

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VITAL STRATEGIES, INC.		D Employer identification number 22-3419667
	Doing business as		E Telephone number 212-500-5724
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 220,035,905.
	100 BROADWAY, 4TH FL		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: WALLACE D' SOUZA SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.VITALSTRATEGIES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995	M State of legal domicile: NJ

Part I Summary

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	18
	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 2019 (Part V, line 2a)	5	212
	6 Total number of volunteers (estimate if necessary)	6	19
	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 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	80,596,112.	218,901,094.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	286,026.	1,072,180.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,518.	41,947.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	80,910,656.	220,015,221.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	64,486,742.	50,982,621.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	19,957,843.	26,503,501.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,134,609.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	34,986,979.	39,742,972.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	119,431,564.	117,229,094.
19 Revenue less expenses. Subtract line 18 from line 12	-38,520,908.	102,786,127.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	88,976,134.	194,571,356.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,137,164.	7,827,482.
		83,838,970.	186,743,874.

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, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	10/13/20	<input type="checkbox"/>	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		

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 \$ 30,867,268. including grants of \$ 9,427,960.) (Revenue \$) RESOLVE -

MORE INVESTMENT AND TECHNICAL SUPPORT IS NEEDED TO REDUCE THE BURDEN OF CARDIOVASCULAR DISEASE (CVD) AND RELATED, PREVENTABLE DEATHS. SIMILARLY, INVESTMENT AND TECHNICAL ASSISTANCE CAN IMPROVE THE CAPACITY OF COUNTRIES TO PREVENT, IDENTIFY, AND RESPOND EFFECTIVELY TO INFECTIOUS DISEASE OUTBREAKS AND PREVENT THEM FROM BECOMING EPIDEMICS. RESOLVE TO SAVE LIVES WILL ACCELERATE AND SCALE UP THE IMPLEMENTATION OF PROVEN TOOLS AND STRATEGIES TO IDENTIFY AND CLOSE DEADLY GAPS IN PUBLIC HEALTH AND SAVE MILLIONS OF LIVES. A TEAM OF GLOBAL HEALTH EXPERTS WILL WORK WITH GOVERNMENTS AND CIVIL SOCIETY IN LOW- AND MIDDLE-INCOME COUNTRIES TO SUPPORT THE ADOPTION OF EVIDENCE-BASED

4b (Code:) (Expenses \$ 20,528,168. including grants of \$ 13,532,473.) (Revenue \$) TOBACCO CONTROL:

IN 2019, VITAL STRATEGIES' WORK STRENGTHENED PROTECTIONS FOR HUNDREDS OF MILLIONS OF PEOPLE AGAINST THE HARMS OF TOBACCO, FROM NEW SMOKE-FREE LAWS PASSED IN SOME OF CHINA'S LARGEST CITIES, TO A TOTAL E-CIGARETTE BAN IN INDIA. THIS YEAR WE ALSO RAN OUR FIRST GOVERNMENT-FUNDED ANTI-INDUSTRY CAMPAIGN IN TURKEY WORTH MORE THAN USD \$30 MILLION DOLLARS. IN ALL OF OUR PRIORITY COUNTRIES, THE TOBACCO INDUSTRY WAS MET, AND OFTEN PUSHED BACK, WITH A FIGHT.

OUR GAINS WERE ACHIEVED BY SUPPORTING 41 INTEGRATED, ROBUST MEDIA CAMPAIGNS IN 11 PRIORITY COUNTRIES THAT HELPED ACHIEVE 19 NATIONAL AND

4c (Code:) (Expenses \$ 15,718,449. including grants of \$ 11,851,994.) (Revenue \$) STREAM CLINICAL TRIAL:

RESEARCH DIVISION WORKS TO GENERATE HIGH-QUALITY EVIDENCE TO GUIDE SIGNIFICANT PUBLIC HEALTH DECISIONS. THE STREAM CLINICAL TRIAL, TARGETED OPERATIONAL RESEARCH TRAINING, AND TECHNICAL ASSISTANCE TO NATIONAL TUBERCULOSIS PROGRAMS, ARE ALL PART OF THE USAID-FUNDED TREAT TB PROJECT. STREAM IS THE FIRST LARGE-SCALE, MULTI-COUNTRY CLINICAL TRIAL TO EXAMINE SHORTENED REGIMENS FOR MDR-TB. IN 2019, STAGE 1 OF STREAM, INITIATED BY THE UNION AND IMPLEMENTED JOINTLY WITH VITAL STRATEGIES AND PART-NERS, GENERATED IMPORTANT RESULTS THAT PLAYED A SIGNIFICANT ROLE IN WHO'S ENDORSEMENT OF A SHORTER STANDARDIZED 9- TO 11-MONTH REGIMEN FOR MDR-TB, WHICH REDUCES TREATMENT TIME AND CUTS THE

4d Other program services (Describe on Schedule O.) (Expenses \$ 35,098,296. including grants of \$ 16,170,194.) (Revenue \$)

4e Total program service expenses 102,212,181.

