

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VITAL STRATEGIES, INC. Doing business as		D Employer identification number 22-3419667
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 BROADWAY, 4TH FL	E Telephone number 212-500-5724	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005		G Gross receipts \$ 81,549,487.
	F Name and address of principal officer: JOSE LUIS CASTRO 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		H(c) Group exemption number ▶

J Website: ▶ WWW.VITALSTRATEGIES.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1995 **M State of legal domicile:** NJ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ENVISION A WORLD WHERE EVERY PERSON IS PROTECTED BY A STRONG PUBLIC HEALTH SYSTEM.		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	164
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	167,684.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	174,982,107.	80,596,112.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	209,043.	286,026.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,196.	28,518.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,200,346.	80,910,656.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,555,552.	64,486,742.
	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)	12,955,215.	19,957,843.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 549,069.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,503,384.	34,986,979.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,014,151.	119,431,564.
19 Revenue less expenses. Subtract line 18 from line 12	95,186,195.	-38,520,908.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 128,787,354.	End of Year 88,976,134.
	21 Total liabilities (Part X, line 26)	6,427,476.	5,137,164.
	22 Net assets or fund balances. Subtract line 21 from line 20	122,359,878.	83,838,970.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	WALLACE D'SOUZA, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945	Phone no. 212-286-2600		
	Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AT VITAL STRATEGIES' CORE IS A VISION OF A WORLD WHERE EVERYONE IS PROTECTED BY A STRONG PUBLIC HEALTH SYSTEM.

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

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

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

4a (Code:) (Expenses \$ 35,593,733. including grants of \$ 25,939,133.) (Revenue \$) RESOLVE -

GLOBAL CARDIOVASCULAR HEALTH AND PUBLIC HEALTH INFRASTRUCTURE INITIATIVES, ALSO KNOWN AS RESOLVE TO SAVE 100 MILLION LIVES AND RESOLVE TO PREVENT EPIDEMICS. PROJECT GOALS FOR THESE INITIATIVES INCLUDE: - CARDIOVASCULAR HEALTH INITIATIVE: CATALYZE PROGRESS REDUCING THE BURDEN OF CARDIOVASCULAR DISEASE IN LOW- AND MIDDLE- INCOME COUNTRIES. - PREVENTING EPIDEMICS (PUBLIC HEALTH INFRASTRUCTURE) INITIATIVE: REDUCE RISK OF EPIDEMICS BY STRENGTHENING CAPACITY OF LOW- AND MIDDLE-INCOME COUNTRIES TO DETECT, RESPOND TO, AND PREVENT HEALTH THREATS. (SEE CONTINUATION ON SCHEDULE O)

4b (Code:) (Expenses \$ 22,436,671. including grants of \$ 13,668,000.) (Revenue \$) TOBACCO CONTROL -

IN 2018, VITAL STRATEGIES' WORK SUPPORTED STRENGTHENED PROTECTIONS FOR HUNDREDS OF MILLIONS OF PEOPLE AGAINST THE HARMS OF TOBACCO, FROM NEW SMOKE-FREE LAWS PASSED IN CHINA TO UPHOLDING AN ADDITIVE BAN IN BRAZIL AND ENSURING THE SIN TAX REMAINED FRONT OF MIND IN THE PHILIPPINES. IN ALL OF OUR PRIORITY COUNTRIES, THE TOBACCO INDUSTRY WAS MET WITH A FIGHT. OUR GAINS WERE ACHIEVED BY SUPPORTING 55 STRONG MEDIA CAMPAIGNS IN 14 COUNTRIES. EACH CAMPAIGN WAS CRAFTED FOR MAXIMUM IMPACT USING SOCIAL SCIENCE RESEARCH AND INNOVATIVE DIGITAL STRATEGY AND WAS CARRIED OUT BY STAFF ON THE GROUND WITH DEEP IN-COUNTRY KNOWLEDGE.

4c (Code:) (Expenses \$ 18,705,814. including grants of \$ 2,864,669.) (Revenue \$) DATA FOR HEALTH -

THE BLOOMBERG DATA FOR HEALTH INITIATIVE AIMS TO, IN FOUR YEARS; IMPROVE HEALTH DATA FOR POLICY MAKING FOR OVER 1 BILLION PEOPLE IN 20 LOW- AND MIDDLE INCOME COUNTRIES AND CITIES. AS PART OF THE INITIATIVE, BLOOMBERG PHILANTHROPIES ISSUED A GRANT TO VITAL STRATEGIES, AN USA-BASED AFFILIATE OF THE INTERNATIONAL UNION FOR TUBERCULOSIS AND LUNG DISEASE, ON MARCH 30, 2015. THE GOAL OF THE GRANT IS TO HELP COUNTRIES: (I) IMPROVE BIRTH AND DEATH CERTIFICATE SYSTEMS; (II) CONDUCT EFFICIENT PUBLIC HEALTH SURVEYS TO MONITOR MAJOR RISK FACTORS FOR EARLY DEATH AND (III) SUPPORT GOVERNMENTS TO STRATEGICALLY USE PUBLIC HEALTH DATA TO INFORM POLICY PRIORITIES. UNDER

4d Other program services (Describe in Schedule O.) (Expenses \$ 33,586,216. including grants of \$ 22,014,940.) (Revenue \$)

4e Total program service expenses 110,322,434.

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> ?	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>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements.

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		19
b	Enter the number of voting members included in line 1a, above, who are independent		17
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL, NJ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 **WALLACE D'SOUZA - 212-500-5724**
100 BROADWAY, 4TH FL, NEW YORK, NY 10005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 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) JOSE LUIS CASTRO PRESIDENT & CEO	40.00	X		X				265,225.	0.	10,078.
(2) LOUIS JAMES DE VIEL CASTEL CHAIRMAN	2.00	X		X				0.	0.	0.
(3) ANDREW S RENDEIRO, VICE CHAIR FOR OPERATIONS (THRU AUGUST 2018)	3.00	X		X				0.	0.	0.
(4) HELEN AGERUP VICE CHAIR FOR OPERATIONS	2.00	X		X				0.	0.	0.
(5) MARC SZNAJDERMAN VICE CHAIR FOR PROGRAMS	3.00	X		X				0.	0.	0.
(6) ERIC ROSENBAUM SECRETARY	3.00	X		X				0.	0.	0.
(7) SCOTT HALSTEAD TREASURER	4.00	X		X				0.	0.	0.
(8) PETER A. BALDINI, SR. ADVISOR, BUS. DEV (THRU JAN 2018)/TRUSTEE	3.00	X						57,750.	0.	0.
(9) DAVID A CAPUTO TRUSTEE	3.00	X						0.	0.	0.
(10) E. JANE CARTER, MD TRUSTEE (THRU JUNE 2018)	2.00	X						0.	0.	0.
(11) CHRIS CASTAGNA TRUSTEE	2.00	X						0.	0.	0.
(12) FRANK G. COLELLA, J.D., LL.M, C TRUSTEE	2.00	X						0.	0.	0.
(13) ROZ FEDER TRUSTEE	2.00	X						0.	0.	0.
(14) MARK FOLEY TRUSTEE	3.00	X						0.	0.	0.
(15) SAMIDH GUHA TRUSTEE (THRU APRIL 2018)	2.00	X						0.	0.	0.
(16) MASAE KAWAMURA TRUSTEE	2.00	X						0.	0.	0.
(17) RAM KOPPAKA, MD TRUSTEE	2.00	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 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			
(18) BRUCE MANDELL TRUSTEE	4.00	X					0.	0.	0.	
(19) RENEE RIDZON TRUSTEE	2.00	X					0.	0.	0.	
(20) JACK SALVO TRUSTEE	3.00	X					0.	0.	0.	
(21) DEAN SCHRAUFNAGEL TRUSTEE	2.00	X					0.	0.	0.	
(22) RICHARD SHEPRO TRUSTEE	2.00	X					0.	0.	0.	
(23) WALLACE D'SOUZA CFO	40.00			X			300,000.	0.	42,855.	
(24) TAMAR RENAUD COO	40.00				X		248,034.	0.	10,485.	
(25) THOMAS FRIEDEN PRESIDENT & CEO OF RESOLVE	40.00				X		482,433.	0.	48,802.	
(26) ADAM M. KARPATI SR. VP PUBLIC HEALTH	40.00				X		293,181.	0.	44,790.	
1b Sub-total							1,646,623.	0.	157,010.	
c Total from continuation sheets to Part VII, Section A							2,094,362.	0.	192,785.	
d Total (add lines 1b and 1c)							3,740,985.	0.	349,795.	

