

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: X Address change
C Name of organization: MANAGEMENT SCIENCES FOR HEALTH, INC.
D Employer identification number: 04-2482188
E Telephone number: 617-250-9500
G Gross receipts \$: 147,545,825.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: X 501(c)(3)
J Website: WWW.MSH.ORG
K Form of organization: X Corporation
L Year of formation: 1971
M State of legal domicile: MA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer DIANNA O'SULLIVAN, CONTROLLER & CFO
Paid: Preparer's name ERIN COUTURE, signature, date, PTIN P01390592
Preparer Use Only: Firm's name GRANT THORNTON ADVISORS LLC, address, EIN 99-1856619, phone no. (617) 723-7900

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 35,670,684. including grants of \$ 11,591,192.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 32,889,172. including grants of \$ 8,190,838.) (Revenue \$ 0.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 23,716,143. including grants of \$ 3,736,950.) (Revenue \$ 0.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,218,540. including grants of \$ 450,468.) (Revenue \$ 0.)

4e Total program service expenses 93,494,539.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DIANNA O'SULLIVAN - 617-250-9500
200 RIVERS EDGE DRIVE, MEDFORD, MA 02155

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIAN WENTWORTH CHIEF EXECUTIVE OFFICER & PRESIDENT	40.00 0.00			X				540,198.	0.	71,167.
(2) REBECCA KOHLER CHIEF OF PARTY, SAFEMED	40.00 0.00					X		330,372.	0.	56,761.
(3) COLLEEN MCGUFFIN CPO & EXECUTIVE VP	40.00 0.00				X			334,059.	0.	45,370.
(4) NORIO KASAHARA CHIEF OF PARTY, AFIAT (TERM 2/2025)	40.00 0.00				X			346,124.	0.	24,233.
(5) PAUL ZIMMERMAN GENERAL COUNSEL (THRU 6/2025)	40.00 0.00			X				297,889.	0.	72,052.
(6) GORDON KIHUGURU VP- CHIEF FIN OFF. (THRU 4/2025)	40.00 0.00			X				298,739.	0.	68,578.
(7) DAN SCHWARZ VICE PRESIDENT - GHSI	40.00 0.00				X			290,491.	0.	67,815.
(8) STEVE MORGAN FINANCE DIRECTOR (THRU 3/2025)	40.00 0.00				X			277,881.	0.	45,699.
(9) ELKE KONINGS SR. TECH. DIR. (THRU 4/2025)	40.00 0.00					X		258,039.	0.	64,239.
(10) ANTOINE NDIAYE PROJECT DIRECTOR II (THRU 4/2025)	40.00 0.00					X		289,295.	0.	28,056.
(11) DANA SANDSTROM VP/STRATEGY, BUS. DEV. & PARTNERSHIP	40.00 0.00				X			279,616.	0.	34,918.
(12) FRANCIS ABOAGYE-NYAME PORTFOLIO DIRECTOR (THRU 4/2025)	40.00 0.00				X			246,756.	0.	62,679.
(13) ALI RAJPOOT FINANCE DIRECTOR (THRU 3/2025)	40.00 0.00				X			281,759.	0.	26,364.
(14) DAVID HUMPHRIES ASSOC. VP - COMMS. (THRU 5/2025)	40.00 0.00				X			236,059.	0.	65,689.
(15) JACOB HUGHES SR. TECH. DIR. (THRU 4/2025)	40.00 0.00					X		267,053.	0.	33,641.
(16) ADESUWA ADETOSOYE VICE PRESIDENT PDG (THRU 9/2024)	40.00 0.00				X			237,646.	0.	55,236.
(17) KAMIAR KHAJAVI PROJECT DIRECTOR III (THRU 4/2025)	40.00 0.00				X			259,045.	0.	32,527.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMY BOLDOSSER-BOESCH SENIOR TECHNICAL DIRECTOR	40.00 0.00					X		254,032.	0.	36,356.
(19) MATTHEW GEMEDA ASSOCIATE VP - INTERNAL AUDIT	40.00 0.00						X	243,613.	0.	29,557.
(20) JOHN YANULIS PORTFOLIO DIRECTOR	40.00 0.00						X	211,804.	0.	59,817.
(21) JEANNE HAUGHT SR. DIRECTOR, OPS (TERM 7/2025)	40.00 0.00				X			231,068.	0.	38,361.
(22) SEYDOU DOUMBIA SR. TECHN. MGR (THRU 10/2024)	40.00 0.00						X	224,122.	0.	40,834.
(23) SERGE RAHARISON PROJECT DIRECTOR III (TERM 3/2025)	40.00 0.00						X	217,591.	0.	40,624.
(24) CHRISTOPHER WELCH PORTFOLIO DIRECTOR (TERM 5/2025)	40.00 0.00						X	196,166.	0.	57,757.
(25) RUDI THETARD GLOBAL TECHNICAL LEAD (TERM 4/2025)	40.00 0.00						X	211,359.	0.	36,126.
(26) DIANNA O'SULLIVAN CONTROLLER AND CFO (AS OF 4/2025)	40.00 0.00			X				174,974.	0.	63,343.
1b Subtotal								7,035,750.	0.	1,257,799.
c Total from continuation sheets to Part VII, Section A								941,389.	0.	106,855.
d Total (add lines 1b and 1c)								7,977,139.	0.	1,364,654.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 179

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
S&S OPEN DEV LLC 400 G STREET, NE, WASHINGTON, DC 20002	CONSULTING SVCS	712,818.
THINKWELL, LLC 1519 YORK RD, LUTHERVILLE, MD 21093	TECHNICAL SVCS	386,870.
GRANT THORNTON LLP, 33960 TREASURY CENTER, CHICAGO, IL 60694-3900	AUDIT SVCS	254,604.
CDW LLC 200 N MILWAUKEE AVE, VERNON HILLS, IL 60060	COMPUTER SVCS	206,806.
BAO SYSTEMS, LLC 2900 K STREET NW, WASHINGTON, DC 20007	COMPUTER SVCS	192,958.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 14