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 donor-restricted endowments or in 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 and schedules.

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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

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 on Schedule O.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 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, 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 on 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?	X	
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) THOMAS FRIEDEN, PRESIDENT & CEO OF CARDIOVASCULAR HEALTH	40.00			X			496,530.	0.	48,614.	
(2) JOSE LUIS CASTRO, PRESIDENT & CEO	40.00	X		X			477,594.	0.	22,311.	
(3) PAULA FUJIWARA, SCIENTIFIC DIRECTOR	40.00				X		331,682.	0.	23,935.	
(4) WALLACE D'SOUZA, CFO	40.00			X			309,000.	0.	40,529.	
(5) CYRUS SHAHPAR, DIRECTOR, PREVENT EPEDEMIC	40.00				X		307,393.	0.	41,607.	
(6) ADAM M. KARPATI, SR. VP PUBLIC HEALTH	40.00			X			290,679.	0.	43,634.	
(7) IRA D. RUSEN, SR. VP RESEARCH & DEVELOPM	40.00			X			312,154.	0.	12,348.	
(8) TAMAR RENAUD, COO	40.00			X			256,071.	0.	40,549.	
(9) SANDRA MULLIN, SR. VP. COMMUNICATION	40.00			X			267,718.	0.	22,915.	
(10) DANIEL KASS, SR. VP ENVIRONMENTAL HEALT	40.00			X			252,050.	0.	30,153.	
(11) SARA HERSEY, SR. TECHNICAL ADVISOR	40.00				X		257,500.	0.	20,628.	
(12) AMANDA MCCLELLAND, SENIOR VP, RESOLVE	40.00				X		257,500.	0.	20,508.	
(13) PHILIP SETEL, VP & DIRECTOR, CRVS	40.00				X		234,184.	0.	13,175.	
(14) ANDREW RENDEIRO, SVP & CHIEF STRATEGY OFFICER	40.00			X			228,375.	0.	9,173.	
(15) LOUIS JAMES DE VIEL CASTEL, CHAIRMAN	2.00	X		X			0.	0.	0.	
(16) MARC SZNAJDERMAN, VICE CHAIR FOR PROGRAMS	3.00	X		X			0.	0.	0.	
(17) HELEN AGERUP, VICE CHAIR FOR OPERATIONS	2.00	X		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) SCOTT HALSTEAD TREASURER	4.00	X		X				0.	0.	0.
(19) ERIC ROSENBAUM SECRETARY	3.00	X		X				0.	0.	0.
(20) DAVID A CAPUTO TRUSTEE	2.00	X						0.	0.	0.
(21) FRANK G. COLELLA, J.D., LL.M, C TRUSTEE	2.00	X						0.	0.	0.
(22) ROSLYN FEDER TRUSTEE	2.00	X						0.	0.	0.
(23) MARK FOLEY TRUSTEE	2.00	X						0.	0.	0.
(24) MASAE KAWAMURA TRUSTEE	2.00	X						0.	0.	0.
(25) RAM KOPPAKA, MD TRUSTEE	2.00	X						0.	0.	0.
(26) BRUCE MANDELL TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								4,278,430.	0.	390,079.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,278,430.	0.	390,079.

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 **79**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
CARROLL COMMUNICATIONS 180 OLD COLONY AVE, #300, QUINCY, MA 02170	CONSULTING	208,334.
PATRICIA COTTER, 4 JOHNSTONE STREET, MALVERNE, VICTORIA, AUSTRALIA 3144	COMMUNICATIONS	169,538.
SARA WHITEHEAD 2 TYRREL AVE, TORONTO, M6G 261, CANADA	CONSULTING	163,496.
MOSES & SINGER LLP 405 LEXINGTON AVE, NEW YORK, NY 10174	LEGAL	147,749.
MARINE BUISSONNIERE, 2222 CALLE GENERAL PATTON, SAN JUAN, PUERTO RICO 913	LEGAL	110,700.

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 **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,928,169.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	207,972,925.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		218,901,094.			
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)		777,683.		777,683.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities		315,181.		
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	20,684.			
	c	Gain or (loss)	7c	294,497.			
d	Net gain or (loss)		294,497.		294,497.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	41,947.	41,947.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			41,947.		
12	Total revenue. See instructions			220,015,221.	0.	0.	
						1,114,127.	