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 **60**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MOSES AND SINGER, LLP 405 LEXINGTON AVE, NEW YORK, NY 10174	LEGAL SERVICES	652,813.
CARROLL COMMUNICATIONS 180 OLD COLONY AVE, #300, QUINCY, MA 02170	GLOBAL POLICY AND ADVOCACY CONSULTING	225,869.
SARA WHITEHEAD 2 TYRREL AVENUE, TORONTO, M6G 261, CANADA	PUBLIC HEALTH SERVICES	200,808.
PATRICIA COTTER, 4 JOHNSTONE STREET, MALVERN VICTORIA, AUSTRALIA 3144	OBESITY PREVENTION / GLOBAL POLICY AND C	194,821.
DR. DORCAS MUTETEKE 1960 TALL TREE DRIVE, NE, ATLANTA, GA 30324	PUBLIC HEALTH SERVICES	180,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **30**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,676,093.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	68,920,019.				
	g Noncash contributions included in lines 1a-1f: \$		638,831.				
	h Total. Add lines 1a-1f		80,596,112.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		286,026.			286,026.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		638,831.					
		b Less: cost or other basis and sales expenses		638,831.			
		c Gain or (loss)		0.			
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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						
Miscellaneous Revenue		Business Code					
11 a OTHER REVENUE	900099		25,639.			25,639.	
b MEMBERSHIP FEES	900099		2,879.			2,879.	
c _____							
d All other revenue							
e Total. Add lines 11a-11d			28,518.				
12 Total revenue. See instructions			80,910,656.	0.	0.	314,544.	

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 X

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 ...	16,117,936.	16,117,936.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	48,368,806.	48,368,806.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,673,724.	1,930,855.	541,651.	201,218.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,283,850.	10,476,574.	2,651,366.	155,910.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	485,325.	358,239.	114,502.	12,584.
9 Other employee benefits	2,175,175.	1,605,590.	513,187.	56,398.
10 Payroll taxes	1,339,769.	988,941.	316,090.	34,738.
11 Fees for services (non-employees):				
a Management				
b Legal	784,151.	645,750.	136,754.	1,647.
c Accounting	63,653.	52,418.	11,101.	134.
d Lobbying	3,480.		3,480.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	22,019,195.	21,193,144.	782,586.	43,465.
12 Advertising and promotion	53,526.	53,306.	109.	111.
13 Office expenses	504,237.	364,479.	137,432.	2,326.
14 Information technology	446,461.	266,869.	179,357.	235.
15 Royalties				
16 Occupancy	1,801,707.	1,021,877.	759,406.	20,424.
17 Travel	4,835,245.	4,591,249.	241,382.	2,614.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	705,230.	659,481.	43,396.	2,353.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,490.		101,490.	
23 Insurance	218,786.	130,391.	88,395.	
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 PROJECT SUPPLIES/EQUIPM	1,865,906.	974,227.	891,679.	
b BAD DEBT EXPENSES	698,800.	170,068.	525,009.	3,723.
c SUBSCRIPTIONS, REFERENCE	358,394.	181,060.	175,598.	1,736.
d ADMIN./PROGRAM COSTS	294,810.	71,747.	221,493.	1,570.
e All other expenses	231,908.	99,427.	124,598.	7,883.
25 Total functional expenses. Add lines 1 through 24e	119,431,564.	110,322,434.	8,560,061.	549,069.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,769,445.	1	4,317,910.
	2 Savings and temporary cash investments	40,448,426.	2	56,803,906.
	3 Pledges and grants receivable, net	82,749,392.	3	20,739,083.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	471,439.	9	390,640.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,347,539.		
	b Less: accumulated depreciation	10b 598,364.	80,992.	10c 1,749,175.
	11 Investments - publicly traded securities	0.	11	1,778,107.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,267,660.	15	3,197,313.
16 Total assets. Add lines 1 through 15 (must equal line 34)	128,787,354.	16	88,976,134.	
Liabilities	17 Accounts payable and accrued expenses	729,870.	17	1,518,395.
	18 Grants payable	4,895,037.	18	2,728,969.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	260,796.	21	231,982.
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	541,773.	25	657,818.
	26 Total liabilities. Add lines 17 through 25	6,427,476.	26	5,137,164.
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	-2,981,350.	27	1,155,931.
	28 Temporarily restricted net assets	125,341,228.	28	82,683,039.
	29 Permanently restricted net assets		29	
	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	122,359,878.	33	83,838,970.	
34 Total liabilities and net assets/fund balances	128,787,354.	34	88,976,134.	

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	80,910,656.
2	Total expenses (must equal Part IX, column (A), line 25)	2	119,431,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,520,908.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	122,359,878.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,838,970.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37044236.	95261833.	30602155.	174982107	80596112.	418486443
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	37044236.	95261833.	30602155.	174982107	80596112.	418486443
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)						229500537
6 Public support. Subtract line 5 from line 4.						188985906

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	37044236.	95261833.	30602155.	174982107	80596112.	418486443
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,160.	98,091.	119,436.	209,043.	286,026.	715,756.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		65,410.	9,019.	9,196.	28,518.	112,143.
11 Total support. Add lines 7 through 10						419314342
12 Gross receipts from related activities, etc. (see instructions)					12	639,241.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	45.07 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	38.38 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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?		
b A family member of a person described in (a) above?		
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>		

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>		
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>		

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>		

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?		
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>		
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>		

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.		
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>		
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>		
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>		
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>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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).		

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

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

OTHER INCOME

2015 AMOUNT: \$ 65,410.

2016 AMOUNT: \$ 9,019.

2017 AMOUNT: \$ 9,196.

2018 AMOUNT: \$ 25,639.

FEEES

2018 AMOUNT: \$ 2,879.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>15,538,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>15,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>11,676,093.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>10,121,740.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>9,613,434.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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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
7	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,413,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

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.			
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) 2015	(b) 2016	(c) 2017	(d) 2018	(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
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	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		3,480.
j Total. Add lines 1c through 1i			3,480.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization VITAL STRATEGIES, INC. **Employer identification number** 22-3419667

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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.

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.

b 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 on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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		1,263,564.	51,592.	1,211,972.
d Equipment		1,083,975.	546,772.	537,203.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,749,175.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	657,818.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	657,818.

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.

1	Total revenue, gains, and other support per audited financial statements		1	80,910,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	80,910,656.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	80,910,656.

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

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

1	Total expenses and losses per audited financial statements		1	119,431,564.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	119,431,564.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	119,431,564.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

VITAL STRATEGIES (VITAL) IS ACTING AS FIDUCIARY FISCAL AGENT FOR THE NORTH AMERICAN REGION CHARTER OF THE UNION(NAR) FUNDS. THESE FUNDS ARE HELD IN A DESIGNATED BANK ACCOUNT. THE BALANCE OF FUNDS AS OF DECEMBER 31, 2018 IS \$231,982.

