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Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MANAGEMENT SCIENCES FOR HEALTH, INC. Doing business as			D Employer identification number 04-2482188	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (617) 250-9500	
	City or town, state or province, country, and ZIP or foreign postal code MEDFORD, MA 02155			G Gross receipts \$ 288,127,337.	
	F Name and address of principal officer: MARIAN WENTWORTH SAME AS C ABOVE.			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.MSH.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation: 1971				M State of legal domicile: MA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: (MSH) SAVES LIVES AND IMPROVES THE HEALTH OF THE WORLD'S POOREST AND MOST VULNERABLE PEOPLE BY CLOSING THE GAP BETWEEN KNOWLEDGE AND ACTION IN PUBLIC HEALTH.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 11.
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 11.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 569.
	6	Total number of volunteers (estimate if necessary) 6 15.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	Prior Year Current Year	
	8	Contributions and grants (Part VIII, line 1h) 303,310,404. 287,724,276.
	9	Program service revenue (Part VIII, line 2g) 0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,612. 28,877.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,340. 374,184.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 303,317,356. 288,127,337.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 32,647,591. 27,693,255.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 137,926,289. 131,087,589.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 65,061. 177,125.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,040,104.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 129,947,666. 120,478,279.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 300,586,607. 279,436,248.
19	Revenue less expenses. Subtract line 18 from line 12 2,730,749. 8,691,089.	
Net Assets or Fund Balances	Beginning of Current Year End of Year	
	20	Total assets (Part X, line 16) 67,554,366. 81,486,676.
	21	Total liabilities (Part X, line 26) 33,241,312. 37,393,656.
22	Net assets or fund balances. Subtract line 21 from line 20. 34,313,054. 44,093,020.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	05/12/2017
	▶ VICKIE BARROW-KLEIN Type or print name and title	CFO/TREASURER

Paid Preparer Use Only	Print/Type preparer's name JOYCE UNDERWOOD	Preparer's signature <i>Joyce Underwood</i>	Date 05/12/2017	Check <input type="checkbox"/> if self-employed	PTIN P00022361
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600	
	Firm's address ▶ 8401 GREENSBORO DRIVE, SUITE 800 MCLEAN, VA 22102				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 88,645,508. including grants of \$ 6,988,794.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 35,480,574. including grants of \$ 3,581,293.) (Revenue \$ 0.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 87,112,301. including grants of \$ 12,168,745.) (Revenue \$ 0.)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.) ATTACHMENT 5
(Expenses \$ 27,752,881. including grants of \$ 4,954,423.) (Revenue \$ 0.)

4e Total program service expenses ▶ 238,991,264.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 701M.

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 in 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 ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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:

VICKIE BARROW-KLEIN 200 RIVERS EDGE DR, MEDFORD, MA 02155

617-250-9500

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. X

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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)	(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			
(1) JAMES STONE DIRECTOR	5.00 0.	X					0.	0.	0.	
(2) JOHN ISAACSON DIRECTOR	5.00 0.	X					0.	0.	0.	
(3) CHARLES DOCKENDORFF DIRECTOR	5.00 0.	X					0.	0.	0.	
(4) REBECA DE VIVES DIRECTOR	5.00 0.	X					0.	0.	0.	
(5) ALAN DETHERIDGE DIRECTOR	5.00 0.	X					0.	0.	0.	
(6) ANJALI SASTRY DIRECTOR	5.00 0.	X					0.	0.	0.	
(7) GAIL DE NICOLA DIRECTOR	5.00 0.	X					0.	0.	0.	
(8) JAMES ROOSEVELT, JR. DIRECTOR	5.00 0.	X					0.	0.	0.	
(9) PAULA DOHERTY JOHNSON DIRECTOR	5.00 0.	X					0.	0.	0.	
(10) DAN PELLEGRAM DIRECTOR	5.00 0.	X					0.	0.	0.	
(11) BARBARA BIERER DIRECTOR	5.00 0.	X					0.	0.	0.	
(12) LARRY FISH DIRECTOR	5.00 0.	X					0.	0.	0.	
(13) MIRIAM NELSON DIRECTOR	5.00 0.	X					0.	0.	0.	
(14) KATHERINE LUZURIAGA DIRECTOR	5.00 0.	X					0.	0.	0.	

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 dotted 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)	(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			
(15) ROBERT HALLAGAN ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
(16) JONATHAN QUICK ----- CEO/PRESIDENT	50.41 ----- 0.			X			451,757.	0.	53,711.	
(17) SHARON MOERLOOS ----- ASS. TREASURER & ASS. CLERK	52.59 ----- 0.			X			231,733.	0.	32,592.	
(18) PAUL AUXILA ----- EXEC. VP & COO	56.34 ----- 0.			X			368,528.	0.	36,699.	
(19) VICKIE BARROW-KLEIN ----- CFO/TREASURER	54.04 ----- 0.			X			288,287.	0.	44,756.	
(20) MATTHEW MOSNER ----- SECRETARY AND CLERK	44.50 ----- 0.			X			174,788.	0.	30,162.	
(21) CATHARINE HOWARD TAYLOR ----- VICE PRESIDENT HPG	46.10 ----- 0.				X		282,297.	0.	37,362.	
(22) DOULGAS KEENE ----- VICE PRESIDENT PHT	44.39 ----- 0.				X		253,868.	0.	35,310.	
(23) PATRICIA NICKLIN ----- VICE PRESIDENT GPMC	51.25 ----- 0.				X		231,320.	0.	40,314.	
(24) SHARON THOMPSON ----- VICE PRESIDENT HR	47.26 ----- 0.				X		253,092.	0.	31,499.	
(25) FRANCIS ABOAGYE-NYAME ----- PROJECT DIRECTOR III	42.87 ----- 0.				X		185,660.	0.	44,116.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							5,226,761.	0.	687,538.	
d Total (add lines 1b and 1c)							5,226,761.	0.	687,538.	