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) FLORIDE NIYUHIRE PORTFOLIO DIRECTOR (THRU 4/2025)	40.00 0.00					X		196,493.	0.	35,588.
(28) STEPHANIE ARMAND XUEREF PORTFOLIO DIRECTOR (TERM 5/2025)	40.00 0.00						X	218,618.	0.	0.
(29) KATHLEEN ALVAREZ TALENT ACQ. SR. DIR. (TERM 4/2025)	40.00 0.00						X	164,429.	0.	52,796.
(30) HENRY HAPPY NGABO FINANCE DIRECTOR	40.00 0.00						X	185,777.	0.	18,471.
(31) PAUL WAIBALE SR PR TECH ADV INFECT (TERM 4/2025)	40.00 0.00				X			176,072.	0.	0.
(32) JOHN PAUL CLARK DIRECTOR (AS OF 6/2025)	3.00 0.00	X						0.	0.	0.
(33) PETER BUIJS DIRECTOR	3.00 0.00	X						0.	0.	0.
(34) MUSHTAQUE CHOWDHURY DIRECTOR	3.00 0.00	X						0.	0.	0.
(35) BETH DEHAMEL DIRECTOR	3.00 0.00	X						0.	0.	0.
(36) CHARLES DOCKENDORFF DIRECTOR (THRU 12/2024)	3.00 0.00	X						0.	0.	0.
(37) LATANYA MAPP FRETT DIRECTOR	3.00 0.00	X						0.	0.	0.
(38) JOHN ISAACSON DIRECTOR	3.00 0.00	X						0.	0.	0.
(39) JOHN MASTERSON DIRECTOR	3.00 0.00	X						0.	0.	0.
(40) W. GYUDE MOORE DIRECTOR	3.00 0.00	X						0.	0.	0.
(41) BERNARD NAHLEN DIRECTOR	3.00 0.00	X						0.	0.	0.
(42) LESLYE OBIORA DIRECTOR (THRU 12/2024)	3.00 0.00	X						0.	0.	0.
(43) MAGDA ROBALO DIRECTOR	3.00 0.00	X						0.	0.	0.
(44) NANKHONDE KASONDE VAN DEN BROEK DIRECTOR	3.00 0.00	X						0.	0.	0.
(45) KATHRYN ERSKINE CHIEF PEOPLE & CULTURE OFF. (AS OF 6	40.00 0.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c								941,389.		106,855.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	107,612,333.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	20,407,280.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		128,019,613.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,032,581.			1,032,581.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	15,776,266.				
	c	Gain or (loss)	7c	2,574,585.				
	d	Net gain or (loss)		2,574,585.			2,574,585.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	_____	Business Code					
	b	_____						
	c	_____						
	d	All other revenue		900099	142,780.	142,780.		
	e	Total. Add lines 11a-11d			142,780.			
12	Total revenue. See instructions			131,769,559.	142,780.	0.	3,607,166.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,262,905.	2,262,905.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,706,543.	21,706,543.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,302,937.	963,196.	3,339,741.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	54,976,450.	36,087,395.	18,882,555.	6,500.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,426,868.	2,338,376.	1,088,094.	398.
9 Other employee benefits	6,020,587.	3,555,838.	2,463,819.	930.
10 Payroll taxes	2,497,138.	963,922.	1,532,670.	546.
11 Fees for services (nonemployees):				
a Management				
b Legal	389,912.	107,815.	282,097.	
c Accounting	420,709.	131,649.	289,060.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,936,164.	6,028,336.	907,828.	
12 Advertising and promotion				
13 Office expenses	3,480,483.	2,731,312.	749,171.	
14 Information technology	2,907,931.	1,234,880.	1,673,051.	
15 Royalties				
16 Occupancy	2,636,745.	1,683,457.	953,288.	
17 Travel	6,560,723.	5,877,506.	683,217.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	665,783.	536,493.	129,290.	
20 Interest	6,398.		6,398.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	400,226.	6,024.	394,202.	
23 Insurance	1,037,403.	439,545.	597,858.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACT COSTS	4,308,372.	4,201,192.	107,179.	
b BAD DEBTS	2,768,928.		2,768,928.	
c EQUIPMENT AND SUPPLIES	2,637,843.	2,636,916.	927.	
d RESERVE FOR INVESTMENT	1,390,656.		1,390,656.	
e All other expenses	5,829.	1,239.	4,590.	
25 Total functional expenses. Add lines 1 through 24e	131,747,533.	93,494,539.	38,244,619.	8,374.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,137,204.	1	39,554,692.
	2 Savings and temporary cash investments	8,039,354.	2	4,648,067.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	23,877,901.	4	6,460,237.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,345,181.	7	210,543.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,587,192.	9	1,421,755.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 731,038.		
	b Less: accumulated depreciation	10b 386,652.	408,864.	10c 344,386.
	11 Investments - publicly traded securities	17,197,027.	11	75,461.
	12 Investments - other securities. See Part IV, line 11	1,510,556.	12	116,750.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,558,017.	15	5,387,212.
16 Total assets. Add lines 1 through 15 (must equal line 33)	73,661,296.	16	58,219,103.	
Liabilities	17 Accounts payable and accrued expenses	17,236,440.	17	8,508,017.
	18 Grants payable		18	
	19 Deferred revenue	6,806,030.	19	5,376,745.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,686,974.	25	7,486,272.
	26 Total liabilities. Add lines 17 through 25	32,729,444.	26	21,371,034.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,630,211.	27	33,496,978.
	28 Net assets with donor restrictions	3,301,641.	28	3,351,092.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	40,931,852.	32	36,848,069.
33 Total liabilities and net assets/fund balances	73,661,296.	33	58,219,103.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,769,559.
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,747,533.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,026.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,931,852.
5	Net unrealized gains (losses) on investments	5	-1,662,380.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,443,429.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,848,069.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	145,214,756.	154,193,320.	171,171,736.	166,834,600.	128,029,613.	765,444,025.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	145,214,756.	154,193,320.	171,171,736.	166,834,600.	128,029,613.	765,444,025.
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.						765,444,025.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	145,214,756.	154,193,320.	171,171,736.	166,834,600.	128,029,613.	765,444,025.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	209,362.	459,493.	694,947.	610,464.	1,032,581.	3,006,847.
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.	142,780.	1,254,505.
11 Total support. Add lines 7 through 10						769,705,377.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.45 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.55 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (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 the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