DURING 2018, VS THROUGH THE UNION, WAS THE PRIME-RECIPIENT OF \$11.68 MILLION IN US GOVERNMENT FUNDS, TO SUPPORT ACTIVITIES ASSOCIATED WITH THE UNION-LED IMPLEMENTATION OF THE INTERNATIONAL TREAT TB INITIATIVE, A MULTI-YEAR RESEARCH INITIATIVE FUNDED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), FOR WHICH VS SERVES AS A COORDINATING AND ADMINISTRATIVE HUB.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

VITAL STRATEGIES, INC. RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT VITAL STRATEGIES, INC. HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. VITAL STRATEGIES, INC. IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2015.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **VITAL STRATEGIES, INC.** Employer identification number: **22-3419667**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTS		7,636,334.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		18,781,508.
EUROPE	0	0	GRANTS		18,472,026.
NORTH AMERICA	0	0	GRANTS		1,802,246.
SOUTH AMERICA	0	0	GRANTS		1,676,692.
EUROPE	0	13	PROGRAM SERVICES	DATA FOR HEALTH	63,886.
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	PARTNERSHIP FOR HEALTHY CITIES	597.
SOUTH AMERICA	0	4	PROGRAM SERVICES	PARTNERSHIP FOR HEALTHY CITIES	9,299.
3 a Subtotal	0	18			48,442,588.
b Total from continuation sheets to Part I	0	8			168,067.
c Totals (add lines 3a and 3b)	0	26			48,610,655.

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESOLVE	266,370.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	150,040.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	24,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	82,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	23,714.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	14,204.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB AND STREAM TB	126,894.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL	15,000.	WIRE TRANSFER	0.		

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 **39**

3 Enter total number of other organizations or entities **68**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	82,762.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB	59,999.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	75,393.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB AND STREAM TB	169,543.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	859,114.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	50,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	75,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	100,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	130,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	15,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB AND STREAM TB	522,637.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	46,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	45,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	61,504.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	98,701.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	200,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	STREAM TB	97,452.	WIRE TRANSFER	0.		
		NORTH AMERICA	TREAT TB AND STREAM TB	127,132.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL	50,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL	100,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	5,291.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	22,913.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL	22,450.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL	100,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	170,810.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DATA FOR HEALTH	67,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	147,901.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	128,415.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB AND STREAM TB	215,961.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	65,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	20,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	14,170.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL	475,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	274,390.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	10,772.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	263,207.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	50,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	INTERNATIONAL OFFICES	18,211.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB AND STREAM TB	100,007.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	100,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	96,014.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL, TREAT TB, DATA FOR HEALTH, AND ROAD SAFETY	9705706.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, RESOLVE, ROAD SAFETY, AND STREAM TB	1427735.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, INTERNATIONAL OFFICES, ROAD SAFETY, ENVIRONMENTAL HEALTH,	1554884.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	9,936.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB	154,910.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STREAM TB	139,604.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	63,168.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	50,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB AND STREAM TB	325,997.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	37,520.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	100,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	100,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB AND STREAM TB	349,200.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	42,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	81,081.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	11,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL	35,225.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	689,527.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	357,720.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	5,420.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	100,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	62,270.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB AND STREAM TB	962,087.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	17,023.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	36,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TREAT TB	167,278.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	9,319.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	65,800.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	14,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	153,583.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	100,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	26,111.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	17,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	13,460.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	22,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	24,244.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	40,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB	163,245.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	4628000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	98,086.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB AND STREAM TB	287,954.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL	100,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	160,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB AND STREAM TB	602,738.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB AND STREAM TB	1121099.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH	122,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	11,898.	WIRE TRANSFER	0.		
		SOUTH AMERICA	INTERNATIONAL OFFICES	49,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	INTERNATIONAL OFFICES	244,985.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, INTERNATIONAL OFFICES, ROAD SAFETY, ENVIRONMENTAL HEALTH	832,301.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	11260229	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB AND STREAM TB	2655869.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MATERNAL HEALTH	2498444.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	5,565.	WIRE TRANSFER	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DATA FOR HEALTH	AFRICA	3	19,409.	WIRE TRANSFER	0.		
TOBACCO	EAST ASIA AND THE PACIFIC	27	39,960.	WIRE TRANSFER	0.		
TREAT TB	EUROPE	3	118,085.	WIRE TRANSFER	0.		
TREAT TB	SOUTH AMERICA	6	36,157.	WIRE TRANSFER	0.		

Part IV Foreign Forms

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

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

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

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

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

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

Schedule F (Form 990) 2018

Part V Supplemental Information

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

PART I, LINE 2:

VITAL STRATEGIES (VITAL STRATEGIES) IS BOTH A RECIPIENT AND ISSUER OF GRANT FUNDING. THE ORGANIZATION MAINTAINS A GRANT FUNDING MONITORING SYSTEM TO EFFECTIVELY MONITOR AND REPORT RESULTS OF GRANT FUNDING ISSUED TO RECIPIENTS.

THE DIRECT MANAGEMENT OF FUNDS IS THE RESPONSIBILITY OF THE PROGRAM OFFICERS AND GRANTS MANAGER FOR THE RESPECTIVE CONTRACT OR AGREEMENT. ALL GRANTS MANAGERS REVIEW COMPLETION OF SCOPE OF WORK DELIVERABLES VIA EMAIL FOLLOW-UP, SCHEDULED CHECK-IN PHONE CALLS AT KEY PROJECT INTERVALS AND QUARTERLY SITE VISITS PRIOR TO SIGNING OFF ON SUBMITTED INVOICES. THIS RESPONSIBILITY IS OFTENTIMES SHARED WITH THE EMBEDDED CONSULTANT WHO IS REQUIRED TO COMPLETE A MONTHLY REPORT AND WHO IS ALSO SUBJECT TO THE SAME REVIEW PROCESS FOR THEIR RESPECTIVE WORK BY THE ASSIGNED GRANTS MANAGER. FOR GRANTEES, FINANCE REQUIRES AND REVIEWS QUARTERLY FINANCIAL REPORTS TO VALIDATE AND RECONCILE REPORTED EXPENSES. THESE REPORTS ARE FIRST REVIEWED BY GRANTS MANAGERS PRIOR TO BEING REVIEWED BY THE FINANCE TEAM. SPECIFICALLY, WE HAVE 3 MECHANISMS IN PLACE: SITE VISITS (BY VARIOUS PROGRAM TEAM MEMBERS INCLUDING PHARMACISTS FOR TREAT TB/STREAM, TECHNICAL OFFICERS, GRANTS MANAGERS), FINANCIAL REPORTS, TECHNICAL REPORTS. CONSULTANTS, VENDORS AND GRANTEES ARE SELECTED IN PARTNERSHIP WITH CITY AND/OR COUNTRY GOVERNMENT PARTNERS AND KEY INITIATIVE PARTNERS. FOR CONSULTANTS, ALL AFFILIATED PARTIES AGREE ON A SCOPE OF WORK AND THE CONSULTANT POSITION IS EITHER POSTED OR SHARED WITH KEY PARTNERS TO DEVELOP A WIDE POOL OF INDIVIDUAL'S CANDIDATES. CONSULTANTS ARE THEN INTERVIEWED IN ACCORDANCE TO THE AGREED-UPON INTERVIEW FORMAT AND SELECTED FOR EACH POSITION. VENDORS ARE SELECTED EITHER VIA A BIDDING

Part V Supplemental Information

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

PROCESS OR VIA SOLE SOURCE SELECTION BASED ON INTERNAL CITY/COUNTRY OR INITIATIVE PARTNER EXPERIENCE. GRANTEES ARE USUALLY IDENTIFIED WITH THE ASSISTANCE OF INTERNAL CITY/COUNTRY PARTNERS FOR A SPECIFIC PURPOSE BASED ON DOLLAR AMOUNT BEING CHARGED AND THE ANTICIPATED SCOPE OF WORK. WHERE POSSIBLE, THE GRANTEES FOR BOTH INITIATIVES ARE THE IDENTIFIED CITY/GOVERNMENT PARTNERS THEMSELVES ELSE, THEY ARE IDENTIFIED WITH THE ASSISTANCE OF INTERNAL CITY/COUNTRY PARTNERS FOR A SPECIFIC PURPOSE BASED ON THE ANTICIPATED SCOPE OF WORK. VITAL STRATEGIES THEN REVIEWS THE OPTIONS AND DECIDES WITH ASSISTANCE FROM ALL AFFILIATED PARTNERS, WHO IS THE BEST GRANTEE OPTION FOR THE SPECIFIC SCOPE OF WORK.