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 **▶ 273**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 22**

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 dotted 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)	(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			
(26) JAMES A. RICE ----- GLOBAL TECHNICAL LEAD	49.20 ----- 0.				X			163,170.	0.	29,116.
(27) LAWRENCE MICHEL ----- VICE PRESIDENT CLM	31.80 ----- 0.				X			330,887.	0.	33,736.
(28) MUNIRA SIDDIQI ----- HUMAN RESOURCE REG PARTNER II	41.55 ----- 0.					X		312,990.	0.	25,958.
(29) MED MAKUMBI ----- PROJECT DIRECTOR II	41.53 ----- 0.					X		312,771.	0.	27,534.
(30) BIRNA TRAP ----- PROJECT DIRECTOR II	53.78 ----- 0.					X		280,260.	0.	28,084.
(31) ERIK SCHOUTEN ----- PROJECT DIRECTOR II	45.26 ----- 0.					X		278,570.	0.	31,955.
(32) OUSMANE FAYE ----- PROJECT DIRECTOR II	51.98 ----- 0.					X		275,302.	0.	34,247.
(33) PAULINE HADDAD ----- DEPUTY CFO	51.43 ----- 0.						X	192,000.	0.	44,375.
(34) GORDON COMSTOCK ----- SR PRINCIPAL TECHNICAL ADVISOR	57.92 ----- 0.						X	209,481.	0.	46,012.
(35) JOHN POLLOCK ----- BUSINESS DEVP SENIOR DIRECTOR	0. ----- 0.						X	150,000.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 273

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	44,628,599.				
	e Government grants (contributions)	1e	194,221,391.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,874,286.				
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total. Add lines 1a-1f ▶			287,724,276.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			28,877.			28,877.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events. ▶			0.			
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS		900099		374,184.			374,184.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				374,184.			
12 Total revenue. See instructions. ▶				288,127,337.			403,061.

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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	27,693,255.	27,693,255.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,351,536.	538,826.	2,812,710.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	105,164,232.	85,636,674.	19,023,954.	503,604.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,259,278.	5,524,853.	1,690,782.	43,643.
9 Other employee benefits	11,821,143.	9,121,351.	2,638,601.	61,191.
10 Payroll taxes	3,491,400.	2,155,077.	1,306,419.	29,904.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	571,692.	421,535.	150,157.	
c Accounting	1,865,601.	856,656.	1,008,945.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	177,125.			177,125.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,772,367.	16,919,174.	1,775,883.	77,310.
12 Advertising and promotion	1,025.			1,025.
13 Office expenses	9,655,296.	9,023,107.	631,085.	1,104.
14 Information technology	4,477,897.	3,119,552.	1,358,345.	
15 Royalties	0.			
16 Occupancy	8,664,684.	5,857,695.	2,806,989.	
17 Travel	24,893,880.	22,908,919.	1,907,758.	77,203.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,055,423.	1,518,322.	505,180.	31,921.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	766,353.	6,344.	760,009.	
23 Insurance	1,083,250.	739,481.	343,769.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUBCONTRACT COSTS</u>	22,018,621.	22,018,621.		
b <u>EQUIPMENT AND SUPPLIES</u>	21,849,046.	21,849,046.		
c <u>ALL OTHER EXPENSES</u>	3,803,144.	3,082,776.	684,294.	36,074.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	279,436,248.	238,991,264.	39,404,880.	1,040,104.
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)	0.			

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	10,250,868.	1	27,441,027.
	2 Savings and temporary cash investments	1,877,591.	2	781,002.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	39,210,228.	4	41,771,986.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	2,264,150.	7	2,223,550.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	580,206.	9	1,512,646.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,558,228.		
	b Less: accumulated depreciation	10b 2,173,196.	2,760,117.	10c 2,385,032.
	11 Investments - publicly traded securities	9,090,111.	11	4,600,216.
	12 Investments - other securities. See Part IV, line 11	924,088.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	597,007.	15	771,217.
16 Total assets. Add lines 1 through 15 (must equal line 34)	67,554,366.	16	81,486,676.	
Liabilities	17 Accounts payable and accrued expenses	27,392,726.	17	27,991,150.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	3,469,010.	19	7,046,013.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	2,379,576.	25	2,356,493.
	26 Total liabilities. Add lines 17 through 25	33,241,312.	26	37,393,656.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,094,474.	27	43,878,935.
	28 Temporarily restricted net assets	218,580.	28	214,085.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,313,054.	33	44,093,020.	
34 Total liabilities and net assets/fund balances	67,554,366.	34	81,486,676.	