2020 AMOUNT: \$ 0.
 2021 AMOUNT: \$ 0.
 2022 AMOUNT: \$ 2,424.
 2023 AMOUNT: \$ 0.
 2024 AMOUNT: \$ 142,780.

VAT REFUND ADJUSTMENT

2020 AMOUNT: \$ 0.
 2021 AMOUNT: \$ 0.
 2022 AMOUNT: \$ 0.
 2023 AMOUNT: \$ 1,109,301.
 2024 AMOUNT: \$ 0.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 102,722,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,582,949.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,664,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,126,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align:center;">MANAGEMENT SCIENCES FOR HEALTH, INC.</p>	Employer identification number (EIN) <p style="text-align:center;">04-2482188</p>
--	--

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		16,120.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			16,120.
2a 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			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBY DAYS: 4

ADVOCACY LETTERS: 8

TOPICS LOBBIED ON: THE FY2024, FY2025 AND FY2026 INTERNATIONAL AFFAIRS BUDGET; THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR); GLOBAL HEALTH AND NUTRITION APPROPRIATIONS AND AUTHORIZATION; GLOBAL HEALTH SECURITY APPROPRIATIONS AND AUTHORIZATIONS; GLOBAL HEALTH SYSTEM STRENGTHENING APPROPRIATIONS AND AUTHORIZATION; GENERAL US FUNDED GLOBAL HEALTH PROGRAMMING.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,241,529.	1,101,295.	1,040,243.	0.	
b Contributions				1,018,765.	
c Net investment earnings, gains, and losses	171,934.	146,354.	103,884.	21,478.	
d Grants or scholarships					
e Other expenditures for facilities and programs	74,845.	6,120.	42,832.		
f Administrative expenses					
g End of year balance	1,338,618.	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 Board designated or quasi-endowment _____%
 - b Permanent endowment 100 _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|--------------------------|
| (i) Unrelated organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		143,773.	71,023.	72,750.
e Other		587,265.	315,629.	271,636.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				344,386.

Part VII Investments - Other Securities

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) ROU LEASE ASSET	5,283,668.
(2) OTHER ASSETS	103,544.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,387,212.

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	7,486,272.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,486,272.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS:

UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEARS ENDED JUNE 30, 2025 AND 2024, THERE WERE NO MATERIAL INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	2	8	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	793,478.
EAST ASIA AND THE PACIFIC	2	59	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	6,563,728.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	7	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	1,230,649.
MIDDLE EAST AND NORTH AFRICA	1	10	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	977,609.
RUSSIA AND NEIGHBORING STATES	1	28	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	7,504,329.
SOUTH ASIA	4	539	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	13,677,170.
SUB-SAHARAN AFRICA	27	924	PROGRAM SERVICES	PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES	61,708,351.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		3,779,829.
3 a Subtotal	37	1575			96,235,143.
b Total from continuation sheets to Part I	0	0			7,739,863.
c Totals (add lines 3a and 3b)	37	1575			103,975,006.

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

Schedule F (Form 990) (Rev. 12-2024)

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTMAKING		4,092,262.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		285,147.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		625,683.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		2,736,771.
Totals					7,739,863.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	62,219.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	216,138.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	6,791.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC	SEE PART V	150,116.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC	SEE PART V	133,602.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC	SEE PART V	158,631.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		EAST ASIA AND THE PACIFIC	SEE PART V	183,334.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SEE PART V	240,993.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 31

3 Enter total number of other organizations or entities 24

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SEE PART V	385,126.9	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	25,814.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	25,632.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	22,804.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	63,599.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	8,505.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	29,393.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	119,265.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	174,634.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	104,546.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	19,982.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	83,988.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	75,726.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	126,611.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	522,985.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	53,017.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	9,060.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	7,424.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	6,047.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	21,154.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	96,639.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	245,722.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	7,959.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	235,602.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	84,774.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	24,816.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	22,896.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	31,320.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	19,356.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	190,410.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	275,862.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	90,086.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	80,790.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	11,953.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	38,212.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	12,919.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	103,597.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	59,243.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	35,839.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	150,660.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	123,067.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	78,468.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	104,438.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	66,376.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	18,710.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEE PART V	48,949.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A
		SUB-SAHARAN AFRICA	SEE PART V	13,065.	ELECTRONIC FUND/WIRE TRANSFER	0.		N/A

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	2,380	51,067.	WIRE	0.	TRAINING	BOOK
	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	5,315	1343156.	WIRE	253,786.	TRAINING	BOOK
	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	299	34,133.	WIRE	14,731.	TRAINING	BOOK
	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	3,254	2210634.	WIRE	28,407.	TRAINING	BOOK
	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	1,749	913,168.	WIRE	221,959.	TRAINING	BOOK
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	31,709	5375244.	WIRE	1149441.	TRAINING	BOOK

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION HAS WELL-TRAINED LOCAL AND INTERNATIONAL GRANT OFFICERS, TECHNICAL OFFICERS AND TECHNICAL STAFF WHO ARE REQUIRED TO MONITOR THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES. THIS PROCESS IS REVIEWED REGULARLY UNDER THE ORGANIZATION'S INTERNAL AUDIT FUNCTION.

PART I, LINE 3:

SPECIFIC TYPES OF PROGRAM SERVICES PROVIDING INTERNATIONAL HEALTH SYSTEMS SERVICES. AMOUNTS ARE REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING.

PART II:

COLUMN (D)

ITEM 1: TO IMPROVE THE HEALTH OF INDIGENOUS WOMEN OF REPRODUCTIVE AGE AND THEIR BABIES.

ITEM 2: SUPPORTING COMMUNITY AND FACILITY-BASED STRATEGIES TO INCREASE INDIGENOUS WOMEN.