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 ...	11,839,684.	11,839,684.		
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	39,142,937.	39,142,937.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,160,396.	2,137,833.	903,093.	119,470.
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	18,096,425.	12,254,765.	5,156,125.	685,535.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	627,302.	419,096.	185,053.	23,153.
9 Other employee benefits	2,930,606.	1,957,919.	864,522.	108,165.
10 Payroll taxes	1,688,772.	1,128,258.	498,184.	62,330.
11 Fees for services (nonemployees):				
a Management				
b Legal	265,561.	179,306.	86,255.	
c Accounting	71,780.	48,466.	23,314.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	25,461,120.	22,402,286.	3,026,139.	32,695.
12 Advertising and promotion	928,898.	908,226.	20,672.	
13 Office expenses	623,181.	420,771.	202,410.	
14 Information technology	374,173.	252,640.	121,533.	
15 Royalties				
16 Occupancy	2,688,471.	1,749,397.	858,531.	80,543.
17 Travel	5,084,279.	4,593,500.	487,157.	3,622.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	702,356.	621,594.	74,105.	6,657.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	194,800.		194,800.	
23 Insurance	278,598.	190,143.	88,455.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT SUPPLIES/EQUIPM	1,126,918.	849,127.	277,791.	
b PROVISION EXPENSE	576,156.	355,694.	216,320.	4,142.
c SUBSCRIPTIONS, REFERENCE	531,790.	328,304.	199,663.	3,823.
d ADMIN./PROGRAM COSTS	512,759.	316,555.	192,517.	3,687.
e All other expenses	322,132.	115,680.	205,665.	787.
25 Total functional expenses. Add lines 1 through 24e	117,229,094.	102,212,181.	13,882,304.	1,134,609.
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	4,085,928.	1	5,156,321.
	2 Savings and temporary cash investments	56,803,906.	2	84,053,538.
	3 Pledges and grants receivable, net	20,739,083.	3	93,201,536.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	390,640.	9	464,747.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,542,439.		
	b Less: accumulated depreciation	10b 793,164.	1,749,175.	10c 1,749,275.
	11 Investments - publicly traded securities	1,778,107.	11	3,950,034.
	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	3,429,295.	15	5,995,905.
16 Total assets. Add lines 1 through 15 (must equal line 33)	88,976,134.	16	194,571,356.	
Liabilities	17 Accounts payable and accrued expenses	1,518,395.	17	6,513,806.
	18 Grants payable	2,728,969.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	231,982.	21	266,982.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	657,818.	25	1,046,694.
	26 Total liabilities. Add lines 17 through 25	5,137,164.	26	7,827,482.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,155,931.	27	3,598,435.
	28 Net assets with donor restrictions	82,683,039.	28	183,145,439.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	83,838,970.	32	186,743,874.
33 Total liabilities and net assets/fund balances	88,976,134.	33	194,571,356.	

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	220,015,221.
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,229,094.
3	Revenue less expenses. Subtract line 2 from line 1	3	102,786,127.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83,838,970.
5	Net unrealized gains (losses) on investments	5	29,413.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	89,364.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	186,743,874.

Part XII Financial Statements and Reporting

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

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

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95261833.	30602155.	174982107	80596112.	218901094	600343301
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	95261833.	30602155.	174982107	80596112.	218901094	600343301
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)						301253758
6 Public support. Subtract line 5 from line 4.						299089543

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	95261833.	30602155.	174982107	80596112.	218901094	600343301
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	98,091.	119,436.	209,043.	286,026.	777,683.	1490279.
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.	41,947.	154,090.
11 Total support. Add lines 7 through 10						601987670
12 Gross receipts from related activities, etc. (see instructions)					12	422,572.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	49.68 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	45.07 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.

2019 AMOUNT: \$ 41,947.

FEES

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

2019

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, 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
---	---

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>79,025,000.</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>65,941,000.</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>18,500,000.</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>15,072,545.</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>15,000,000.</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>10,928,169.</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
---	---

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>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	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
---	---

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
---	---

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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
---	---

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) 2019**

LHA

932041 11-26-19

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
c Total lobbying expenditures (add lines 1a and 1b)		0.													
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)		0.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		0.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		0.													
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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

2019

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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		1,348,379.	185,343.	1,163,036.
d Equipment		1,194,060.	607,821.	586,239.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,749,275.

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	1,046,694.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,046,694.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	222,872,998.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	29,413.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,828,364.
e	Add lines 2a through 2d	2e	2,857,777.
3	Subtract line 2e from line 1	3	220,015,221.
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	220,015,221.

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	117,229,094.
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	117,229,094.
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	117,229,094.

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, 2019 IS \$246,982.