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	288,127,337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	279,436,248.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,691,089.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,313,054.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,088,877.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,093,020.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	296,811,113.	321,395,226.	313,631,150.	303,310,404.	287,724,276.	1,522,872,169.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	296,811,113.	321,395,226.	313,631,150.	303,310,404.	287,724,276.	1,522,872,169.
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).						0.
6 Public support. Subtract line 5 from line 4.						1,522,872,169.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	296,811,113.	321,395,226.	313,631,150.	303,310,404.	287,724,276.	1,522,872,169.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,556.	7,511.	1,296.	2,612.	28,877.	51,852.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				4,340.	374,184.	378,524.
11 Total support. Add lines 7 through 10						1,523,302,545.

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.97%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	100.00%

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISC INCOME				4,340.	374,184.	378,524.
TOTALS				<u>4,340.</u>	<u>374,184.</u>	<u>378,524.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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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 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	_____	\$ 185,634,678.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MANAGEMENT SCIENCES FOR HEALTH, INC.**

Employer identification number

04-2482188

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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(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 information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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 (grass roots 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:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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		6,398.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			6,398.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B:

LOBBY DAYS: 3 (2 W/ U.S. GLOBAL LEADERSHIP COALITION & 1 W/GLOBAL HEALTH COUNCIL).

FOCUS OF THE LOBBY DAY WITH USGLC WAS FUNDING THE INTERNATIONAL AFFAIRS ACCOUNT, MET WITH 8 MEMBERS OF CONGRESS AND THEIR STAFF. FOCUS OF THE GHC LOBBY DAY WAS THE VALUE OF THE GLOBAL HEALTH ACCOUNTS AND MAINTAINING FUNDING FOR THOSE ACCOUNTS

SIGN-ON LETTERS: 35.

SIGN ON LETTERS INCLUDED SPECIFIC REQUESTS TO MAINTAIN FUNDING FOR GLOBAL HEALTH ACCOUNTS AND REJECT POLICIES WHICH WOULD RESTRICT USAID FOR MAKING LOCAL DECISIONS

MEETINGS WITH CONGRESSIONAL STAFF: 44

MEETINGS WITH MEMBERS OF CONGRESS AND THEIR STAFF ON THE HOUSE APPROPRIATIONS COMMITTEE AND FOREIGN RELATIONS COMMITTEE, SENATE FOREIGN RELATIONS COMMITTEE AND APPROPRIATIONS COMMITTEE. MEETINGS FOCUSED ON EDUCATION AND DIRECT REQUESTS FOR FUNDING FOR ACCOUNTS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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., 1b If the organization elected, as permitted under SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items: a Revenue included in 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) 2015

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 are a 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 programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	915,549.				
b Contributions		1,000,000.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	506,364.	82,181.			
f Administrative expenses	269,891.	2,270.			
g End of year balance	139,294.	915,549.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 100.0000 %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		877,655.	254,002.	623,653.
d Equipment		3,363,733.	1,917,556.	1,446,177.
e Other		316,840.	1,638.	315,202.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,385,032.

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	2,356,493.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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 FIN 48 (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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V

THE NO MORE EPIDEMICS BOARD DESIGNATED FUND IS TO BE USED TO SUPPORT RESPONSES TO CURRENT AND FUTURE EPIDEMICS, AND EPIDEMICS PREPAREDNESS AND RESPONSE IN GENERAL, AND SUCH OTHER PURPOSES AS THE BOARD DEEMS REASONABLE OR APPROPRIATE.

PART X, LINE 2

THE ORGANIZATION FOLLOWS THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, THERE WERE NO MATERIAL INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

THE ORGANIZATION IS SUBJECT TO ROUTINE AUDIT BY TAXING AUTHORITIES IN THE U.S. AND IN OTHER JURISDICTIONS WHERE IT OPERATES AND, AS OF JUNE 30, 2016, VARYING YEARS REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES DEPENDING ON COUNTRY OF OPERATIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA			INVESTMENTS		
(2) CENTRAL AMERICA/CARIBBEAN		182.	PROGRAM SERVICES	SEE PART V	12,306,925.
(3) EAST ASIA AND THE PACIFIC		63.	PROGRAM SERVICES	SEE PART V	3,191,040.
(4) EUROPE		6.	PROGRAM SERVICES	SEE PART V	
(5) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	SEE PART V	
(6) NORTH AMERICA		3.	PROGRAM SERVICES	SEE PART V	
(7) RUSSIA/INDEPENDENT STATES		12.	PROGRAM SERVICES	SEE PART V	654,048.
(8) SOUTH AMERICA		13.	PROGRAM SERVICES	SEE PART V	1,235,001.
(9) SOUTH ASIA		266.	PROGRAM SERVICES	SEE PART V	13,236,097.
(10) SUB-SAHARAN AFRICA		1,429.	PROGRAM SERVICES	SEE PART V	110,819,790.
(11) SUB-SAHARAN AFRICA			INVESTMENTS		
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		1,975.			141,442,901.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1,975.			141,442,901.

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

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	28,509.	EBT			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	22,500.	CASH			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	20,500.	CASH			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	18,000.	CASH			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	53,762.	EBT			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	97,059.	EBT			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	179,698.	EBT			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	353,182.	EBT			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	31,500.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	73,928.	EBT			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	32,529.	EBT			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	22,994.	EBT			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	13,500.	CASH			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	90,360.	EBT			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	16,000.	CASH			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	22,500.	CASH			N/A

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

3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	22,500.	CASH			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	13,019.	EBT			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	62,164.	EBT			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	22,857.	EBT			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	17,181.	EBT			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	28,805.	EBT			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	28,430.	EBT			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	28,194.	EBT			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	18,000.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	76,414.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	22,826.	EBT			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	12,564.	CASH			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	5,061.	EBT			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	18,000.	CASH			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	34,496.	EBT			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	6,180.	CASH			N/A

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

3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	22,301.	EBT			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	23,405.	EBT			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	10,035.	CASH			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	7,610.	CASH			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	8,680.	CASH			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	14,260.	CASH			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	12,820.	CASH			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	16,860.	CASH			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	20,980.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	51,440.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	6,180.	CASH			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	40,000.	CASH			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	20,000.	CASH			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	22,870.	CASH			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	46,858.	EBT			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	26,185.	EBT			N/A

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

3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	16,756.	EBT			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	17,758.	EBT			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	47,342.	CHECK			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	19,559.	EBT			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	20,190.	CASH			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	25,386.	CASH			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	35,763.	CASH			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	25,843.	CASH			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	20,775.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	30,670.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	33,546.	CASH			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	29,642.	CASH			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	23,715.	CASH			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	27,791.	CASH			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	21,410.	CASH			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	25,761.	CASH			N/A

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

3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	30,270.	CASH			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	28,660.	CASH			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	23,215.	CASH			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	28,615.	CASH			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	36,332.	CASH			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	22,005.	CASH			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	33,535.	CASH			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	31,685.	CASH			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	26,578.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	26,115.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	24,615.	CASH			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	29,060.	CASH			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	31,644.	CASH			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	25,670.	CASH			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	32,425.	CASH			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	30,052.	CASH			N/A

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

3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	25,635.	CASH			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	35,317.	CASH			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	135,065.	CASH			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	38,526.	CASH			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	34,385.	CASH			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	29,060.	CASH			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	25,441.	CASH			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	29,060.	CASH			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	29,940.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	35,217.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	24,100.	CASH			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	29,034.	CASH			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	27,780.	CASH			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	35,840.	CASH			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	27,450.	CASH			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	35,715.	CASH			N/A

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

3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	23,215.	CASH			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	33,070.	CASH			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	28,665.	CASH			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	34,205.	CASH			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	22,825.	CASH			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	31,726.	CASH			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	26,240.	CASH			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	26,240.	CASH			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	25,112.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	24,825.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	34,404.	CASH			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	31,963.	CASH			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	27,450.	CASH			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	24,485.	CASH			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	29,220.	CASH			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	30,645.	CASH			N/A

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

3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	26,035.	CASH			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	28,999.	CASH			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	36,493.	CASH			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	23,615.	CASH			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	28,656.	CASH			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	25,932.	CASH			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	21,400.	CASH			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	25,590.	CASH			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	27,450.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	34,179.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	24,558.	CASH			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	26,498.	CASH			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	28,615.	CASH			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	31,326.	CASH			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	29,265.	CASH			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	35,854.	CASH			N/A

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3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	27,125.	CASH			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	35,359.	CASH			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	6,581.	EBT			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	39,139.	CASH			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	43,916.	CASH			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	41,895.	CASH			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	55,459.	CASH			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	40,489.	CASH			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	41,738.	CASH			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	44,997.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	16,080.	EBT			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	17,253.	EBT			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	20,500.	CASH			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	133,267.	EBT			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	18,080.	EBT			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	24,219.	EBT			N/A

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3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	12,180.	CASH			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	28,500.	CASH			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	20,340.	CASH			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	30,840.	CASH			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	16,442.	EBT			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	7,026.	EBT			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	16,442.	EBT			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	59,328.	EBT			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	32,701.	EBT			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	19,507.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	55,065.	EBT			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	35,582.	EBT			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	59,148.	EBT			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	73,632.	EBT			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	6,901.	EBT			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	184,551.	EBT			N/A

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3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	16,203.	EBT			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	27,349.	EBT			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	61,337.	EBT			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	56,778.	EBT			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	46,370.	CHECK			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	67,393.	EBT			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	91,491.	EBT			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	21,448.	EBT			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	28,731.	EBT			N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	13,500.	CASH			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	20,500.	CASH			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	22,954.	EBT			N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	59,289.	EBT			N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	6,938.	EBT			N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	42,066.	EBT			N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	9,271.	EBT			N/A

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

3 Enter total number of other organizations or entities. ▶ _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	609,389.	EBT			N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	22,812.	EBT			N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	81,550.	EBT			N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	521,023.	EBT			N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	19,666.	EBT			N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	35,858.	CHECK			N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	6,467.	EBT			N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	13,500.	CASH			N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	6,046.	CHECK			N/A
(10)			CENT. AMERICA/CARIBBEAN	SEE PART V	487,820.	CHECK			N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	16,688.	EBT			N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	55,612.	EBT			N/A
(13)			EUROPE	SEE PART V	18,000.	EBT			N/A
(14)			SOUTH AMERICA	SEE PART V	59,250.	EBT			N/A
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 197.