ITEM 3: TO IMPROVE THE HEALTH OF INDIGENOUS WOMEN OF REPRODUCTIVE AGE AND THEIR BABIES.

ITEM 4: LOCAL INSTITUTIONAL STRENGTHENING AND CAPACITY BUILDING.

ITEM 5: ENHANCED CAPACITY FOR TB CASE FINDINGS.

ITEM 6: ENHANCED CAPACITY FOR TB CASE FINDINGS & PREVENTION OF TB OPTIMIZED

ITEM 7: ACTIVE TB CASE FINDING SCALED UP IN FACILITIES

ITEM 8: TO PROVIDE SUPPORT FOR THE PROGRAM

ITEM 9: TO CONDUCT ACTIVITIES RELATED TO AFGHAN HEALTH SURVEY (AHS) IMPLEMENTATION

ITEM 10: BROKERING FINANCIAL SOLUTIONS BETWEEN PRIVATE INVESTORS AND HEALTH PROVIDERS BY EXPANDING ACCESS TO COMMERCIAL LOANS.

ITEM 11: PROVIDE RECOMMENDATIONS, AND ASSIST IN THE START-UP ACTIVITIES OF THE BENIN HSS PROJECT.

ITEM 12: ASSESS PROGRESS ON THE DRAFT LAW REDEFINING PRIVATE SECTOR INVESTMENTS FOR HEALTH AND IDENTIFY SUPPORT NEEDED TO FINALIZE THE LAWS. LAUNCH OF THE PRESS FUNDING FACILITATION MECHANISM FOR PSSP MEMBER ASSOCIATIONS."

ITEM 13: MILESTONE 3 PAYMENT : APPUI LA MISE EN OEUVRE DES MESURES D'INTERDICTION TOTALE DE FUMER DANS LES ESPACES TOPAFA

ITEM 14: N008-24/PSSP-PRESS FOR INFORMATION DE TOUS LES ACTEURS DU SECTEUR SANITAIRE PRIV DANS DIX

ZONES

ITEM 15: MILESTONE 4 PAYMENT : APPUI LA MISE EN OEUVRE DES MESURES D'INTERDICTION TOTALE DE FUMER DANS LES ESPACES PUBLICS

ITEM 16: SUPPORT STRENGTHENING THE IMPLEMENTATION OF SMOKE-FREE LAWS IN OUAGADOUGOU

ITEM 17: PROVIDE FUNDING TO CONTINUE IMPLEMENTING STRATEGIES TOWARD STRENGTHEN ENFORCEMENT OF THE POLICY ON 100 SMOKE FREE PUBLIC SPACES AND GRAPHIC HEALTH WARNINGS ON TOBACCO PRODUCTS PACKAGING IN N'DJAMENA, ABCH AND MOUNDOU PROVINCES.

ITEM 18: STRENGTHEN THE IMPLEMENTATION OF SMOKE-FREE POLICY IN PUBLIC REGIONS

ITEM 19: E/FY25- IMPLEMENTATION OF NATIONAL TOBACCO CONTROL POLICIES IN ACCORDANCE WITH THE WORLD HEALTH ORGANIZATION FRAMEWORK(WHO) ON TOBACCO CONVENTION (FCTC) MILESTONE 4 - \$ 19 982.40 PAYABLE

Part V Supplemental Information

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

- ITEM 20: COMMUNITY TB CARE IN AMHARA REGION
- ITEM 21: COMMUNITY TB CARE IN OROMIA REGION
- ITEM 22: COMMUNITY TB CARE IN SIDAMA REGION, GEDIO AND HADIYA ZONES
- ITEM 23: SUPPORT PMDT ON COE ESTABLISHMENT , STRENGTHEN CRC, STRENGTHEN TB PROGRAM -TERTIARY HOSPITALS
- ITEM 24: TO SUPPORT HEALTH RESILIENCE ACTIVITY IN ETHIOPIA
- ITEM 25: TO PROVIDE THE SENIOR SUPPLY CHAIN INFORMATION/CONTROL TOWER ADVISOR, LEVERAGING THEIR GLOBAL FUND'S EPSS ERP AND BUSINESS PROCESS RE-ENGINEERING THROUGH MID-2024, DELOITTE-TZ PROVIDE ADDITIONAL STTA TO WILL CONTINUE TO SUPPORT EPSS CHANGE MANAGEMENT, CAPACITY STRENGTHENING AND DATA USE, COLLABORATING ACROSS SCS AND DHA TO LINK UPSTREAM AND DOWNSTREAM SYSTEMS FOR END TO END DATA VISIBILITY.
- ITEM 26: MAPPING COMMUNITY ORG, RESEARCH AND ADVOCACY CONTENT FOR WHA
- ITEM 27: IMPLEMENT PROGRAM ACTIVITIES- HEALTH SYSTEM STRENGTHENING WITHIN COUNTIES IN LIBERIA
- ITEM 28: IMPLEMENT PROGRAM ACTIVITIES- HEALTH SYSTEM STRENGTHENING WITHIN COUNTIES IN LIBERIA
- ITEM 29: IMPLEMENT PROGRAM ACTIVITIES- HEALTH SYSTEM STRENGTHENING WITHIN COUNTIES IN LIBERIA
- ITEM 30: IMPLEMENT PROGRAM ACTIVITIES- HEALTH SYSTEM STRENGTHENING WITHIN COUNTIES IN LIBERIA
- ITEM 31: PROVIDE TECHNICAL EXPERTISE IN PEDIATRICS
- ITEM 32: CONSTRUCTION OF WASH INFRASTRUCTURE
- ITEM 33: HEALTH TECHNOLOGY
- ITEM 34: COMMUNICATIONS ACTIVITIES TO HEALTH PROMOTION AND BEHAVIOR CHANGE
- ITEM 35: SUPPORT COMMUNITY MOBIIZATION ACTIVITIES
- ITEM 36: SUPPORT HEALT ENTER COMMUNITY HEALTH COACHING
- ITEM 37: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA MANAGEMENT.
- ITEM 38: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA MANAGEMENT.
- ITEM 39: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA MANAGEMENT.
- ITEM 40: MONITOR AND MENTOR HEALTH FACILITIES ON MALARIA CASE AND DATA MANAGEMENT.
- ITEM 41: SUPPORT THE IREME PROJECT'S EVALUATION AND LEARNING AGENDA AND STRATEGIC PLANNING
- ITEM 42: DIGITAL HEALTH ACTIVITIES
- ITEM 43: DISTRICT PHC LEADERSHIP DEVELOPMENT PROGRAM
- ITEM 44: DISTRICT PHC LEADERSHIP DEVELOPMENT PROGRAM
- ITEM 45: LDP, MIDPOINT REVIEW AND REPORTING
- ITEM 46: DISTRICT TECHNICAL ASSISTANCE PROVIDER FOR PERFORMANCE IMPROVEMENT
- ITEM 47: SUB AWARDEE ACT.
- ITEM 48: SCHOLARSHIPS FOR STUDENTS AT THREE PRIVATE RWANDAN MIDWIFERY TEACHING INSTITUTIONS
- ITEM 49: SCHOLARSHIPS FOR STUDENTS AT THREE PRIVATE RWANDAN MIDWIFERY TEACHING INSTITUTIONS
- ITEM 50: SCHOLARSHIPS FOR STUDENTS AT THREE PRIVATE RWANDAN MIDWIFERY TEACHING INSTITUTIONS
- ITEM 51: STUDY VISIT FROM 3 NATIONAL REGULATORY AUTHORITIES IN AFRICA
- ITEM 52: ASSIST IN IMPLEMENTATION OF TOBACCO CONTROL POLICIES IN ACCORDANCE WITH WHO