DURING 2019, VITAL STRATEGIES WAS THE PRIME-RECIPIENT OF \$10.93 MILLION IN US GOVERNMENT FUNDS, TO SUPPORT ACTIVITIES ASSOCIATED WITH THE IMPLEMENTATION OF THE INTERNATIONAL TREAT TB INITIATIVE, A MULTI-YEAR RESEARCH INITIATIVE FUNDED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), FOR WHICH VITAL STRATEGIES 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 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY EXCHANGE GAIN	89,364.
ADJUSTMENT TO GRANT RECEIVED	2,739,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,828,364.

**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

2019

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			GRANTS		6,041,045.
EAST ASIA AND THE PACIFIC			GRANTS		8,215,027.
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTS		22,097,021.
NORTH AMERICA			GRANTS		553,641.
SOUTH AMERICA			GRANTS		2,236,203.
SUB-SAHARAN AFRICA	0	85	PROGRAM SERVICES	DATA FOR HEALTH, EAST AFRICAN TRAINING INITIATIVE, OBESITY PREVENTION, AND OTHER	1,734,911.
EAST ASIA AND THE PACIFIC	1	214	PROGRAM SERVICES	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, FINANCE, AND OTHER PROGRAMS.	4,609,259.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	44	PROGRAM SERVICES	DATA FOR HEALTH, INDONESIA MATERNAL AND NEWBORN HEALTH, AND OTHER PROGRAMS.	1,285,339.
3 a Subtotal	1	343			46,772,446.
b Total from continuation sheets to Part I	0	229			3,437,012.
c Totals (add lines 3a and 3b)	1	572			50,209,458.

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

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	45	PROGRAM SERVICES	DATA FOR HEALTH, OBESITY PREVENTION, RESOLVE, AND OTHER PROGRAMS.	812,545.
SOUTH AMERICA	0	184	PROGRAM SERVICES	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, OBESITY PREVENTION, AND OTHER PROGRAMS.	2,624,467.
Totals		229			3,437,012.

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	STREAM TB AND TREAT TB	132,267.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB AND TREAT TB	676,770.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	645,244.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	634,635.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB AND TREAT TB	483,220.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MATERNAL HEALTH	458,975.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	400,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB AND TREAT TB	286,592.	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 **26**

3 Enter total number of other organizations or entities **53**

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)
		SUB-SAHARAN AFRICA	STREAM TB AND TREAT TB	242,694.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	200,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	120,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	101,645.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	88,274.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	76,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	72,071.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	58,672.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	55,495.	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)
		SUB-SAHARAN AFRICA	RESOLVE	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	28,870.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	25,863.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ROAD SAFETY	23,400.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, INTERNATIONAL OFFICES, OPERATIONS, RESOLVE, ROAD SAFETY,	3589319.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, STREAM TB,	1314166.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STREAM TB AND TREAT TB	1254368.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, INDONESIA MATERNAL AND NEWBORN HEALTH,	803,463.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STREAM TB AND TREAT TB	214,141.	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 AND TREAT TB	194,218.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	112,090.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	103,189.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	102,200.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	75,746.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	67,212.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	61,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	47,290.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	36,369.	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	34,200.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	30,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	25,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	24,607.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	THE UNION PARIS	15,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	14,548.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STREAM TB	3,600.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	THE UNION PARIS	2,496.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	1,374.	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	THE UNION PARIS	532.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH, RESOLVE, STOP WATCHDOG, STREAM TB, TOBACCO CONTROL,	7623922.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL AND THE UNION PARIS	6665367.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH AND RESOLVE	2872801.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB AND TREAT TB	873,348.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB AND TREAT TB	737,871.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB AND TREAT TB	680,807.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB AND TREAT TB	499,565.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	INVESTIGATIVE JOURNALISM	380,000.	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB AND TREAT TB	336,259.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ROAD SAFETY	281,250.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	230,300.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	INVESTIGATIVE JOURNALISM	225,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	181,996.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB AND TREAT TB	139,090.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH	100,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	89,436.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE AND ROAD SAFETY	83,542.	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)	OBESITY PREVENTION	56,635.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	33,477.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MATERNAL HEALTH	6,356.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL	450,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	55,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	39,641.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	9,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	84,400.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH, MAYOR'S CHALLENGE, OBESITY PREVENTION, ROAD SAFETY, STOP	651,035.	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	OBESITY PREVENTION	380,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	308,416.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TREAT TB	222,934.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	192,442.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	114,301.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	89,529.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION	71,300.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	60,049.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	50,000.	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)
		SOUTH AMERICA	THE UNION PARIS	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	THE UNION PARIS	30,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	THE UNION PARIS	9,732.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	6,465.	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)
PARTNERSHIP FOR HEALTHY CITIES	EAST ASIA AND THE PACIFIC	1	500.		0.		
STREAM TB	EAST ASIA AND THE PACIFIC	1	4,000.		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) 2019

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. GRANTEEES 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 GRANTEEES 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 I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DATA FOR HEALTH, EAST AFRICAN TRAINING INITIATIVE, OBESITY PREVENTION, AND OTHER PROGRAMS.