PART I, LINE 3:

EXPENDITURES ARE RECOGNIZED UNDER THE ACCRUAL BASIS OF ACCOUNTING.

PART II, COLUMN (D):

(D) PURPOSE OF GRANT: DATA FOR HEALTH, INTERNATIONAL OFFICES, ROAD SAFETY, ENVIRONMENTAL HEALTH, AND INDONESIA MATERNAL AND NEWBORN HEALTH.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **VITAL STRATEGIES, INC.** Employer identification number **22-3419667**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION - BEDF - 7 PALMER ST 2ND FLOOR - ROXBURY, BOSTON, MA 02119	22-2514422	501(C)(3)	65,936.	0.			PARTNERSHIP FOR HEALTHY CITIES
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW SUITE #1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	500,000.	0.			RESOLVE
CDC FOUNDATION 600 PEACHTREE STREET NE, SUITE 1000 ATLANTA, GA 30308	58-2106707	501(C)(3)	6,863,865.	0.			RESOLVE
COLUMBIA UNIVERSITY 622 WEST 168TH STREET, PH-8 EAST, R NEW YORK, NY 10032	13-5598093	501(C)(3)	70,000.	0.			EDUCATION
ENCOMPASS LLC 105000 ALLOWAY DRIVE POTOMAC, MD 20854	52-2228651	N/A	69,835.	0.			TREAT TB
INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE IACP - 44 CANAL CENTER PLAZA, SUITE 200 - ALEXANDRIA, VA 22314	53-0227813	501(C)(3)	242,000.	0.			TOBACCO CONTROL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12.**
- 3 Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	2,802,500.	0.			RESOLVE
PAN AMERICAN HEALTH ORGANIZATION - PAHO - 525 23RD STREET NW - WASHINGTON, DC 20037	52-1804954	N/A	681,617.	0.			RESOLVE
PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH - 1401 JFK BOULEVARD, ROOM 1380 - PHILADELPHIA, PA 19102	23-6003047	GOV'T	10,870.	0.			PARTNERSHIP FOR HEALTHY CITIES
PATH 2201 WESTLAKE AVE, SUITE 200 SEATTLE, WA 98121	91-1157127	501(C)(3)	1,152,438.	0.			RESOLVE
PROJECT HOPE FOUNDATION 2131 WOODRUFF RD STE 2100 GREENVILLE, SC 29607	58-2324540	501(C)(3)	1,079,940.	0.			RESOLVE
SOUTHERN CALIFORNIA MEDICAL GROUP (SCPMG) - 100 S LOS ROBLES AVE - PASADENA, CA 91001	95-1750445	N/A	243,558.	0.			RESOLVE
TOOLE DESIGN GROUP, LLC 8484 GEORGIA AVE, SUITE 800 SILVER SPRING, MD 20910	05-0545429	N/A	10,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
UNIVERSITY OF CHICAGO CENTER FOR SPATIAL DATA - 57801 S ELLIS AVE, - CHICAGO, IL 60637	36-2177139	501(C)(3)	40,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL, B21 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	66,144.	0.			DATA FOR HEALTH

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

VITAL STRATEGIES (VITAL STRATEGIES) IS BOTH A RECIPIENT AND ISSUER OF GRANT FUNDING. THE ORGANIZATION MAINTAINS A GRANT FUNDING MONITORING SYSTEM TO EFFECTIVELY MONITOR AND REPORT RESULTS OF GRANT FUNDING ISSUED TO RECIPIENTS.

THE DIRECT MANAGEMENT OF FUNDS IS THE RESPONSIBILITY OF THE PROGRAM OFFICERS AND GRANTS MANAGER FOR THE RESPECTIVE CONTRACT OR AGREEMENT. ALL PROGRAM OFFICERS AND GRANTS MANAGERS REVIEW COMPLETION OF SCOPE OF WORK

Part IV Supplemental Information

DELIVERABLES VIA EMAIL FOLLOW-UP, SCHEDULED CHECK-IN PHONE CALLS AT KEY PROJECT INTERVALS AND QUARTERLY SITE VISITS PRIOR TO SIGNING OFF ON SUBMITTED INVOICES. THIS RESPONSIBILITY IS OFTEN SHARED WITH EMBEDDED CONSULTANT WHO ARE REQUIRED TO COMPLETE A MONTHLY REPORT AND WHO ARE ALSO SUBJECT TO THE SAME REVIEW PROCESS FOR THEIR RESPECTIVE WORK ASSIGNED BY PROGRAM OFFICER AND GRANTS MANAGER. FOR GRANTEES, FINANCE REQUIRES AND REVIEWS QUARTERLY FINANCIAL REPORTS TO VALIDATE AND RECONCILE REPORTED EXPENSES. THESE REPORTS ARE FIRST REVIEWED BY GRANTS MANAGERS PRIOR TO BEING REVIEWED BY THE FINANCE TEAM.

SPECIFICALLY, WE HAVE 3 MECHANISMS IN PLACE: SITE VISITS (BY VARIOUS PROGRAM TEAM MEMBERS INCLUDING PHARMACISTS FOR TREAT TB/STREAM, TECHNICAL OFFICERS, GRANTS MANAGERS), FINANCIAL REPORTS, TECHNICAL REPORTS.

CONSULTANTS, VENDORS AND GRANTEES ARE SELECTED IN PARTNERSHIP WITH CITY AND/OR COUNTRY GOVERNMENT PARTNERS AND KEY INITIATIVE PARTNERS. SELECTION IS BASED ON PARTNER EXPERIENCE AND DOLLAR EXPENSES VALUE. FOR CONSULTANTS, ALL AFFILIATED PARTIES AGREE ON A SCOPE OF WORK AND THE CONSULTANT POSITION IS EITHER POSTED OR SHARED WITH KEY PARTNERS TO DEVELOP A WIDE POOL OF INDIVIDUAL'S CANDIDATES. CONSULTANTS ARE THEN INTERVIEWED IN ACCORDANCE TO THE AGREED-UPON INTERVIEW FORMAT AND SELECTED FOR EACH POSITION. VENDORS ARE SELECTED EITHER VIA A BIDDING PROCESS OR VIA SOLE SOURCE SELECTION BASED ON COST TO THE ORGANIZATION AND AND/OR INITIATIVE PARTNER EXPERIENCE. GRANTEES ARE USUALLY IDENTIFIED WITH THE ASSISTANCE OF INTERNAL CITY/COUNTRY PARTNERS FOR A SPECIFIC PURPOSE BASED ON THE ANTICIPATED SCOPE OF WORK. WHERE POSSIBLE, THE GRANTEES FOR BOTH INITIATIVES ARE THE IDENTIFIED CITY/GOVERNMENT PARTNERS THEMSELVES ELSE, THEY ARE IDENTIFIED WITH THE ASSISTANCE OF PARTNERS FOR A SPECIFIC PURPOSE BASED ON THE

Part IV Supplemental Information

ANTICIPATED SCOPE OF WORK. VITAL STRATEGIES THEN REVIEWS THE OPTIONS AND
DECIDES WITH ASSISTANCE FROM ALL AFFILIATED PARTNERS, WHO IS THE BEST
GRANTEE OPTION FOR THE SPECIFIC SCOPE OF WORK.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VITAL STRATEGIES, INC.