3 Enter total number of other organizations or entities. 1.

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) TRAINING FOR PUBLIC HEALTH PROFESSIONALS	CENT. AMERICA/CARIBBEAN	10591.	405,718.	WIRE	1,786,513.	SEE PART V	BOOK
(2) TRAINING FOR PUBLIC HEALTH PROFESSIONALS	EAST ASIA/PACIFIC	1290.	85,318.	WIRE	217,539.	SEE PART V	BOOK
(3) TRAINING FOR PUBLIC HEALTH PROFESSIONALS	MIDDLE EAST/NORTH AFRICA	16585.	990,734.	WIRE	2,797,528.	SEE PART V	BOOK
(4) TRAINING FOR PUBLIC HEALTH PROFESSIONALS	RUSSIA/NEWLY IND. STATES	185.	5,712.	WIRE	31,127.	SEE PART V	BOOK
(5) TRAINING FOR PUBLIC HEALTH PROFESSIONALS	SOUTH AMERICA	2813.	157,410.	WIRE	474,473.	SEE PART V	BOOK
(6) TRAINING FOR PUBLIC HEALTH PROFESSIONALS	SOUTH ASIA	6269.	391,933.	WIRE	1,057,487.	SEE PART V	BOOK
(7) TRAINING FOR PUBLIC HEALTH PROFESSIONALS	SUB-SAHARAN AFRICA	37796.	2,578,276.	WIRE	6,375,486.	SEE PART V	BOOK
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to 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.

PARTS I, II AND III

AMOUNTS ARE REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING.

PART II

COLUMN (D) - PURPOSE OF GRANTS: TO CARRY OUT PROGRAM OBJECTIVES OF PROVIDING HEALTH SYSTEM SERVICES.

PART III

COLUMN (G) DESCRIPTION OF NONCASH ASSISTANCE: TRANSPORTATION, PER DIEM AND MATERIALS FOR TRAINING ACTIVITIES.

MSH CURRENTLY TRACKS TRAINING ACTIVITIES BY CALENDAR YEAR ONLY, AND THEREFORE INFORMATION REPORTED IN PART III IS FOR CALENDAR YEAR 2015. WE ARE IN THE PROCESS OF DEVELOPING A MECHANISM FOR FUTURE REPORTING AND DISCLOSURE BY FISCAL YEAR.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total						179,352.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2),				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B:

COLUMN (II) ACTIVITY:

1. DEVELOPMENT OF STRATEGY TO IDENTIFY, CULTIVATE AND SOLICIT CORPORATE AND FOUNDATION PARTNERSHIPS.
2. DEVELOPMENT OF DIGITAL FUNDRAISING STRATEGY MESSAGES AND COMMUNICATION TOOLS.
3. DEVELOP AND IMPLEMENT CAMPAIGN FUNDING STRATEGY, INCLUDING PROSPECT

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

RESEARCH, DONOR CULTIVATION AND PROPOSAL DEVELOPMENT.

4. DEVELOPMENT OF STRATEGY TO IDENTIFY, CULTIVATE AND SOLICIT CORPORATE AND FOUNDATION PARTNERSHIPS.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
INSPIRED UP THE WHEELHOUSE 33 BRADFORD STREET CONCORD MA 01742	SEE PART IV		X		112,953.	
ROBBINS KERSTEN DIRECT IN 855 E. COLLINS BOULEVARD RICHARDSON TX 75081	SEE PART IV		X		37,899.	
ERIN GILBERT 4 JAMES LANE KINDERHOOK NY 12106	SEE PART IV		X		20,000.	
THE CROSSLAND GROUP 8 FANEUIL HALL MARKETPLACE, THIRD FLOOR BOSTON MA 02109	SEE PART IV		X		8,500.	

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

04-2482188

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a	X	
2	X	
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 are not 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 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 JONATHAN QUICK CEO/PRESIDENT	(i)	451,757.	0.	0.	26,500.	27,211.	505,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SHARON MOERLOOS ASS. TREASURER & ASS. CLERK	(i)	231,733.	0.	0.	21,671.	10,921.	264,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PAUL AUXILA EXEC. VP & COO	(i)	368,528.	0.	0.	23,998.	12,701.	405,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 VICKIE BARROW-KLEIN CFO/TREASURER	(i)	288,287.	0.	0.	25,900.	18,856.	333,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MATTHEW MOSNER SECRETARY AND CLERK	(i)	174,788.	0.	0.	5,115.	25,047.	204,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CATHARINE HOWARD TAYLOR VICE PRESIDENT HPG	(i)	282,297.	0.	0.	25,900.	11,462.	319,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 DOULGAS KEENE VICE PRESIDENT PHT	(i)	253,868.	0.	0.	23,907.	11,403.	289,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 PATRICIA NICKLIN VICE PRESIDENT GPMC	(i)	231,320.	0.	0.	14,875.	25,439.	271,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 SHARON THOMPSON VICE PRESIDENT HR	(i)	253,092.	0.	0.	20,170.	11,329.	284,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 FRANCIS ABOAGYE-NYAME PROJECT DIRECTOR III	(i)	185,660.	0.	0.	19,219.	24,897.	229,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JAMES A. RICE GLOBAL TECHNICAL LEAD	(i)	163,170.	0.	0.	14,931.	14,185.	192,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 LAWRENCE MICHEL VICE PRESIDENT CLM	(i)	130,887.	0.	200,000.	17,065.	16,671.	364,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MUNIRA SIDDIQI HUMAN RESOURCE REG PARTNER II	(i)	312,990.	0.	0.	10,170.	15,788.	338,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 MED MAKUMBI PROJECT DIRECTOR II	(i)	312,771.	0.	0.	13,029.	14,505.	340,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 BIRNA TRAP PROJECT DIRECTOR II	(i)	280,260.	0.	0.	16,588.	11,496.	308,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 ERIK SCHOUTEN PROJECT DIRECTOR II	(i)	278,570.	0.	0.	16,074.	15,881.	310,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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 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 OUSMANE FAYE PROJECT DIRECTOR II	(i)	275,302.	0.	0.	15,034.	19,213.	309,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PAULINE HADDAD DEPUTY CFO	(i)	192,000.	0.	0.	19,328.	25,047.	236,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 GORDON COMSTOCK SR PRINCIPAL TECHNICAL ADVISOR	(i)	209,481.	0.	0.	20,827.	25,185.	255,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JOHN POLLOCK BUSINESS DEVP SENIOR DIRECTOR	(i)	0.	0.	150,000.	0.	0.	150,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 1 A