PART II, COLUMN (D):

(D) PURPOSE OF GRANT: DATA FOR HEALTH, INTERNATIONAL OFFICES, OPERATIONS, RESOLVE, ROAD SAFETY, TOBACCO CONTROL, AND THE UNION PARIS

(D) PURPOSE OF GRANT: DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, STREAM TB, AND TREAT TB

(D) PURPOSE OF GRANT: DATA FOR HEALTH, ENVIRONMENTAL HEALTH, INDONESIA

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.

MATERNAL AND NEWBORN HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY,
STREAM TB, AND TOBACCO CONTROL

(D) PURPOSE OF GRANT: DATA FOR HEALTH, RESOLVE, STOP WATCHDOG, STREAM
TB, TOBACCO CONTROL, TREAT TB, AND THE UNION PARIS

(D) PURPOSE OF GRANT: DATA FOR HEALTH, MAYOR'S CHALLENGE, OBESITY
PREVENTION, ROAD SAFETY, STOP WATCHDOG, AND TOBACCO CONTROL

**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

2019

**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
QUINTILES (IQVIA) PO BOX 13979 RESEARCH TRIANGLE PARK, NC 27709	56-1323952	N/A	6,080,910.	0.			STREAM TB
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW SUITE 1200 WASHINGTON, DC 20005	52-1969967	501 (C)(3)	1,137,500.	0.			ROAD SAFETY
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT (WORLD BANK) - 1818 H ST NW - WASHINGTON, DC 20433	98-0002549	N/A	1,000,000.	0.			RESOLVE
PAN AMERICAN HEALTH ORGANIZATION - PAHO - 525 23RD STREET NW - WASHINGTON, DC 20037	52-1804954	N/A	544,723.	0.			RESOLVE
CDC FOUNDATION 600 PEACHTREE STREET NE, SUITE 1000 ATLANTA, GA 30308	58-2106707	501 (C)(3)	543,595.	0.			RESOLVE
PROJECT HOPE FOUNDATION 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501 (C)(3)	539,970.	0.			RESOLVE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**
- 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) (2019)

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
YALE UNIVERSITY 25 SCIENCE PARK, 150 MUNSON STREET, PO BOX 208327 - NEW HAVEN, CT 06520-8327	06-0646973	501 (C)(3)	528,055.	0.			TREAT TB
HEALTH ALLIANCE INTERNATIONAL (HAI) - 1107 NE 45TH STREET SUITE 350 - SEATTLE, WA 98105	94-3047981	501 (C)(3)	214,731.	0.			TREAT TB
THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA - 30 N. THIRD STREET, SUITE 600 - HARRISBURG, PA 17101	25-1767436	501 (C)(6)	209,569.	0.			OVERDOSE PREVENTION (OPIOID)
SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION - 3011 W. GRAND BOULEVARD, SUITE 200 - DETROIT, MI 48202	38-1671500	501 (C)(3)	186,135.	0.			OVERDOSE PREVENTION (OPIOID)
PREVENTION POINT PHILADELPHIA 166 WEST LEHIGH AVENUE, LOWER LEVEL (PO BOX 60990) - PHILADELPHIA, PA 19133	23-2663699	501 (C)(3)	172,560.	0.			OVERDOSE PREVENTION (OPIOID)
JOURNALISM DEVELOPMENT NETWORK 4401A CONNECTICUT AVENUE NW, #321 WASHINGTON, DC 20008-2358	26-0898750	501 (C)(3)	150,000.	0.			INVESTIGATIVE JOURNALISM
HARM REDUCTION MICHIGAN 867 EAST 8TH STREET TRAVERSE CITY, MI 49686	81-2744973	501 (C)(3)	150,000.	0.			OVERDOSE PREVENTION (OPIOID)
HARM REDUCTION COALITION 22 W 27TH STREET #5 NEW YORK, NY 10001	94-3204958	501 (C)(3)	88,638.	0.			OVERDOSE PREVENTION (OPIOID)
FAMILY HEALTH INTERNATIONAL (FHI 360) - 359 BLACKWELL STREET, SUITE 200 - DURHAM, NC 27701	23-7413005	501 (C)(3)	66,991.	0.			STREAM TB AND TREAT TB

Schedule I (Form 990)