Employer identification number
22-3419667

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

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

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

3 Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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) JOSE LUIS CASTRO PRESIDENT & CEO	(i)	265,225.	0.	0.	10,078.	0.	275,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WALLACE D'SOUZA CFO	(i)	300,000.	0.	0.	11,000.	31,855.	342,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TAMAR RENAUD COO	(i)	248,034.	0.	0.	9,661.	824.	258,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THOMAS FRIEDEN PRESIDENT & CEO OF RESOLVE	(i)	482,433.	0.	0.	11,000.	37,802.	531,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ADAM M. KARPATI SR. VP PUBLIC HEALTH	(i)	293,181.	0.	0.	10,656.	34,134.	337,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SANDRA MULLIN SR. VP. COMMUNICATION	(i)	259,876.	0.	0.	9,834.	16,042.	285,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) IRA D. RUSEN SR. VP RESEARCH & DEVELOPMENT	(i)	296,921.	0.	0.	10,457.	1,752.	309,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL KASS SR. VP ENVIRONMENTAL HEALTH	(i)	245,068.	0.	0.	9,394.	20,747.	275,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAULA FUJIWARA SCIENTIFIC DIRECTOR	(i)	321,652.	0.	0.	10,823.	11,795.	344,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CYRUS SHAHPAR DIRECTOR, PREVENT EPEDEMIC TEAM	(i)	298,407.	0.	0.	10,500.	33,705.	342,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PHILIP SETEL VP AND DIRECTOR, CRVS	(i)	227,587.	0.	0.	8,796.	3,196.	239,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AMANDA MCCLELLAND SENIOR VP, RESOLVE	(i)	222,596.	0.	0.	7,500.	6,976.	237,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MILI CHOWFLA SENIOR VP FINANCE & ADMIN.	(i)	222,255.	0.	0.	7,026.	24,242.	253,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **VITAL STRATEGIES, INC.** Employer identification number **22-3419667**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	638,831.	AVG SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF DONORS ON PART I, COLUMN (B).

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

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

WE BELIEVE PASSIONATELY THAT PROGRESS CAN BE MADE AGAINST EVEN THE MOST
DIFFICULT HEALTH CHALLENGES BY PARTNERING LOCAL COMMITMENT AND GLOBAL
EXPERTISE. WE IMPLEMENT PROGRAMS THAT STRENGTHEN THESE PARTNERS AND THE
HEALTH SYSTEMS THEY SUPPORT WORKING TO IMPROVE THE LIVES OF BILLIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOLLOWING SUMMARIZES PROGRESS AND LAUNCHING KEY PARTNERSHIPS. OF
PARTICULAR NOTE REGARDING PROGRESS IN THE FIRST YEAR:

- RAPID PROGRESS IMPROVING GLOBAL RECOMMENDATIONS AND POLICY FOR
HYPERTENSION TREATMENT AND INCREASING THE ACCOUNTABILITY OF TREATMENT
PROGRAMS, WITH PATIENTS BEING TREATED IN 3 STATES OF INDIA UNDER THE
NEW STRATEGY

- GLOBAL LAUNCH OF REPLACE, AN ACTION PACKAGE TO ELIMINATE ARTIFICIAL
TRANS-FATS FROM THE GLOBAL FOOD SUPPLY BY 2023, WITH NEW COMMITMENTS
MADE BY THAILAND (2019 TARGET DATE) AND INDIA (2022 TARGET DATE).

- PROGRESS INCREASING ACCOUNTABILITY FOR PREVENTING EPIDEMICS,
ADVANCING UNDERSTANDING OF THE NEED TO STEP UP PREPAREDNESS IN SPECIFIC
CAPACITIES AND LAUNCH OF A WEBSITE TO HELP ACCELERATE PROGRESS DOING
SO.

PROJECT OUTCOMES

KEY ORGANIZATIONAL AND PROGRAMMATIC GOALS WERE REACHED THAT DEMONSTRATE
THE PROGRESS OF RESOLVE TO SAVE LIVES AND ITS INITIATIVES, AS
SUMMARIZED BELOW.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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1. CONTRACTUAL ARRANGEMENTS - SUB-AGREEMENTS SIGNED WITH AT LEAST TWO MAJOR PARTNERS. TARGET DATE: END OF SECOND QUARTER OF GRANT - ACHIEVED

2. SURVEILLANCE

A. INITIATION OF SURVEILLANCE FOR TRANS-FAT CONSUMPTION IN INDIA.

TARGET DATE: END OF FIRST QUARTER OF GRANT - ACHIEVED

B. ESTABLISHMENT OF STANDARDS FOR SURVEILLANCE OF SODIUM AND TRANS-FAT CONSUMPTION. TARGET DATE: END OF THIRD QUARTER OF GRANT - ACHIEVED (4TH QUARTER)

C. ESTABLISHMENT OF STANDARDS FOR CLINICAL AND COMMUNITY SURVEILLANCE OF BLOOD PRESSURE CONTROL. TARGET DATE: END OF THIRD QUARTER GRANT - ACHIEVED (4TH QUARTER)

3. POLICY - ESTABLISHMENT OF GUIDELINES AND PROTOCOLS FOR MANAGEMENT OF HYPERTENSION IN PRIMARY CARE. TARGET DATE: END OF THIRD QUARTER GRANT - ACHIEVED

4. ADVOCACY FOR PUBLIC HEALTH INFRASTRUCTURE STRENGTHENING - LAUNCH OF WEBSITE WITH CLEAR PRESENTATION OF INDEPENDENT EVALUATIONS OF COUNTRY PREPAREDNESS. TARGET DATE: END OF THIRD QUARTER OF GRANT (MARCH 31, 2018) - ACHIEVED (4TH QUARTER)

KEY PARTNERSHIPS (CONTRACTUAL AGREEMENTS)

RESOLVE TO SAVE LIVES ENTERED INTO PARTNERSHIPS WITH LEADING GLOBAL ORGANIZATIONS ACROSS THE TWO INITIATIVES TO TAKE ON ROLES RELATED TO TECHNICAL ASSISTANCE, ADVOCACY, SURVEILLANCE, TRAINING, AND IMPLEMENTATION SCIENCE. KEY PARTNERS INCLUDE THE WORLD HEALTH ORGANIZATION, THE WORLD BANK, CAMPAIGN FOR TOBACCO FREE KIDS/GLOBAL HEALTH ADVOCACY INCUBATOR, THE CDC FOUNDATION, AND JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH. CONTRACTS WERE EXECUTED CLOSE TO ANTICIPATED TIMEFRAMES, ALLOWING FOR A RAPID START OF ACTIVITIES

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CARDIOVASCULAR HEALTH INITIATIVE

THE GLOBAL CARDIOVASCULAR HEALTH INITIATIVE LAUNCHED ON SEPTEMBER 12, 2017, WITH A FOCUS ON THREE COMPONENTS: TRANS-FAT ELIMINATION, SODIUM REDUCTION, AND IMPROVED HYPERTENSION CONTROL. IN THIS FIRST YEAR, RESOLVE TO SAVE LIVES IS SUPPORTING CARDIOVASCULAR HEALTH EFFORTS THAT HAVE BEEN LAUNCHED IN OUR TWO HIGHEST PRIORITY COUNTRIES, INDIA AND CHINA, AS WELL AS IN THAILAND. INITIAL ACTIVITIES ARE UNDERWAY IN ETHIOPIA, TURKEY, VIETNAM, WITH PROGRAMS UNDER CONSIDERATION IN BANGLADESH AND NIGERIA.

THE INDIA HYPERTENSION MANAGEMENT INITIATIVE OFFICIALLY LAUNCHED ON NOVEMBER 28, 2017, IN COLLABORATION WITH THE MINISTRY OF HEALTH AND FAMILY WELFARE, STATE GOVERNMENTS IN INDIA, THE INDIAN COUNCIL OF MEDICAL RESEARCH, AND WHO INDIA. THE PROGRAM IS NOW ACTIVE IN THREE STATES (PUNJAB, MADHYA PRADESH, AND KERALA) AND EXPANDED TO 2 ADDITIONAL STATES (MAHARASHTRA AND TELANGANA) IN JULY/AUGUST 2018.

IN CHINA, RESOLVE TO SAVE LIVES, THROUGH PARTNERSHIPS WITH THE BEIJING LISHENG CARDIOVASCULAR HEALTH FOUNDATION AND PROJECT HOPE, IS PROVIDING TECHNICAL ASSISTANCE ON A \$600 MILLION WORLD BANK LOAN THAT HAS BEEN MATCHED BY A \$3.5 BILLION INVESTMENT FROM CHINA TO IMPROVE PRIMARY CARE IN ANHUI AND FUJIAN PROVINCES WITH A FOCUS ON HYPERTENSION TREATMENT. ALONG WITH PROGRAMS IN SHANDONG AND HENAN PROVINCES, IMPROVED TREATMENT PROGRAMS COULD POTENTIALLY BE AVAILABLE TO A POPULATION OF MORE THAN 300 MILLION IN 2018.

TRANS-FAT

IN PARTNERSHIP WITH THE WORLD HEALTH ORGANIZATION, ON MAY 14, 2018, RESOLVE TO SAVE LIVES LAUNCHED REPLACE, A 6-COMPONENT TECHNICAL PACKAGE FOR GLOBAL ELIMINATION OF ARTIFICIAL TRANS-FAT FROM FOOD. THE LAUNCH

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RECEIVED HEAVY COVERAGE IN MEDIA WORLDWIDE, WITH MORE THAN 36 UNIQUE STORIES IN TOP-TIER PUBLICATIONS DURING THE FIRST 24 HOURS, INCLUDING THE NEW YORK TIMES, THE FINANCIAL TIMES, ASSOCIATED PRESS, REUTERS AND LE MONDE. IN THE AREA OF ARTIFICIAL TRANS-FAT ELIMINATION IN INDIA, WE CONDUCTED PRELIMINARY TESTING OF SAMPLES OF HUMAN SERUM AND BEGAN TECHNOLOGY TRANSFER TO INDIA FOR FUTURE TESTING OF STORED SAMPLES, AND WORKED WITH INDIA'S REGULATORY AUTHORITY, WHICH HAS NOW COMMITTED TO THE ELIMINATION OF ARTIFICIAL TRANS-FAT BY 2023.

POLICY

THE CARDIOVASCULAR HEALTH INITIATIVE MADE SURPRISINGLY RAPID PROGRESS ADVANCING KEY POLICY AND PROTOCOLS. ON SEPTEMBER 29, 2017, WHO AND RESOLVE TO SAVE LIVES PRODUCED THE FIRST-EVER PRACTICAL, PRECISE ALGORITHMS FOR TREATMENT OF HYPERTENSION AS WELL AS A NEW ACCOUNTABILITY FRAMEWORK.

IN JANUARY 2018, THE WORLD HEALTH ORGANIZATION EXECUTIVE BOARD APPROVED TARGETS TO ELIMINATE ARTIFICIAL TRANS-FAT FROM FOOD, INCREASE TREATMENT OF HYPERTENSION BY 230 MILLION PEOPLE, AND REDUCE DIETARY SODIUM BY 25% BY 2023.

IN MAY 2018, THE GOVERNMENT OF THAILAND ANNOUNCED A COMMITMENT TO ELIMINATE ARTIFICIAL TRANS-FAT FROM FOOD BY 2019. THE GOVERNMENT ALSO CONVENEED MANUFACTURERS OF VARIOUS FOOD PRODUCTS INCLUDING NOODLES (A MAJOR CONTRIBUTOR TO DIETARY SODIUM IN THAILAND), WHICH COMMITTED TO REDUCING SODIUM BY 5% IN THE FIRST YEAR AND MORE IN FOLLOWING YEARS. ADVOCACY FOR PUBLIC HEALTH INFRASTRUCTURE STRENGTHENING

ON JUNE 22, 2018, WE LAUNCHED A COMMUNICATIONS PLATFORM TO INCREASE TRANSPARENCY, ACCOUNTABILITY, AND PROGRESS IN REDUCING THE RISK OF

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EPIDEMICS. THE PREVENT EPIDEMICS WEBSITE (WWW.PREVENTEPIDEMICS.ORG) FEATURES A UNIQUE READYSORE THAT RELAYS, ON A SCALE FROM 0 TO 100, HOW PREPARED EACH COUNTRY IS FOR AN EPIDEMIC. COUNTRY-SPECIFIC PAGES PROVIDE USERS INFORMATION ON WHAT A COUNTRY IS DOING WELL, AND WHAT NEEDS TO IMPROVE, AS WELL AS TAILORED ADVOCACY PACKAGES TO MOTIVATE LEADERS TO MAKE HEALTH SECURITY A PRIORITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WHILE THE NUMBER OF MEDIA CAMPAIGNS IS IMPRESSIVE ON ITS OWN, THE REAL STORY OF PROGRESS IS HOW THEY WERE ACHIEVED. IN 2018, FOR THE FIRST TIME, GOVERNMENT PARTNERS CONTRIBUTED TO EVERY NATIONAL MEDIA CAMPAIGN WE SUPPORTED, AND GOVERNMENTS CONTRIBUTED MORE THAN US \$53 MILLION IN FINANCIAL OR IN-KIND SUPPORT. IN MOST PRIORITY COUNTRIES, CAMPAIGNS WERE ON AIR FOR MOST MONTHS OF THE YEAR. THIS STEP TOWARD SUSTAINABILITY DEMONSTRATES GOVERNMENT BUY-IN AND OWNERSHIP, A TREMENDOUS ADVANCE FROM WHEN WE BEGAN THIS WORK A DECADE AGO.

IN ADDITION, THIS YEAR, WE USED NEW TOOLS TO PUSH BACK AGAINST THE TOBACCO INDUSTRY, INCLUDING A CARAVAN THAT WENT CITY-TO-CITY IN THE PHILIPPINES TO BUILD SUPPORT FOR A TAX ON TOBACCO PRODUCTS, AND DIE-INS AT MALLS IN INDONESIA. THESE GRASSROOTS EVENTS WERE FUELED BY OUR HUNDREDS OF THOUSANDS OF ENERGIZED SOCIAL MEDIA FOLLOWERS, WHICH NOW NUMBER MORE THAN 850,000.

HIGHLIGHTS FROM 2018 INCLUDE:

- 100 MILLION PEOPLE PLUS ARE NOW COVERED BY SMOKE-FREE LAWS IN CHINA.
- GOVERNMENTS INVESTED \$53 MILLION ON MPOWER-FOCUSED CAMPAIGNS,
- A GROWING AND VISIBLE ANTI-INDUSTRY MOVEMENT NOW INCLUDES MORE THAN 850,000 SUPPORTERS ACROSS SIX COUNTRIES AND GLOBALLY, WHO ARE HOLDING

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THE INDUSTRY ACCOUNTABLE FOR ITS LIES AND PUSHING FOR PROTECTIONS. THEY ARE GENERATING HUNDREDS OF MILLIONS IN REACH, GRABBING HEADLINES AND TRENDING NATIONALLY ON TWITTER. IN BANGLADESH, IN 2018 ALONE, WE GARNERED 300,000 ONLINE FOLLOWERS THAT CAN BE LEVERAGED FOR AN OFFLINE ARMY OF SUPPORT.

- ON DEC 28, 2018, CHINA'S NATIONAL CAMPAIGN, USING THE STORY OF A SMOKER WHO HAD A HEART ATTACK ON A TRAIN, LAUNCHED ON 20+ NATIONAL TV STATIONS, LED BY THE TOBACCO CONTROL OFFICE OF CHINA CDC WITH SUPPORT FROM THE NATIONAL HEALTH COMMISSION AND CHINA TOBACCO CONTROL ASSOCIATION. THE CAMPAIGN AIMS TO INCREASE KNOWLEDGE AND CHANGE ATTITUDES ABOUT THE HARMS OF SMOKING AND SECONDHAND SMOKE AS A MEANS TO SUPPORT NATIONAL SMOKE-FREE INITIATIVES. AND WITH THE NEW YEAR CAME ANOTHER MILESTONE FOR THE FIRST TIME, A CAMPAIGN FEATURING A REAL PERSON HARMED BY TOBACCO RAN ON CHINA CENTRAL TELEVISION (CCTV) AND THROUGH SOCIAL MEDIA PLATFORMS. WE EXPECT A REACH OF 100 MILLION PEOPLE.