PAYMENTS FOR HOUSING ALLOWANCES ARE ONLY MADE TO MSH STAFF ON INTERNATIONAL ASSIGNMENT IN ACCORDANCE WITH THE DEPARTMENT OF STATE STANDARDIZED REGULATIONS (DSSR) AS DEFINED IN THE EMPLOYEE'S TERMS OF ASSIGNMENT MSH REQUIRES QUALITY DOCUMENTATION / RECEIPTS FOR REIMBURSEMENT OF ALL EXPENSES.

MSH COVERS TRAVEL FOR AN ELIGIBLE SPOUSE, DEPENDENT(S) AND ELIGIBLE STAFF ON INTERNATIONAL ASSIGNMENT IN ACCORDANCE WITH USAID OPERATIONAL POLICIES (ADS) UNDER THE REST AND RECUPERATION(R&R) TRAVEL PROGRAM AS DEFINED IN THE EMPLOYEE'S TERMS OF ASSIGNMENT.

PART I, LINE 7G

JOHN POLLOCK RECEIVED SEVERANCE OF \$150,000
LAWRENCE MICHEL RECEIVED SEVERANCE OF \$200,000
THESE SEPARATION PAYMENTS WERE NEGOTIATED BY THE PARTIES AND BASED ON A NUMBER OF FACTORS, INCLUDING BUT NOT LIMITED TO SERVICE TO THE ORGANIZATION AND THE PARTICULAR FACTS AND CIRCUMSTANCES OF EACH INDIVIDUAL MATTER.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

FORM 990, PART V, LINE 4A

COMPLETE LIST OF COUNTRIES: AFGHANISTAN, ANGOLA, BANGLADESH, BENIN,
BOTSWANA, BURUNDI, CAMEROON, COTE D'IVOIRE, D.R. CONGO, ETHIOPIA, GABON,
GHANA, GUATEMALA, GUINEA, GUYANA, HAITI, HONDURAS, INDONESIA, ISLE OF
MAN, KENYA, LESOTHO, LIBERIA, MADAGASCAR, MALAWI, MALI, MOZAMBIQUE,
MYANMAR, NAMIBIA, NIGERIA, PERU, PHILIPPINES, RWANDA, SIERRA LEONE, SOUTH
AFRICA, SOUTH SUDAN, SWAZILAND, TANZANIA, UGANDA, UKRAINE, VIETNAM,
ZAMBIA.

FORM 990, PART VI, SECTION A, LINE 4

THE MSH BY-LAWS WERE AMENDED TO CHANGE BOARD OF DIRECTOR TERMS TO TWO
4-YEAR TERMS FROM TWO 3-YEAR TERMS.

FORM 990, PART VI, SECTION B, LINE 11

A COPY OF THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE. SUBSEQUENT
TO AUDIT COMMITTEE REVIEW THE FORM IS PROVIDED TO THE REMAINING BOARD
MEMBERS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION REQUIRES ALL EMPLOYEES TO SIGN ITS CODE OF BUSINESS
ETHICS AND CONDUCT (WHICH INCLUDES ITS CONFLICT OF INTEREST POLICY) EACH
YEAR TO ACKNOWLEDGE COMPLIANCE. EMPLOYEES ARE OBLIGED TO REPORT ILLEGAL
OR UNETHICAL BEHAVIOR TO THE ORGANIZATION AND WHISTLEBLOWERS ARE
PROTECTED. THE ORGANIZATION'S RIGOROUS INTERNAL AUDIT PROCESS INCLUDED

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

MONITORING OF COMPLIANCE. IN ADDITION, EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS IS REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15

THE MSH BOARD OF DIRECTORS (BOD) ANNUALLY REVIEWS AND APPROVES COMPENSATION FOR THE CEO, CFO, COO, AND VICE PRESIDENTS OF EACH GROUP/OFFICE CONSISTENT WITH THE ORGANIZATION'S COMPENSATION PHILOSOPHY, THE MANAGEMENT, DEVELOPMENT AND COMPENSATION COMMITTEE (MDCC) OF THE BOD REVIEWS THE PERFORMANCE EVALUATIONS AND A COMPETITIVE COMPENSATION ANALYSIS BASED ON INDEPENDENT THIRD-PARTY MARKET DATA AND THE 990S OF PEER ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST IT IS ALSO SHARED DURING MEETINGS WITH POTENTIAL DONORS AND VIA MAILING IN RESPONSE TO DONOR REQUESTS OR INTERESTS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE FROM THE SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS SET OUT ON THE ORGANIZATION'S INTRANET SITE BUT IS NOT CURRENTLY AVAILABLE TO THE PUBLIC. A SUMMARY OF THE FINANCIAL STATEMENTS IS MADE AVAILABLE IN THE ORGANIZATION'S ANNUAL REPORT. THE DETAILED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEB (GUIDESTAR, SINGLE AUDIT DATABASE) AND ON THE ORGANIZATION'S WEBSITE.

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

FORM 990, PART XI, LINE 9

FOREIGN EXCHANGE GAIN \$ 1,088,877

TOTAL ON LINE 9 \$ 1,088,877

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.

FORM 990, ITEM B

AMENDED RETURN

THE FORM 990 IS BEING AMENDED TO CORRECT REPORTABLE COMPENSATION OF
LAWRENCE MICHEL ON FORM 990, PART VII AND SCHEDULE J, PART II.
REPORTABLE AMOUNT FOR 2015 INCLUDES \$130,887 OF BASE COMPENSATION AND
\$200,000 OF OTHER REPORTABLE COMPENSATION WITH TOTAL RERPORTABLE
COMPENSATION OF \$330,887.

ADDITIONALLY JOHN POLLOCK'S REPORTABLE COMPENSATION IS OTHER REPORTABLE
COMPENSATION RATHER THAN BASE COMPENSATION FOR SCHEDULE J, PART II.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MANAGEMENT SCIENCES FOR HEALTH (MSH) SAVES LIVES AND IMPROVES HEALTH
BY ENSURING EQUITABLE ACCESS TO HEALTH CARE FOR PEOPLE MOST IN NEED.
MSH BUILDS STRONG HEALTH SYSTEMS THAT DELIVER EVERYTHING IT TAKES
-PEOPLE, MONEY, MEDICINE, INFORMATION AND FACILITIES TO PREVENT
DISEASE, TREAT ILLNESS, AND EMPOWER PEOPLE TO LEAD HEALTHIER LIVES.

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

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOR MORE THAN 45 YEARS IN OVER 150 COUNTRIES, MSH HAS PARTNERED WITH GOVERNMENTS AND COMMUNITIES TO BUILD STRONG, LOCALLY-LED HEALTH SYSTEMS THAT IMPROVE REPRODUCTIVE, MATERNAL AND CHILD HEALTH; FIGHT INFECTIOUS DISEASES; AND CONTROL CHRONIC CONDITIONS SUCH AS CANCER, DIABETES AND HEART AND LUNG DISEASE. IN 2015, MSH REACHED 117 MILLION PEOPLE AROUND THE WORLD THROUGH OUR WORK.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ACCESS TO MEDICINES: STRONG HEALTH SYSTEMS ENSURE THAT ALL COMMUNITIES AND INDIVIDUALS HAVE THE RIGHT MEDICINE AT THE RIGHT DOSE AT THE RIGHT TIME. 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 TRAIN PHARMACISTS IN SOME OF THE MOST VOLATILE 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

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

ATTACHMENT 2 (CONT'D)

SOFTWARE, AND INNOVATES AND APPLIES PROVEN HEALTH TECHNOLOGIES.
THROUGH THIS WORK THOUSANDS OF LIVES HAVE BEEN-AND WILL BE-~~SAVED~~.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

INFECTIOUS DISEASE: STRONG HEALTH SYSTEMS ARE BUILT TO ADDRESS
INFECTIOUS DISEASE AND PREVENT OUTBREAKS FROM BECOMING EPIDEMICS.
MSH'S INFECTIOUS DISEASE PROGRAMS SUPPORT KEY INTERVENTIONS TO
PREVENT, DIAGNOSE AND TREAT HIV, TB, AND MALARIA. WE SUPPORT
COLLABORATIVE APPROACHES, INCLUDING DEVELOPING ACCREDITATION
STANDARDS SUCH AS TREATMENT GUIDELINES AND BUILDING CAPACITY BY
TRAINING DISTRICT OFFICIALS, HEALTH WORKERS AND COMMUNITIES. WE
ALSO HELP IDENTIFY AND RESOLVE BOTTLENECKS IN FLOWS OF FINANCIAL
AND MATERIAL RESOURCES, PROVIDE OVERSIGHT OF GLOBAL FUND PROJECTS,
AND BUILD LEADERSHIP CAPACITY AT NATIONAL-LEVEL INSTITUTIONS TO
BUILD CONSENSUS AND COLLABORATION TO ELIMINATE THESE KILLER
DISEASES. WE ALSO WORK TO STRENGTHEN THE SUPPLY CHAIN OF MEDICINES
FOR INFECTIOUS DISEASES. REDUCING HIGH MATERNAL AND CHILD
MORTALITY DUE TO INFECTIOUS DISEASES IN COUNTRIES SUCH AS LIBERIA,
ETHIOPIA, TANZANIA AND UGANDA IS ACHIEVED THROUGH A COMBINATION OF
HEALTH SERVICE AND INFRASTRUCTURE INTERVENTIONS. IN LIBERIA, MSH
IS WORKING WITH THE MINISTRY OF HEALTH TO HELP RESTORE AND IMPROVE
THE HEALTH SYSTEM FOLLOWING THE EBOLA CRISIS. MSH IS WORKING HARD
TO STOP THE NEXT GLOBAL PANDEMIC.

