW INTERVENTIONS AND	
INNOVATIONS, INCLUDING IN HEALTH SYSTEM ORGANIATION AND FINANCING TO	
SUPPORT ACCESSIBLE, AFFORDABLE, SUSTAINABLE SERVICES.	
EXPENSES \$ 2,541,092. INCLUDING GRANTS OF \$ 1,037,646. REVENUE \$ 0.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
MALI, INDONESIA, JORDAN, UGANDA,	
KENYA, MADAGASCAR, MALAWI, NIGERIA,	
MOZAMBIQUE, PHILIPPINES, RWANDA, SENEGAL,	
SOUTH AFRICA, TANZANIA, UKRAINE, AFGHANISTAN,	
CAMEROON, BANGLADESH, BENIN, BURKINA FASO,	
COTE D IVOIRE, ETHIOPIA, GUATEMALA, HAITI,	
NEPAL, CONGO, DEM REP	
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	

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UNETHICAL BEHAVIOR TO THE ORGANIZATION AND WHISTLEBLOWERS ARE PROTECTED.

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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 PEOPLE, CULTURE AND	
COMPENSATION COMMITTEE 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, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN	
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	
332212 11-14-23 <b>68</b>	Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number 04-2482188
MANAGEMENT SCIENCES FOR HEALTH, INC.	04-2402100
AVAILABLE IN THE ORGANIZATION'S ANNUAL REPORT. THE 990 IS AVAILABLE ON	1 THE
ORGANIZATION'S WEBSITE, MSH.ORG.	
FORM 990, PART VII, SECTION A:	
AFTER A REVIEW OF JOB RESPONSIBILITIES, SOME INDIVIDUALS NO LONGER MEE	T
THE KEY EMPLOYEE CLASSIFICATION BUT STILL REMAIN WITH THE ORGANIZATION	7
IN THE ROLE.	
IN THE ROLE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BALANCE SHEET REVALUATION -1,080	).777.
REALIZED GAINS ON FX 884	1,056.
TOTAL TO FORM 990, PART XI, LINE 9 -196	5,721.
FORM 990, PART XII, LINE 2C:	
THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGH	IT
OF THE AUDIT OF THE FINANCIAL STATEMENTS.	
	0 - k k - k - k - 0 (E 000) 0000

332212 11-14-23

332161 09-28-23 LHA

# **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.

### Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

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

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

#### 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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
MANAGEMENT SCIENCES FOR HEALTH LTD/GTE -							
99-9999999, PLOT 5647565 INDEPENDENCE AVE, ,							
CBD ABUJA, NIGERIA	SEE PART VII	NIGERIA	501(C)(3)		мзн	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)		мѕн	х	
	-						
	-						

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

Schedule R (Form 990) 2023

Employer identification number

04 - 2482188

SCHEDULE R

# (Form 990)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

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.

	-	-							I	-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	1											
	1											
										+		
	-											
	4											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512( cont ent	(i) ction (b)(13) rolled tity? No
MEDSOURCE GROUP LIMITED									
RIVAAN CTR, MUGUGA BROOKSIDE DR									
NAIROBI, KENYA 00800	SEE PART VII	KENYA	MSH	C CORP	150,707.	423,992.	100%	Х	
MSH INDIA HEALTH MANAGEMENT PRIVATE LTD									
9A 3RD FLOOR CONNAUGHT PLACE									
NEW DELHI, INDIA 110001	SEE PART VII	INDIA	MSH	C CORP	1,169,050.	266,877.	100%	Х	
	-								
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Part	s II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)	<u>1e</u>		_
Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			_
C Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		X	:
n 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)		X	
Sharing of paid employees with related organization(s)	-		
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) MEDSOURCE GROUP LIMITED	В	89,112.	FY24 RESERVE
(2) MEDSOURCE GROUP LIMITED	В	113,564.	EXP INCURRED
(3) MSH INDIA HEALTH MANAGEMENT PRIVATE LTD	М	1,169,050.	EXP INCURRED
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 MANAGEMENT SCIENCES FOR HEALTH, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org Yes	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2023

MANAGEMENT SCIENCES FOR HEALTH, INC.

## 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 INDIAS 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.

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

WORKING WITH INDIAN CENTRAL AND STATE GOVERNMENT TB AUTHORITIES TO

332165 09-28-23

# 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.

Schedule R (Form 990) 2023

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