- - IN INDONESIA, SOCIAL MEDIA CAMPAIGNS OVER THE YEARS HAVE NOW REACHED 10 MILLION UNIQUE USERS, MANY WHO TOOK ON THE INDUSTRY IN THE STREETS. THEIR WORK APPEARED ON THE FRONT PAGES OF NATIONAL NEWSPAPERS AND ON NATIONAL TV. CITIZENS TOOK BACK CITIES WITH SMOKE-FREE ACTIONS, "DIE-INS" AND UNIVERSITY CAMPUS EVENTS.

- IN BANJARMASIN, IN PARTNERSHIP WITH THE MAYOR, WE PARTNERED WITH GRAPHIC DESIGN STUDENTS TO CREATE ANTI-INDUSTRY IMAGES AND SIGNS ON BOATS, BUILDINGS, BILLBOARDS AND ORNAMENTS.

- IN BANDUNG, WE COLLABORATED WITH ARTISTS TO INSTALL LUNG-SHAPED COLLAGES ABOUT THE TOBACCO INDUSTRY'S LIES, AND IN SUPPORT OF THE CITY'S SMOKE-FREE ENFORCEMENT.

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- IN BOGOR, LED BY THE MAYOR, THERE WAS A BIKE2WORK RIDE THROUGH THE CITY, LETTING PEOPLE KNOW THAT BIG TOBACCO IS NOT WELCOMED IN BOGOR. WE ALSO COVERED CITY BILLBOARDS WITH DESIGNS THAT COUNTER THE TOBACCO INDUSTRY'S LIES.

- TO ENCOURAGE A MEANINGFUL TAX INCREASE IN 2019, OUR FIRST-EVER NATIONAL MEDIA CAMPAIGNS COMMUNICATING THE BENEFITS OF TOBACCO TAXATION AIRED IN VIETNAM. WE ALSO FOUGHT SUCCESSFULLY TO PROTECT PHILIPPINES' SIN TAX, WHICH IS AN ONGOING STRUGGLE.

VITAL STRATEGIES ALSO GAVE SUB AWARDS TO ORGANIZATIONS, SO THEY COULD MANAGE TOBACCO CONTROL PROGRAM BY FOCUSING ON #10 PRIORITY COUNTRIES TO MAKE THEM FULLY COMPLIANT WITH MPOWER POLICY AREAS THROUGH PROVISION OF TECHNICAL AND FINANCIAL RESOURCES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE GRANT VITAL STRATEGIES IS REQUIRED TO (I) COORDINATE THE SELECTION PROCESS FOR 20 COUNTRIES AND CITIES IN THE INITIATIVE; (II) LEAD IMPLEMENTATION MANAGEMENT FOR THE STRENGTHENING OF BIRTH, DEATH, AND CAUSE-OF-DEATH DATA IN THE CIVIL REGISTRATION AND VITAL STATISTICS (CRVITAL STRATEGIES) COMPONENT OF THE PROGRAM; (III) LEAD DESIGN AND IMPLEMENTATION OF A SPECIAL, RURAL CRVITAL STRATEGIES PROJECT IN MALAWI THAT BUILDS ON SUCCESSFUL WORK PREVIOUSLY SUPPORTED BY BLOOMBERG PHILANTHROPIES AND (IV) LEAD DESIGN AND IMPLEMENTATION OF THE DATA USE COMPONENT OF THE PROGRAM.

IN 2018, ACROSS THE COMPONENTS OF THE DATA FOR HEALTH INITIATIVE, VITAL STRATEGIES SUCCESSFULLY TRAINED AN ADDITIONAL 14,000 (28,000 FROM GRANT INCEPTION) DOCTORS, NURSES, COMMUNITY HEALTH WORKERS, GOVERNMENT OFFICIALS AND JOURNALISTS ON TOPICS RANGING FROM MEDICAL CODING FOR

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CAUSE OF DEATH CERTIFICATION, VERBAL AUTOPSY, USING DATA TO INFORM POLICY AND DATA-LED JOURNALISM. THESE TRAININGS HAVE GREATLY INCREASED THE ABILITY OF COUNTRIES TO IMPROVE THEIR CIVIL REGISTRATION AND VITAL STATISTIC SERVICES AND PUBLIC HEALTH OFFERINGS. SPECIFIC EXAMPLES OF KEY ACHIEVEMENTS ACROSS THE 16 ACTIVE ENROLLED COUNTRIES ARE AS FOLLOWS:

CHINA (SHANGHAI): MEDICAL RECORDS REVIEW WAS COMPLETED IN APRIL 2018 IN ALL 16/16 CHCS. OVER 800 MEDICAL RECORDS WERE REVIEWED, OUT OF WHICH 740 (92% OF THE TARGETED 800) WERE WITHIN THE TOP 25 LEADING CAUSES OF DEATH

TANZANIA: DECENTRALIZATION OF THE DEATH REGISTRATION SYSTEM WAS INITIATED WITH THE MEDICAL CODING AND CAUSE OF DEATH AND VERBAL AUTOPSY SCALE-UP IN THE IRINGA REGION, COVERING A POPULATION OF 1 MILLION

SRI LANKA: A MOBILE JOB AID DEVELOPED WITH SUPPORT OF D4H CALLED, "CAUSE OF DEATH GUIDE," HAS OFFICIALLY BEEN INTEGRATED IN THE MINISTRY OF HEALTH SERVER

MYANMAR: MCCOD HAS BEEN INTEGRATED INTO POST-GRADUATE STUDIES FOR THE FIRST TIME IN THE COUNTRY

ADDITIONALLY, VITAL STRATEGIES CONTINUED TO WORK TO MAINTAIN A FOCUSED, INNOVATIVE APPROACH TO RURAL DEATH REGISTRATION IN MALAWI. IN 2018, WE CONTINUED TO EXPAND ELECTRONIC VILLAGE REGISTRATION TO 70 VILLAGES THE TRADITIONAL AUTHORITY MTEMA AND CONCENTRATED ON SOLVING LOGISTICAL AND NETWORK MAINTENANCE ISSUES PREVENTING THE CONSISTENT PROVISION OF POWER AND CONNECTIVITY TO THE VILLAGE SITES. , VITAL STRATEGIES ALSO PILOTTED A LOW COST ALTERNATIVE HARDWARE PLATFORM IN 10 VILLAGES AND BEGAN WORK TO INTEGRATE BIRTH REGISTRATION IN FOUR HEALTH CENTERS TO EXPAND THE REACH OF THE REGISTRATIONS IN MALAWI.

LASTLY, IN 2018, VITAL STRATEGIES CONTINUED TO REFINE ITS TECHNICAL

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ASSISTANCE PROGRAM PROMOTING EXEMPLARY DATA USE IN PARTICIPATING COUNTRIES VIA THE DATA IMPACT COMPONENT OF THE DATA FOR HEALTH INITIATIVE. SPECIFIC EXAMPLES OF KEY ACHIEVEMENTS ACROSS THE 17 ACTIVE ENROLLED COUNTRIES ARE AS FOLLOWS:

GHANA: THE PLANNING AND BUDGETING MANAGEMENT INFORMATION SYSTEM (PBMIS) TOOL WAS DEVELOPED BY THE GHANA HEALTH SERVICE (GHS) TO INTEGRATE BURDEN OF DISEASE INFORMATION IN THE DISTRICT HEALTH INFORMATION MANAGEMENT SYSTEM (DHIMS2) WITH BUDGETING INFORMATION AND MINISTRY OF FINANCE ACCOUNTS.

PHILIPPINES: IDENTIFIED THE NEEDS OF 16 REGIONAL EPI & SURVEILLANCE UNITS (RESU) TO ESTABLISH THE STRATEGIC PLAN TO ESTABLISH THE DEPARTMENT AS THE SPECIALIZED UNIT RESPONSIBLE FOR DATA USE STANDARDS, TECHNICAL CONSULTATION, DATA COMPILATION, AND COMPLEX ANALYSIS

SOLOMON ISLANDS: THE NATIONAL HIS TEAM CREATED DASHBOARDS ON DHIS-2, WHICH REFLECT KEY INDICATORS TO BE REPORTED ON A QUARTERLY BASIS AT A PROVINCIAL LEVEL.