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE POPULATION COUNCIL 1 DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	13-1687001	501(C)(3)	315,337.	0.			MOBILE CLIENT OUTREACH SERVICES
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	327,489.	0.			WASH INFRASTRUCTURE AND TECHNICAL ADVICE
BRAC USA, INC 110 WILLIAM STREET, 18TH FLOOR NEW YORK, NY 10038	20-8456741	501(C)(3)	164,013.	0.			TECHNICAL ASSISTANCE IN MNCH AND FP SERVICES
VITAL STRATEGIES INC 100 BROADWAY 4TH FLOOR NEW YORK, NY 10005	22-3419667	501(C)(3)	468,396.	0.			TECHNICAL ASSISTANCE
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA, IL 60143	36-2275597	501(C)(3)	203,525.	0.			TECHNICAL ASSISTANCE FOR CLINICAL TRAINING
JHPIEGO (JOHN HOPKINS UNIVERSITY) 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	530,498.	0.			DESIGN, PLAN AND IMPLEMENT FOR SBC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF NURSE MIDWIVES 8403 COLESVILLE ROAD SILVER SPRING, MD 20910	74-1685515	501(C)(3)	30,630.	0.			TECHNICAL ASSISTANCE FOR CLINICAL TRAINING
ZENYSIS TECHNOLOGIES INC 548 MARKET ST PMB 76125 SAN FRANCISCO, CA 94104	81-0929294	FOR PROFIT	62,183.	0.			TECHNICAL ASSISTANCE
THREE STONES INTERNATIONA 1315 HIGHLAND DR SILVER SPRING, MD 20910	82-2320878	FOR PROFIT	53,854.	0.			TECHNICAL ASSISTANCE
DIMAGI INC 585 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	83-0343298	FOR PROFIT	106,980.	0.			TECHNICAL ASSISTANCE

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIAN WENTWORTH CHIEF EXECUTIVE OFFICER & PRESIDENT	(i)	486,892.	48,920.	4,386.	22,267.	48,900.	611,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REBECCA KOHLER CHIEF OF PARTY, SAFEMED	(i)	301,739.	1,980.	26,653.	20,726.	36,035.	387,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COLLEEN MCGUFFIN CPO & EXECUTIVE VP	(i)	311,219.	18,239.	4,601.	16,805.	28,565.	379,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NORIO KASAHARA CHIEF OF PARTY, AFIAT (TERM 2/2025)	(i)	343,810.	0.	2,314.	12,900.	11,333.	370,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL ZIMMERMAN GENERAL COUNSEL (THRU 6/2025)	(i)	286,226.	8,854.	2,809.	21,399.	50,653.	369,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GORDON KIHUGURU VP- CHIEF FIN OFF.(THRU 4/2025)	(i)	272,972.	22,364.	3,403.	21,295.	47,283.	367,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAN SCHWARZ VICE PRESIDENT - GHSI	(i)	275,776.	14,094.	621.	20,832.	46,983.	358,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEVE MORGAN FINANCE DIRECTOR (THRU 3/2025)	(i)	242,589.	0.	35,292.	10,046.	35,653.	323,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELKE KONINGS SR. TECH. DIR. (THRU 4/2025)	(i)	255,577.	0.	2,462.	18,431.	45,808.	322,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANTOINE NDIAYE PROJECT DIRECTOR II (THRU 4/2025)	(i)	248,108.	0.	41,187.	17,472.	10,584.	317,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DANA SANDSTROM VP/STRATEGY, BUS. DEV. & PARTNERSHIP	(i)	264,082.	14,671.	863.	19,513.	15,405.	314,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) FRANCIS ABOAGYE-NYAME PORTFOLIO DIRECTOR (THRU 4/2025)	(i)	242,265.	0.	4,491.	17,684.	44,995.	309,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ALI RAJPOOT FINANCE DIRECTOR (THRU 3/2025)	(i)	248,146.	0.	33,613.	16,159.	10,205.	308,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DAVID HUMPHRIES ASSOC. VP - COMMS. (THRU 5/2025)	(i)	234,954.	0.	1,105.	17,261.	48,428.	301,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JACOB HUGHES SR. TECH. DIR. (THRU 4/2025)	(i)	263,120.	2,617.	1,316.	18,292.	15,349.	300,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ADESUWA ADETOSOYE VICE PRESIDENT PDG (THRU 9/2024)	(i)	217,406.	0.	20,240.	17,036.	38,200.	292,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) KAMIAR KHAJAVI PROJECT DIRECTOR III (THRU 4/2025)	(i)	252,057.	0.	6,988.	15,708.	16,819.	291,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) AMY BOLDOSSER-BOESCH SENIOR TECHNICAL DIRECTOR	(i)	250,632.	2,562.	838.	14,329.	22,027.	290,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MATTHEW GEMEDA ASSOCIATE VP - INTERNAL AUDIT	(i)	233,174.	7,078.	3,361.	17,083.	12,474.	273,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JOHN YANULIS PORTFOLIO DIRECTOR	(i)	209,919.	0.	1,885.	15,368.	44,449.	271,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) JEANNE HAUGHT SR. DIRECTOR, OPS (TERM 7/2025)	(i)	223,401.	3,513.	4,154.	16,377.	21,984.	269,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) SEYDOU DOUMBIA SR. TECHN. MGR (THRU 10/2024)	(i)	189,475.	0.	34,647.	14,314.	26,520.	264,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) SERGE RAHARISON PROJECT DIRECTOR III (TERM 3/2025)	(i)	186,956.	0.	30,635.	7,760.	32,864.	258,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) CHRISTOPHER WELCH PORTFOLIO DIRECTOR (TERM 5/2025)	(i)	195,176.	0.	990.	14,282.	43,475.	253,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) RUDI THETARD GLOBAL TECHNICAL LEAD (TERM 4/2025)	(i)	204,483.	2,160.	4,716.	14,018.	22,108.	247,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) DIANNA O'SULLIVAN CONTROLLER AND CFO (AS OF 4/2025)	(i)	174,576.	0.	398.	13,351.	49,992.	238,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) FLORIDE NIYUHIRE PORTFOLIO DIRECTOR (THRU 4/2025)	(i)	194,711.	0.	1,782.	13,820.	21,768.	232,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) STEPHANIE ARMAND XUEREF PORTFOLIO DIRECTOR (TERM 5/2025)	(i)	218,618.	0.	0.	0.	0.	218,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) KATHLEEN ALVAREZ TALENT ACQ. SR. DIR. (TERM 4/2025)	(i)	162,920.	0.	1,509.	11,973.	40,823.	217,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) HENRY HAPPY NGABO FINANCE DIRECTOR	(i)	162,315.	0.	23,462.	11,362.	7,109.	204,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) PAUL WAIBALE SR PR TECH ADV INFECT (TERM 4/2025)	(i)	176,072.	0.	0.	0.	0.	176,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A:

PAYMENTS FOR TRAVEL EXPENSES AND HOUSING ALLOWANCES ARE ONLY MADE TO MSH STAFF ON INTERNATIONAL ASSIGNMENT IN ACCORDANCE WITH THE DEPARTMENT OF STATE STANDARDIZED REGULATIONS (DSSR) AS DEFINED IN THE EMPLOYEE'S TERMS OF ASSIGNMENT MSH REQUIRES QUALITY DOCUMENTATION / RECEIPTS FOR REIMBURSEMENT OF ALL EXPENSES. MSH COVERS TRAVEL FOR AN ELIGIBLE SPOUSE, DEPENDENT(S) AND ELIGIBLE STAFF ON INTERNATIONAL ASSIGNMENT IN ACCORDANCE WITH USAID OPERATIONAL POLICIES (ADS) UNDER THE REST AND RECUPERATION(R&R) TRAVEL PROGRAM AS DEFINED IN THE EMPLOYEE'S TERMS OF ASSIGNMENT.

PART I, LINE 7:

THE PURPOSE OF THE MSH LEADERSHIP INCENTIVE PLAN (THE "PLAN") IS TO PROVIDE DISCRETIONARY INCENTIVE COMPENSATION FOR ELIGIBLE EXECUTIVES AND KEY EMPLOYEES OF MANAGEMENT SCIENCES FOR HEALTH (MSH). THE PLAN IS DESIGNED TO ALIGN A PORTION OF SENIOR LEADERSHIP COMPENSATION WITH THE ACHIEVEMENT OF PERFORMANCE GOALS THAT SUPPORT MSH'S MISSION AND STRATEGIC OBJECTIVES. THE PLAN RECOGNIZES THESE KEY CONTRIBUTIONS, BUT ALSO SERVES TO ATTRACT AND RETAIN KEY STAFF WHILE FOCUSING THEIR 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 O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND MOST VULNERABLE PEOPLE BY CLOSING THE GAP BETWEEN KNOWLEDGE AND
ACTION IN PUBLIC HEALTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MANAGEMENT SCIENCES FOR HEALTH (MSH) WORKS SHOULDER-TO-SHOULDER WITH
COUNTRIES AND COMMUNITIES TO SAVE LIVES AND IMPROVE THE HEALTH OF THE
WORLD'S POOREST AND MOST VULNERABLE PEOPLE BY BUILDING STRONG,
RESILIENT, SUSTAINABLE HEALTH SYSTEMS. TOGETHER, WE SEEK TO ACHIEVE
UNIVERSAL HEALTH COVERAGE - EQUITABLE, AFFORDABLE ACCESS TO
HIGH-QUALITY HEALTH SERVICES FOR ALL WHO NEED THEM - EVEN IN FRAGILE,
POST-CRISIS SETTINGS. FOR OVER 50 YEARS IN 150 COUNTRIES, MSH HAS
PARTNERED WITH GOVERNMENTS, CIVIL SOCIETY, THE PRIVATE SECTOR, AND
THOUSANDS OF HEALTH WORKERS ON LOCALLY LED SOLUTIONS THAT EXPAND ACCESS
TO MEDICINES AND SERVICES, IMPROVE QUALITY OF CARE, HELP PREVENT AND
CONTROL EPIDEMICS, SUPPORT INSPIRING LEADERSHIP AND TRANSPARENT
GOVERNANCE, AND FOSTER INFORMED, EMPOWERED, AND HEALTHIER COMMUNITIES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
INTEGRATED HEALTH SYSTEMS DELIVERY:
PROVIDING QUALITY HEALTH CARE TO SOMEONE WHO NEEDS IT, WHEN AND WHERE
THEY NEED IT, REQUIRES A COMPLEX WEB OF ORGANIZATIONS, INDIVIDUALS,
PROCESSES AND ACTIONS THAT, TOGETHER, MAKE UP A HEALTH SYSTEM.
UNFORTUNATELY, MANY NATIONAL HEALTH SYSTEMS DON'T WORK WELL ENOUGH FOR
COUNTRIES TO ACHIEVE UNIVERSAL HEALTH COVERAGE (UHC): EFFECTIVE,
EQUITABLE, AFORDABLE ACCESS TO HIGH-QUALITY ESSENTIAL HEALTH SERVICES
TO EVERYONE WHO NEEDS THEM. MSH STRENGTHENS HEALTH SYSTEMS TO
SUSTAINABLY AND EQUITABLY INCREASE COVERAGE OF HIGH-QUALITY,
RESPONSIVE, PEOPLE-CENTERED HEALTH SERVICES WHILE PROTECTING PATIENTS,
FAMILIES, COMMUNITIES, AND SOCIETIES FROM FINANCIAL HARDSHIP. APPLYING