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
UNIVERSITY OF CHICAGO CENTER FOR SPATIAL DATA - 5735 S ELLIS AVE, ROOM 230 - CHICAGO, IL 60637	36-2177139	501 (C)(3)	40,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501 (C)(3)	39,784.	0.			DATA FOR HEALTH
PENNSYLVANIA COMMISSION ON SENTENCING - 204 E. CALDER WAY, SUITE 400 - STATE COLLEGE, PA 16801-4756	25-1542190	GOVERNMENT OF PA	25,000.	0.			OVERDOSE PREVENTION (OPIOID)
THE PENNSYLVANIA HARM REDUCTION COALITION - 2913 KENSINGTON AVENUE - PHILADELPHIA, PA 19134	83-2845467	501 (C)(3)	6,523.	0.			OVERDOSE PREVENTION (OPIOID)
PENNSYLVANIA SHERIFFS' ASSOCIATION 2426 N. 2ND STREET HARRISBURG, PA 17110	23-1320650	501 (C)(6)	110,000.	0.			OVERDOSE PREVENTION (OPIOID)

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

2019

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
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) 2019

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) THOMAS FRIEDEN, PRESIDENT & CEO OF CARDIOVASCULAR HEALTH	(i)	496,530.	0.	0.	11,175.	37,439.	545,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSE LUIS CASTRO PRESIDENT & CEO	(i)	460,170.	0.	17,424.	8,330.	13,981.	499,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAULA FUJIWARA SCIENTIFIC DIRECTOR	(i)	331,682.	0.	0.	11,200.	12,735.	355,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WALLACE D'SOUZA CFO	(i)	290,016.	0.	18,984.	10,685.	29,844.	349,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CYRUS SHAHPAR DIRECTOR, PREVENT EPEDEMIC	(i)	307,393.	0.	0.	11,200.	30,407.	349,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADAM M. KARPATI SR. VP PUBLIC HEALTH	(i)	271,695.	0.	18,984.	10,715.	32,919.	334,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) IRA D. RUSEN SR. VP RESEARCH & DEVELOPM	(i)	312,154.	0.	0.	9,852.	2,496.	324,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TAMAR RENAUD COO	(i)	238,654.	0.	17,417.	10,397.	30,152.	296,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SANDRA MULLIN SR. VP. COMMUNICATION	(i)	250,301.	0.	17,417.	10,708.	12,207.	290,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL KASS SR. VP ENVIRONMENTAL HEALT	(i)	233,050.	0.	19,000.	9,676.	20,477.	282,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SARA HERSEY SR. TECHNICAL ADVISOR	(i)	257,500.	0.	0.	9,871.	10,757.	278,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AMANDA MCCLELLAND SENIOR VP, RESOLVE	(i)	257,500.	0.	0.	10,300.	10,208.	278,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PHILIP SETEL VP & DIRECTOR, CRVS	(i)	234,184.	0.	0.	9,454.	3,721.	247,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANDREW RENDEIRO SVP & CHIEF STRATEGY OFFICER	(i)	228,375.	0.	0.	9,135.	38.	237,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

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

2019

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:

STRATEGIES THAT WILL DELIVER LIFE-SAVING CHANGES IN HEALTH POLICIES AND
SYSTEMS. THE INITIATIVE WILL ALSO STRENGTHEN TRACKING AND
ACCOUNTABILITY SYSTEMS TO GUIDE AND ACCELERATE PROGRESS. RESOLVE TO
SAVE LIVES WILL WORK WITH AND SUPPORT KEY PARTNERS INCLUDING THE WORLD
HEALTH ORGANIZATION, THE CDC FOUNDATION, WORLD BANK, CAMPAIGN FOR
TOBACCO-FREE KIDS, AND THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC
HEALTH.

THE FIVE-YEAR, \$225 MILLION RESOLVE TO SAVE LIVES INITIATIVE IS FUNDED
BY BLOOMBERG PHILANTHROPIES, THE BILL & MELINDA GATES FOUNDATION, AND
GATES PHILANTHROPY PARTNERS, WHICH IS FUNDED WITH SUPPORT FROM THE CHAN
ZUCKERBERG FOUNDATION. IT IS LED BY DR. TOM FRIEDEN, FORMER DIRECTOR OF
THE US CENTERS FOR DISEASE CONTROL AND PREVENTION, AND HOUSED AT VITAL
STRATEGIES, WHICH WORKS IN 60 COUNTRIES WITH THE VISION OF A WORLD
WHERE EVERY PERSON IS PROTECTED BY A STRONG PUBLIC HEALTH SYSTEM.

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

SUBNATIONAL MPOWER AND ANTI-INDUSTRY POLICY WINS. OUR CAMPAIGNS REACHED
OVER 746 MILLION PEOPLE IN 2019. EACH CAMPAIGN WAS CRAFTED FOR MAXIMUM
IMPACT USING SOCIAL SCIENCE RESEARCH, INNOVATIVE DIGITAL STRATEGY, AND

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

CARRIED OUT BY STAFF ON THE GROUND WITH DEEP IN-COUNTRY KNOWLEDGE AND A FOCUS ON BI PARTNER POLICY PRIORITIES.