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

INTEGRATED HEALTH SYSTEMS DELIVERY: MSH IS CONSIDERED A LEADER IN HEALTH SYSTEMS STRENGTHENING (HSS). MSH APPLIES A COMPREHENSIVE SYSTEMS APPROACH THAT ENSURES THAT UNDERSERVED WOMEN, CHILDREN AND FAMILIES ARE GETTING THE FULL SPECTRUM OF CARE THEY NEED. WE PROVIDE ACCESS TO INTEGRATED HEALTH INTERVENTIONS AND MEDICINES ACROSS THE CONTINUUM OF CARE AND IMPROVE THE HEALTH OF WOMEN AND CHILDREN THROUGH PRIMARY CARE SERVICES INTEGRATED WITH FAMILY PLANNING, HIV, TB, AND MALARIA HEALTH SERVICES, ALONG WITH CARE FOR CHRONIC DISEASES SUCH AS CANCER AND DIABETES. WE EMPLOY OPERATIONS ANALYSIS AND SOLUTION DESIGN TO ALL ASPECTS OF A NATION'S HEALTH SYSTEM THROUGH BUILDING CAPACITY AT ALL LEVELS, WORKING ALONGSIDE KEY STAKEHOLDERS TO DEVELOP STRATEGIES, AND IN SOME CASES DELIVER SERVICES DURING PERIODS WHERE THERE ARE GAPS IN THE SYSTEM.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAMS	223,629.	7,057,062.	0.
WOMEN'S & CHILDREN'S HEALTH	4,730,794.	20,695,819.	0.
TOTALS	<u>4,954,423.</u>	<u>27,752,881.</u>	<u>0.</u>

Name of the organization MANAGEMENT SCIENCES FOR HEALTH, INC.	Employer identification number 04-2482188
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ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OR, PA,

SC, TN, UT, VA, WV, WI,

ATTACHMENT 7

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE JOINT MEDICAL STORES PLOT 1828 GOGONYA ROAD, P.O. BOX 4501 KAMPALA UGANDA	PHARM WHSE/DIST SVCS	963,055.
THE CROSSLAND GROUP 8 FANEUIL HALL MARKETPLACE BOSTON, MA 02109	MNGT CONSULTING SVC	736,508.
CONG TY CO PHAN DUOC PHAM TRUNG UONG CPC 356A, GIAI PHONG ST., THANH XUAN DISTRICT HANOI VIETNAM	CLEAR, DISTRIB DRUGS	405,076.
GOODWIN PROCTER LLP 100 NORTHERN AVENUE BOSTON, MA 02210	LEGAL SERVICE	232,020.
COVINGTON & BURLING LLP 850 10TH STREET, NW WASHINGTON, DC 20001	LEGAL SERVICES	227,357.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

MANAGEMENT SCIENCES FOR HEALTH, INC.

Employer identification number

04-2482188

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) PARTNERSHIP FOR SUPPLY CHAIN MANAGEMENT 20-3258654 1616 NORTH FORT MYER DRIVE ARLINGTON, VA 22209	SEE PART VII	VA	501(C)(3)	LINE 7	N/A		X
(2) MANAGEMENT SCIENCES FOR HEALTH-PERU CAL. GONZALES PRADA 350 LIMA, MIRAFLORES PE 18	SEE PART VII	PE	501(C)(3)		MSH	X	
(3) MANAGEMENT SCIENCES FOR HEALTH LTD/GTE PLOT 564/565 INDEPENDENCE AVE CBD ABJUJA, NI	SEE PART VII	NI	501(C)(3)		MSH	X	
(4) MANAGEMENT SCIENCES FOR HEALTH-SWAZILAND #110 THE NEW MALL, DR. SISHAYI MBABANE, WZ	SEE PART VII	WZ	501(C)(3)		MSH	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MSH DEVELOPMENT SERVICES 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 04-2679727	INACTIVE	MA	MSH	C CORP	0.	0.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R PART II

LINE 1 - PARTNERSHIP FOR SUPPLY CHAIN MANAGEMENT

PRIMARY ACTIVITY: PROVIDE SUSTAINABLE SUPPLY CHAINS TO MEET THE NEEDS OF HEALTH CARE.

LINE 2 - MANAGEMENT SCIENCES FOR HEALTH-PERU

COMPLETE ADDRESS: MANUEL GONZALES PRADA 350, MIRAFLORES, LIMA, PE.

PRIMARY ACTIVITY: PROMOTION OF ADEQUATE HEALTHCARE AND PUBLIC HEALTH INTERVENTIONS.

LINE 3 - 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 4 - 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 V NUMBER 1C, 1N, 1Q AND 1S

CERTAIN MSH OFFICERS ARE DIRECTORS ON THE BOARD OF THE PARTNERSHIP FOR SUPPLY CHAIN MANAGEMENT (PFSCM). MSH DOES NOT DIRECTLY CONTROL PFSCM, BUT BECAUSE THERE IS A SIGNIFICANT RELATIONSHIP BETWEEN THE TWO ORGANIZATIONS MSH HAS CHOSEN TO DISCLOSE THE RELATIONSHIP IN THIS SCHEDULE. NO COMPENSATION INFORMATION FROM THIS RELATED ORGANIZATION IS REPORTED ON MSH'S FORM BECAUSE PFSCM HAS NO EMPLOYEES.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

VICKIE BARROW-KLEIN, CFO

- The books are in the care of ► 200 RIVER'S EDGE DR, MEDFORD, MA 02155

Telephone No. ► 617 250-9500 FAX No. ► 617 250-9090

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning 07/01, 2015, and ending 06/30, 2016.

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

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

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

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