AN INTEGRATED SYSTEMS-THINKING APPROACH TO A WIDE VARIETY OF CONTEXTS -
INCLUDING COUNTRIES WHERE GOVERNMENTS STRUGGLE TO DELIVER BASIC
SERVICES - WHILE EVOLVING FROM CONFLICT AND FRAGILITY TO
SUSTAINABILITY. MSH WORKS SIDE-BY-SIDE WITH COUNTRY STAKEHOLDERS ACROSS
THE PUBLIC AND PRIVATE SECTORS TO STRENGTHEN INSTITUTIONAL GOVERNANCE,
FINANCING LEADERSHIP AND ACCOUNTABILITY, SO THAT HEALTH SYSTEMS CAN
EFFECTIVELY TRANSITION FROM DONOR ASSISTANCE TOWARD NATIONAL
SUSTAINABILITY AND INDEPENDENCE.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:
INFECTIOUS DISEASE:
OUR PROGRAMS BUILD CAPACITY AT ALL LEVELS OF A HEALTH SYSTEM: FROM
HOSPITAL STAFF KNOWING HOW TO PREVENT AN INFECTION, VILLAGE SENTINELS
REPORTING A SUSPICIOUS DISEASE OUTBREAK, PHARMACISTS KEEPING PRODUCTS
AVAILABLE, TO STRENGTHENING DISEASE SURVEILLANCE SYSTEMS, REINFORCE
STRONG NATIONAL PUBLIC HEALTH SYSTEMS AND WORKFORCES, AND INTRODUCE AND
SCALE NEW TOOLS TO PREVENT AND CONTROL INFECTIOUS DISEASES.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:
ACCESS TO MEDICINES AND HEALTH TECHNOLOGIES:
STRONG HEALTH SYSTEMS ENSURE THAT ALL COMMUNITIES AND INDIVIDUALS HAVE
THE RIGHT MEDICINE, AT THE RIGHT DOSE, AT THE RIGHT TIME, AT AN

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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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 LOW-INCOME COUNTRIES. MSH'S PROGRAM ALSO SHARES GLOBAL PHARMACEUTICAL DATA ANALYTICS, ENSURES QUALITY OF MEDICINES, DEVELOPS PHARMACEUTICAL SOFTWARE, AND INNOVATES AND APPLIES PROVEN HEALTH TECHNOLOGIES.

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

WOMEN AND CHILD HEALTH, AND OTHER HEALTHY WOMEN, CHILDREN, AND ADOLESCENTS ARE THE FOUNDATION OF UNIVERSAL HEALTH COVERAGE. WORKING AT ENTRY LEVEL OF THE HEALTH SYSTEMS, MSH PARTNERS WITH COUNTRIES AND COMMUNITIES TO DEVELOP AND IMPLEMENT LOCALLY- LED SOLUTIONS TO REACH WOMEN- ACROSS THE CONTINUUM FROM PRE-PREGANCY THROUGH POSTPARTUM - AND CHILDREN - FROM BIRTH THROUGH CHLDHOOD ADOLESCENCE - WITH AFFORDABLE, HIGH-QUALITY PRIMARY CARE. WE STRENGTHEN SKILLS, KNOWLEDGE, POLICIES, AND PRACTICES THAT BRING LASTING CHANGE IN THE AVAILABILITY, QUALITY, ACCOUNTABILITY, AFFORDABILITY, AND LIFE-SAVING IMPACT OF REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH SERVICES, IN EVEN THE MOST VULNERABLE COMMUNITIES. MSH STRENGTHENS GOVERNANCE AS THE BACKBONE OF A SUSTAINABLE, RESPONSIVE HEALTH SYSTEMS, AND SUPPORTS EMPOWERED WOMEN IN TAKING ON LEADERSHIP AND DEMANDING ACCOUNTABILITY. WE FOSTER 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 \$ 1,218,540. INCLUDING GRANTS OF \$ 450,468. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

UGANDA, CONGO, DEM REP, INDONESIA, JORDAN, KENYA, MADAGASCAR, MALAWI, NIGERIA, MOZAMBIQUE, PHILIPPINES, RWANDA, SENEGAL, SOUTH AFRICA, TANZANIA, UKRAINE, AFGHANISTAN, CAMEROON, BANGLADESH, BENIN, BURKINA FASO, COTE D IVOIRE, ETHIOPIA, GUATEMALA, LIBERIA, MALI