WHILE THE NUMBER OF POLICY WINS IS IMPRESSIVE, ANOTHER PIECE OF THIS STORY OF PROGRESS IS HOW THEY WERE ACHIEVED. IN 2019, GOVERNMENTS CONTRIBUTED MORE THAN US \$60 MILLION IN FINANCIAL OR IN-KIND INVESTMENT TO RUN MEDIA CAMPAIGNS THAT HELPED TO SUPPORT CESSATION, REDUCE INITIATION, CHANGE BEHAVIOR AND SECURE MPOWER POLICIES. IN SEVEN PRIORITY COUNTRIES, MEDIA CAMPAIGNS WERE ON AIR OR ONLINE FOR THE MAJORITY OF THE YEAR, KEEPING TOBACCO CONTROL MESSAGES FRONT AND CENTER FOR BILLIONS OF PEOPLE.

NATIONAL GOVERNMENTS SOUGHT OUT OUR HELP TO STRENGTHEN NATIONAL TOBACCO CONTROL LAWS AND MEET FIVE AND 10-YEAR GOALS IN CHINA, INDIA, BANGLADESH, MEXICO AND UKRAINE, AMONG OTHERS. CAMPAIGNS IN BANGLADESH, PAKISTAN, INDIA AND TURKEY BENEFITED FROM REGULATIONS THAT PROVIDE FREE AIRTIME FOR PUBLIC SERVICE MESSAGES, WHICH WE HELPED ENSURE WERE UTILIZED. THIS STEP TOWARD SUSTAINABILITY DEMONSTRATES GOVERNMENT BUY-IN AND OWNERSHIP, A TREMENDOUS ADVANCE FROM WHEN WE BEGAN THIS WORK A DECADE AGO.

WE ALSO RAN 41 SOCIAL MEDIA CAMPAIGNS ACROSS SEVEN COUNTRIES THAT FOUGHT FOR THOSE POLICIES BI PARTNERS ARE CONCENTRATED ON, SUPPORTED ENFORCEMENT, CESSATION, BUILT ANTI E-CIGARETTE SENTIMENT, AND DREW OUR SUPPORTERS TO OFFLINE EVENTS. OUR ENERGIZED BASE OF SOCIAL MEDIA SUPPORTERS GREW FROM 890,000 LAST YEAR TO 1.9 MILLION TODAY.

THESE 1.9 MILLION PEOPLE FOLLOW OUR TOBACCO CONTROL SOCIAL MEDIA

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

MESSAGES ON FACEBOOK AND INSTAGRAM IN BANGLADESH, INDIA, INDONESIA, MEXICO AND THE PHILIPPINES. SOCIAL MEDIA HAS BECOME A KEY CHANNEL TO REACH AND ACTIVATE OUR AUDIENCE THROUGH A MIX OF ORGANIC AND PROMOTED CONTENT. WE ALSO CONTINUE TO USE SOCIAL MEDIA VIDEO PROMOTIONS TO FURTHER THE REACH OF OUR TOBACCO CONTROL MASS MEDIA CAMPAIGNS. OUR WORK - PRESS LAUNCHES, EVENTS AND OTHER ACTIVITIES ALSO RESULTED IN 1,100 MEDIA STORIES ACROSS PRIORITY COUNTRIES THAT BOLSTERED THE REACH OF OUR CAMPAIGNS MASS AND SOCIAL MEDIA CAMPAIGNS.

OUR IN-COUNTRY TEAMS ALSO ASSISTED PARTNERSHIP FOR HEALTHY CITIES, FROM GIVING WORKSHOPS ON STRATEGIC COMMUNICATION IN BANGKOK, TO TECHNICAL ASSISTANCE ON CAMPAIGNS THAT ENCOURAGED AND ENFORCED LOCAL GOVERNMENT SMOKE-FREE INITIATIVES FROM AMMAN TO BENGALURU TO YANGON.

OUR VITAL TEAM IN INDONESIA HAD A SOCIAL-MEDIA BREAKOUT MOMENT IN 2019. A POPULAR INDONESIAN FIGURE, PAK SUTOPO, KNOWN BECAUSE OF HIS WORK IN DISASTER RELIEF, AND A NON-SMOKER, DIED OF LUNG CANCER FROM WORKPLACE EXPOSURE TO SECONDHAND SMOKE. HIS VIDEO TESTIMONIAL ON VITAL'S ONGOING SOCIAL MEDIA CAMPAIGN IN INDONESIA GARNERED 3 MILLION VIEWS AND MEDIA COVERAGE IN THE JAKARTA POST, AMONG OTHER OUTLETS.