TANZANIA: VITAL STRATEGIES ASSISTED THE MOH IN PRODUCING AN ANNUAL HEALTH STATISTICS REPORT AIMED AT DISTRICT-LEVEL AUDIENCES. THIS REPORT INCLUDED SEVERAL SECTIONS ON MORTALITY DATA, INCLUDING CASES AND CAUSES OF DEATH.

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

OTHER PROGRAM SERVICES INCLUDE: STREAM TB, ROAD SAFETY, PARTNERSHIP FOR HEALTHY CITIES, MAYOR'S CHALLENGE, OBESITY PREVENTION, OVERDOSE PREVENTION (OPIOID), REDUCE TOBACCO USE - STOP WATCHDOG, AND OTHER HEALTH PROGRAMS.

EXPENSES \$ 33,586,216. INCLUDING GRANTS OF \$ 22,014,940. REVENUE \$ 0.

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FORM 990, PART VI, SECTION A, LINE 4:

THE AMENDED BY-LAWS WERE ADOPTED BY THE BOARD ON DECEMBER OF 2018 TO CHANGE THE NAME OF THE ORGANIZATION TO VITAL STRATEGIES, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS MEMBERS ARE PROVIDED WITH ELECTRONIC COPY OF THE 990 DRAFT FOR THEIR REVIEW. THE AUDIT COMMITTEE OF THE BOARD MEETS TO REVIEW THE FORM 990 IN DETAIL AND APPROVES IT.

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

VITAL STRATEGIES (VS) HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD OF DIRECTORS MANDATES THAT ALL MEMBERS OF MANAGEMENT, (OFFICERS AND KEY EMPLOYEES) AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED POLICIES ARE SUBMITTED TO THE EXECUTIVE DIRECTOR (WHO CURRENTLY SERVES AS THE ORGANIZATION'S COMPLIANCE OFFICER) WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. (IN THE ABSENCE OF A DEDICATED COMPLIANCE OFFICER, THE PRESIDENT OF THE BOARD OF DIRECTORS CURRENTLY PERFORMS THIS FUNCTION FOR THE POLICY SUBMITTED BY THE EXECUTIVE DIRECTOR). IF POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST, PROPER NOTIFICATIONS ARE MADE, AND RESULTS OF INVESTIGATIONS ARE SUMMARIZED AND REPORTED TO THE BOARD OF DIRECTORS. IF ACTUAL CONFLICTS EXIST, THE INDIVIDUAL(S) INVOLVED ARE NOT ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT RELATE TO THE CONFLICT UNTIL SUCH TIME AS THERE IS NO LONGER A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE MANAGEMENT PERFORMANCE COMMITTEE OF THE BOARD, CONSISTING OF

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INDEPENDENT BOARD MEMBERS, CONDUCTS AN ANNUAL REVIEW AND APPROVAL PROCESS OF THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE COMMITTEE WILL ASSESS THE REASONABLENESS OF THE COMPENSATION THROUGH THE ENGAGEMENT OF AN EXTERNAL FIRM WHO WILL REVIEW THE PRESIDENT/CEOS COMPENSATION AGAINST COMPARABLE ORGANIZATIONS. THE COMMITTEE RECOMMENDS THE TOTAL COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE BOARD FOR APPROVAL.

THE MANAGEMENT PERFORMANCE COMMITTEE IS INFORMED BY THE PRESIDENT & CEO ON AN ANNUAL BASIS OF THE ORGANIZATION'S COMPENSATION STRATEGY AND THE PROCESS UTILIZED TO DETERMINE IF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE REWARDED APPROPRIATELY FOR THEIR CONTRIBUTIONS TO THE ORGANIZATION'S GROWTH AND PERFORMANCE. THE MANAGEMENT PERFORMANCE COMMITTEE IS ALSO INFORMED OF THE COMPENSATION PAID TO EACH NEW OFFICER AND KEY EMPLOYEE OF THE ORGANIZATION AND ITS AFFILIATES.

A BENCHMARKING STUDY IS CONDUCTED EVERY TWELVE TO EIGHTEEN MONTHS TO DETERMINE THAT THE COMPENSATION BEING PAID TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE IN LINE WITH INDUSTRY STANDARDS.. THE STUDY INCLUDES INDEPENDENT SURVEYS OF NEW YORK CITY BASED NON-PROFIT COMPENSATION PRACTICES AS WELL AS INTERNATIONAL NON-PROFIT ORGANIZATIONS WITH HEADQUARTERS IN THE UNITED STATES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ALSO POSTED TO:

BETTER BUSINESS BUREAU SERVING METROPOLITAN NEW YORK

30 E 33RD STREET 12TH FLOOR

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NEW YORK, NY 10016

FORM 990, PART IX, LINE 11G, OTHER FEES:

TECHNICAL/ ADMINISTRATIVE PROJECT CONSULTANTS:

PROGRAM SERVICE EXPENSES	11,273,831.
MANAGEMENT AND GENERAL EXPENSES	228,534.
FUNDRAISING EXPENSES	19,251.
TOTAL EXPENSES	11,521,616.

TRANSLATION, ACCOUNTING TEMPS, PROJECT MGMT SERVICES:

PROGRAM SERVICE EXPENSES	459,836.
MANAGEMENT AND GENERAL EXPENSES	514,450.
FUNDRAISING EXPENSES	4,409.
TOTAL EXPENSES	978,695.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	6,560.
MANAGEMENT AND GENERAL EXPENSES	20,251.
FUNDRAISING EXPENSES	144.
TOTAL EXPENSES	26,955.

PROGRAM IMPLEMENTATION SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES	9,452,917.
MANAGEMENT AND GENERAL EXPENSES	19,351.
FUNDRAISING EXPENSES	19,661.
TOTAL EXPENSES	9,491,929.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,019,195.
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Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Part I: Name of organization (VITAL STRATEGIES, INC.), Employer identification number (22-3419667), Address (100 BROADWAY, 4TH FL, NEW YORK, NY 10005)

Part C: Book value of all assets at end of year (88,976,134); Part G: Check organization type (501(c) corporation)

Part H: Enter the number of the organization's unrelated trades or businesses (1); Part I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Part J: The books are in care of (WALLACE D'SOUZA); Telephone number (212-500-5724)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	0.
34	Amounts paid for disallowed fringes	168,684.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	168,684.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	167,684.

Part IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	35,214.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only)	
43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	35,214.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	35,214.
47	Other taxes. Check if from: Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	35,214.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	33,913.
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: Form 2439 _____ Other _____ Total	50g	
51	Total payments. Add lines 50a through 50g	51	33,913.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	52	188.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	1,489.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Declassified by: Wallace D'Souza 11/8/2019 CFO Title

Signature of officer: _____ Date: _____

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

Paid Preparer Use Only

Print/Type preparer's name: GARRETT M. HIGGINS Preparer's signature: Garrett M Higgins CPA Date: 11-12-19

Check if self-employed: PTIN: P00543209

Firm's name: PKF O'CONNOR DAVIES, LLP Firm's EIN: 27-1728945

Firm's address: 665 FIFTH AVENUE NEW YORK, NY 10022 Phone no. 212-286-2600

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	168,684.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	168,684.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	167,684.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	35,214.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	35,214.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	35,214.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	35,214.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	33,913.
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	33,913.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	52	188.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	1,489.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ CFO Title: _____

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

Paid Preparer Use Only

Print/Type preparer's name: GARRETT M. HIGGINS
 Preparer's signature: GARRETT M. HIGGINS
 Date: _____
 Check if self-employed PTIN: P00543209
 Firm's name: PKF O'CONNOR DAVIES, LLP Firm's EIN: 27-1728945
 665 FIFTH AVENUE
 Firm's address: NEW YORK, NY 10022 Phone no. 212-286-2600

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