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

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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ACKNOWLEDGE COMPLIANCE. EMPLOYEES ARE OBLIGED TO REPORT ILLEGAL OR UNETHICAL BEHAVIOR TO THE ORGANIZATION AND WHISTLEBLOWERS ARE PROTECTED. THE ORGANIZATION'S RIGOROUS INTERNAL AUDIT PROCESS INCLUDED MONITORING OF COMPLIANCE. IN ADDITION, EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS IS REQUIRED TO SUBMIT ANNUAL FINANCIAL DISCLOSURE DOCUMENTS WHICH ARE REVIEWED BY THE GENERAL COUNSEL TO PREVENT, DETECT AND REMEDY ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:
THE MSH BOARD OF DIRECTORS (BOD) ANNUALLY REVIEWS AND APPROVES COMPENSATION FOR THE CEO, CFO AND VICE PRESIDENTS OF EACH GROUP/OFFICE CONSISTENT WITH THE ORGANIZATION'S COMPENSATION PHILOSOPHY, THE 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, OR, PA, RI, SC, TN, VA, WV, WI, ND

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 PUBLICLY AVAILABLE AS PART OF THE ORGANIZATION'S CODE OF BUSINESS ETHICS ON THE ORGANIZATION'S WEBSITE ([HTTPS://MSH.ORG/CODE-OF-BUSINESS-ETHIC/](https://MSH.ORG/CODE-OF-BUSINESS-ETHIC/)). A SUMMARY OF THE FINANCIAL STATEMENTS IS MADE AVAILABLE IN THE ORGANIZATION'S ANNUAL REPORT. THE 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, MSH.ORG.

FORM 990, PART VII, SECTION A:
AFTER A REVIEW OF JOB RESPONSIBILITIES, SOME INDIVIDUALS NO LONGER MEET THE KEY EMPLOYEE CLASSIFICATION BUT STILL REMAIN WITH THE ORGANIZATION IN THE ROLE.

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

OTHER COMPREHENSIVE INCOME	-1,603,034.
FX LOSS	-870,395.
REVERSAL OF FRAUD RESERVE	30,000.
TOTAL TO FORM 990, PART XI, LINE 9	-2,443,429.

FORM 990, PART XII, LINE 2C:
THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

GENERAL STATEMENT
CONTRACTS WITH US GOVERNMENT AGENCIES
THE ORGANIZATION'S REVENUES ARE GENERATED FROM CONTRACTS WITH THE U.S. GOVERNMENT AGENCIES, PRIMARILY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). THE PERCENTAGE OF REVENUE EARNED FROM U.S. GOVERNMENT AGENCIES WAS 84% AND 91% FOR THE YEARS ENDED JUNE 30, 2025 AND 2024, RESPECTIVELY. IN EARLY 2025 USAID TERMINATED APPROXIMATELY

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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86% OF IT'S PROGRAMS AND ANNOUNCED THE FULL SEPARATION OF STAFF BY SEPTEMBER 2, 2025. THIS ABRUPT TERMINATION OF FUNDING AND WITHDRAWAL OF USAID REMOVED A SIGNIFICANT PORTION OF GLOBAL HUMANITARIAN FUNDING AND RESULTED IN A MATERIAL REDUCTION IN THE ORGANIZATION'S REVENUE. AS A RESULT, THE ORGANIZATION FORECASTS REDUCTION IN REVENUE, FROM U.S GOVERNMENT SOURCES, TO 50% IN FY 2026. MANAGEMENT'S ANALYSIS OF CASH FLOW PROJECTIONS, COUPLED WITH COST REDUCTION AND RESTRUCTURING WILL BE SUFFICIENT TO SUPPORT THE ORGANIZATION TO CONTINUE ITS MISSION TO MAKE A LIFESAVING IMPACT IN ITS WORK THROUGH OTHER GOVERNMENT FUNDERS, CORPORATIONS AND FOUNDATIONS, AND EXPECTS TO BE ABLE TO REMAIN VIABLE AS A SMALLER ORGANIZATION THAN IN THE PAST AS A GOING CONCERN.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">MANAGEMENT SCIENCES FOR HEALTH, INC.</p>	Employer identification number <p align="center">04-2482188</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDSOURCE GROUP LIMITED	B	1,390,656.	CASH PAID
(2) MSH INDIA HEALTH MANAGEMENT PRIVATE LTD	M	904,541.	EXP INCURRED
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

SCHEDULE R, PART II:

LINE 1 - MANAGEMENT SCIENCES FOR HEALTH LTD/GTE

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

INDEPENDENCE AVENUE, CBD ABUJA, NI.

PRIMARY ACTIVITY: PROMOTION OF ADEQUATE HEALTHCARE AND PUBLIC HEALTH

INTERVENTIONS.

LINE 2 - MANAGEMENT SCIENCES FOR HEALTH-SWAZILAND

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

WZ.

PRIMARY ACTIVITY: PROMOTION OF ADEQUATE HEALTHCARE AND PUBLIC HEALTH

INTERVENTIONS.

SCHEDULE R PART IV:

LINE 2 - MEDSOURCE GROUP LIMITED

PRIMARY ACTIVITY: GROUP PURCHASING ORGANIZATION TO IMPROVE ACCESS TO

PHARMACEUTICALS.

LINE 3 - MSH INDIA HEALTH MANAGEMENT PRIVATE LTD.

PRIMARY ACTIVITY: MSH INDIA HEALTH MANAGEMENT PRIVATE LIMITED (MSH

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

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

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

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

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

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

INC. SUBCONTRACTED WORK UNDER THE HS4TB AWARD TO MSH INDIA WHO THEN

CONDUCTED HS4TB ACTIVITIES IN INDIA AND INVOICED MSH, INC. FOR ITS

EXPENSES PLUS A SMALL MARKUP. THOSE ACTIVITIES WERE PRIMARILY WORKING

WITH INDIAN CENTRAL AND STATE GOVERNMENT TB AUTHORITIES TO IMPROVE HOW

Part VII Supplemental Information

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

THE LATTER PROCURES AND PAYS PRIVATE SECTOR CONTRACTORS FOR TB-RELATED

DIAGNOSTIC, TREATMENT AND PUBLIC HEALTH ACTIVITIES SUCH AS ACTIVE CASE

FINDING AND CONTRACT TRACING. THE HS4TB PROJECT WAS TERMINATED IN

2025. AS OF THE FILING OF THIS 990, MSH INDIA'S REGISTRATION IS IN

DORMANCY.

Multiple horizontal lines for supplemental information.