2019 BRINGS 19 IMPRESSIVE WINS

2019 SAW VICTORIES IN SIX NEW SMOKE-FREE CITIES, INCLUDING THREE IN CHINA, IN QINHUANGDAO, A POPULAR TOURIST DESTINATION, WUHAN AND ZHANGJIAKOU; AS WELL AS ONE IN AMBON, AND ONE IN BOGOR, INDONESIA AND IN CHIAPAS, MEXICO.

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

WE REALIZED FOUR E-CIGARETTE VICTORIES: IN INDIA WITH A BAN ON THE SALE, IMPORT AND MANUFACTURE OF THESE PRODUCTS; IN BRAZIL, WHERE WE RETAINED THE BAN DESPITE INDUSTRY PRESSURE TO LIFT IT; AND IN INDONESIA, WHERE WE ACHIEVED NATIONAL BAN ON INTERNET ADVERTISING. WE ALSO CELEBRATED AN EXTENDED SMOKE-FREE BAN IN SHENZHEN, CHINA (POPULATION: MORE THAN 12 MILLION) THAT NOW INCLUDES E-CIGARETTES.

FIVE TOBACCO TAX WINS WERE ACHIEVED: TWO IN THE PHILIPPINES, AS WELL AS ONE EACH IN MEXICO, PAKISTAN AND TURKEY.

A SUSTAINABLE MECHANISM IN BANGLADESH NOW ALLOWS FOR CAMPAIGNS TO RUN FREE OF COST ON GOVERNMENT CHANNELS.

PICTORIAL WARNINGS WERE ADOPTED IN UZBEKISTAN, AND AFTER MANY DELAYS, A HARD-WON INCREASE IN PACK WARNING SIZE TO 60% WAS ACCOMPLISHED IN PAKISTAN.

IN BRAZIL, WE FOUGHT BACK SUCCESSFULLY AGAINST FLAVORED CIGARETTES.

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

OVERALL PILL BURDEN BY ABOUT 60%. THE FINAL RESULTS WERE PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE IN EARLY 2019. STREAM STAGE 2 IS EVALUATING THE EFFICACY, SAFETY AND COST OF AN ALL-ORAL TREATMENT REGIMEN THAT CONTAINS ONE OF THE NEWEST ANTI-TB DRUGS, BEDAQUILINE. RECRUITMENT FOR STAGE 2 WAS COMPLETED IN JANUARY 2020, WITH 588 PARTICIPANTS RECRUITED, MAKING STREAM THE LARGEST RECRUITED TRIAL FOR MDR-TB. COMMUNITY ENGAGEMENT IS A VITAL PART OF STREAM AT ALL 13 TRIAL SITES, ENCOMPASSING A BROAD RANGE OF ACTIVITIES DESIGNED TO BRIDGE THE

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

NEEDS OF AFFECTED COMMUNITIES AND RESEARCHERS. THE DIVISION'S WORK IS FUELING SUSTAINABLE CHANGE IN THE COUNTRIES WHERE IT WORKS, IN PARTICULAR BY BUILDING LOCAL CAPACITY TO DIAGNOSE, TREAT, AND CONDUCT RESEARCH ON MDR-TB AND FOR COMMUNITIES TO PARTICIPATE IN THE RESEARCH CYCLE. THE DIVISION HAS ALSO TRAINED HUNDREDS OF HEALTH CARE PROFESSIONALS IN ASIA, AFRICA, AND LATIN AMERICA TO CONDUCT OPERATIONAL RESEARCH INDEPENDENTLY, ENSURING THAT PROGRAM DATA ARE USED TO IMPROVE IMPLEMENTATION OF NATIONAL TB PROGRAMS

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

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

EXPENSES \$ 35,098,296. INCLUDING GRANTS OF \$ 16,170,194. REVENUE \$ 0.

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

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

OFFICER) WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. 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 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

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

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

NEW YORK, NY 10016

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

TECHNICAL/ ADMINISTRATIVE PROJECT CONSULTANTS:

PROGRAM SERVICE EXPENSES	7,785,157.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	213,420.
---------------------------------	----------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	7,998,577.
----------------	------------

TRANSLATION, ACCOUNTING TEMPS, PROJECT MGMT SERVICES:

PROGRAM SERVICE EXPENSES	61,028.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	509,130.
---------------------------------	----------

FUNDRAISING EXPENSES	32,411.
----------------------	---------

TOTAL EXPENSES	602,569.
----------------	----------

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	24,393.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	14,835.
---------------------------------	---------

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

FUNDRAISING EXPENSES 284.
TOTAL EXPENSES 39,512.

PROGRAM IMPLEMENTATION SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES 14,531,708.
MANAGEMENT AND GENERAL EXPENSES 2,288,754.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 16,820,462.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 25,461,120.

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

FOREIGN CURRENCY EXCHANGE GAIN 89,364.

FORM 990, PART XI, LINE 2C:

THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS.