

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** 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 \$ 182,432,616.
	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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	265
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 218,901,094.	Current Year 180,721,926.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,072,180.	491,764.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,947.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	220,015,221.	181,213,690.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,982,621.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26,503,501.	33,936,044.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,180,659.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,742,972.	48,935,286.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		117,229,094.	157,228,801.
19 Revenue less expenses. Subtract line 18 from line 12	102,786,127.	23,984,889.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 194,571,356.	End of Year 219,704,054.
	21 Total liabilities (Part X, line 26)	7,827,482.	10,836,259.
	22 Net assets or fund balances. Subtract line 21 from line 20	186,743,874.	208,867,795.

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 GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/17/21	Check <input type="checkbox"/> if self-employed PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945		Phone no. 914-381-8900
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633			

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 \$ 69,353,398. including grants of \$ 34,751,119.) (Revenue \$) RESOLVE TO SAVE LIVES:

IN 2020 RESOLVE TO SAVE LIVES MADE SIGNIFICANT PROGRESS ADVANCING THE INITIATIVE'S TWO MAIN GOALS OF SAVING 100 MILLION LIVES FROM CARDIOVASCULAR DISEASE AND PREVENTING EPIDEMICS. GIVEN COVID-19, RTSL ALSO SCALED UP PANDEMIC RESPONSE EFFORTS IN THE US AND GLOBALLY. PROGRAM HIGHLIGHTS FROM RESOLVE'S CORE PROGRAM AREAS ARE DESCRIBED BELOW.

COVID-19: RTSL AND VITAL STRATEGIES EXPERTS PRODUCED 22 GUIDANCE DOCUMENTS THAT INFORMED THE RESPONSE OF GOVERNMENTS ACROSS THE GLOBE TO COVID-19 ON CRITICAL TOPICS SUCH AS THE IMPACT OF PUBLIC HEALTH AND

4b (Code:) (Expenses \$ 19,143,710. including grants of \$ 13,411,079.) (Revenue \$) TOBACCO CONTROL MASS MEDIA WORK:

IN 2020, VITAL STRATEGIES CAMPAIGNS REACHED' AT LEAST 2 BILLION PEOPLE TO WARN ABOUT THE HARMS OF TOBACCO USE AND CONVEY THE IMPORTANCE OF TOBACCO CONTROL.

4c (Code:) (Expenses \$ 13,181,039. including grants of \$ 3,907,900.) (Revenue \$) DATA FOR HEALTH PROGRAMS:

VITAL STRATEGIES ACHIEVED THE FOLLOWING ACCOMPLISHMENTS AS PART OF THE BLOOMBERG PHILANTHROPIES DATA IN 2020:

SUCCESSFULLY UNDERTOOK OUTREACH, ENGAGEMENT, INITIATIVE ENROLLMENT AND WORKPLAN DEVELOPMENT IN THE FOLLOWING NEW COUNTRIES: CAMBODIA, CAMEROON, ETHIOPIA, MOZAMBIQUE, SENEGAL, THAILAND, VIETNAM. AND ZIMBABWE. IN ADDITION, WE BEGAN RE-ENGAGED ACTIVITIES WITH BOTH BOLIVIA AND INDONESIA

THE DATA IMPACT TEAM CO-LED THE REVISION OF GLOBAL GUIDANCE ON VITAL STATISTICS REPORTS AND PRODUCED A NEW RESOURCE KIT, WHICH INCLUDES A GUIDE, REPORT TEMPLATE, AND EXCEL WORKBOOK, TO ENABLE THE PRODUCTION OF

4d Other program services (Describe on Schedule O.) (Expenses \$ 37,817,688. including grants of \$ 22,287,373.) (Revenue \$)

4e Total program service expenses 139,495,835.

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)

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		265
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country SINGAPORE, BRAZIL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
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 - RESOLVE TO SAVE LIVES	40.00			X			510,987.	0.	49,180.	
(2) JOSE LUIS CASTRO PRESIDENT & CEO	40.00	X		X			368,523.	0.	25,755.	
(3) CYRUS SHAHPAR DIRECTOR, PREVENT EPIDEMIC	40.00					X	341,017.	0.	42,939.	
(4) PAULA FUJIWARA SCIENTIFIC DIRECTOR	40.00					X	342,011.	0.	23,786.	
(5) WALLACE D'SOUZA CFO	40.00			X			318,270.	0.	42,434.	
(6) SANDRA MULLIN SR. VP. COMMUNICATION	40.00				X		321,939.	0.	23,037.	
(7) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS	40.00				X		290,839.	0.	43,970.	
(8) IRA D. RUSEN SR. VP RESEARCH & DEV.	40.00				X		320,636.	0.	11,806.	
(9) CHRISTINA CHANG EXECUTIVE VP & DEPUTY CEO	40.00				X		269,129.	0.	46,365.	
(10) TAMAR RENAUD COO	40.00				X		263,703.	0.	47,527.	
(11) AMANDA MCCLELLAND SENIOR VP, RESOLVE	40.00					X	265,225.	0.	28,247.	
(12) DANIEL KASS SR. VP ENVIRONMENTAL HEALTH	40.00				X		259,807.	0.	29,734.	
(13) DANIEL SCHAEFER CTO	40.00					X	238,115.	0.	49,490.	
(14) SARA HERSEY SR. TECHNICAL ADVISOR	40.00					X	265,225.	0.	21,379.	
(15) ANDREW RENDEIRO SVP & CHIEF STRATEGY OFFICER	40.00				X		235,226.	0.	11,296.	
(16) LOUIS JAMES DE VIEL CASTEL CHAIRPERSON	3.00	X		X			0.	0.	0.	
(17) HELEN AGERUP VICE CHAIR FOR OPERATIONS	3.00	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) MARC SZNAJDERMAN VICE CHAIR FOR PROGRAMS	3.00	X		X				0.	0.	0.
(19) ERIC ROSENBAUM SECRETARY	3.00	X		X				0.	0.	0.
(20) SCOTT HALSTEAD TREASURER	3.00	X		X				0.	0.	0.
(21) DAVID A CAPUTO TRUSTEE	2.00	X						0.	0.	0.
(22) FRANK G. COLELLA TRUSTEE	2.00	X						0.	0.	0.
(23) ROSLYN FEDER TRUSTEE	2.00	X						0.	0.	0.
(24) DR. MARY-ANN ETIEBET TRUSTEE	2.00	X						0.	0.	0.
(25) DR. LISA FITZPATRICK TRUSTEE	2.00	X						0.	0.	0.
(26) MARK FOLEY TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								4,610,652.	0.	496,945.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,610,652.	0.	496,945.

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 **103**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GEOMETER LLC, 548 MARKET ST PMB 24284, SAN FRANCISCO, CA 94104	TECH CONSULTING	2,991,650.
IPSOS PUBLIC AFFAIRS PO BOX 360609, PITTSBURGH, PA 15251	COMMUNICATIONS	1,108,355.
DIMAGI 585 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	TECH CONSULTING	800,000.
HEALTH MANAGEMENT ASSOCIATES, 120 N WASHINGTON SQUARE, STE 705, LANSING, MI	HEALTHCARE CONSULTING	492,495.
HARM REDUCTION COALITION 22 WEST 27TH ST, 5TH FL, NEW YORK, NY 10001	PROGRAM CONSULTING	317,395.

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 **27**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(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	10,828,741.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	169,893,185.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,218,926.				
	h Total. Add lines 1a-1f		180,721,926.				
Program Service Revenue			Business Code				
	2 a _____						
	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)		491,764.			491,764.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,218,926.			
	b Less: cost or other basis and sales expenses	7b	1,218,926.				
	c Gain or (loss)	7c	0.				
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	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			Business Code				
	11 a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			181,213,690.	0.	0.	491,764.	

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 ...	23,935,916.	23,935,916.		
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	50,421,555.	50,421,555.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,490,163.	2,547,026.	847,244.	95,893.
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	23,861,419.	17,306,950.	5,905,973.	648,496.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	779,303.	601,889.	153,789.	23,625.
9 Other employee benefits	3,972,802.	3,068,367.	783,998.	120,437.
10 Payroll taxes	1,832,357.	1,415,208.	361,600.	55,549.
11 Fees for services (nonemployees):				
a Management				
b Legal	207,156.	84,202.	122,954.	
c Accounting	65,508.	26,627.	38,881.	
d Lobbying	111,150.	111,150.		
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.)	27,657,890.	24,358,454.	3,137,270.	162,166.
12 Advertising and promotion	4,418,002.	4,379,304.	38,698.	
13 Office expenses	447,317.	181,759.	265,558.	
14 Information technology	387,617.	157,553.	230,064.	
15 Royalties				
16 Occupancy	2,780,908.	2,025,917.	687,604.	67,387.
17 Travel	961,212.	876,990.	83,472.	750.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	46,214.	39,788.	5,619.	807.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	209,309.	6,905.	202,404.	
23 Insurance	289,779.	110,169.	179,610.	
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 BAD DEBT EXPENSE	7,699,957.	5,387,690.	2,310,695.	1,572.
b PROJECT SUPPLIES/EQUIP.	1,622,590.	1,134,096.	485,825.	2,669.
c SUBSCRIPTIONS AND FEES	892,322.	624,361.	267,779.	182.
d ADMIN./PROGRAM COSTS	769,007.	538,077.	230,773.	157.
e All other expenses	369,348.	155,882.	212,497.	969.
25 Total functional expenses. Add lines 1 through 24e	157,228,801.	139,495,835.	16,552,307.	1,180,659.
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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	5,156,321.	1	9,725,448.	
	2 Savings and temporary cash investments	84,053,538.	2	140,330,174.	
	3 Pledges and grants receivable, net	93,201,536.	3	44,856,164.	
	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	464,747.	9	840,210.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,552,973.			
	b Less: accumulated depreciation	10b 1,002,473.	1,749,275.	10c	1,550,500.
	11 Investments - publicly traded securities	3,950,034.	11	20,956,398.	
	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	5,995,905.	15	1,445,160.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	194,571,356.	16	219,704,054.		
Liabilities	17 Accounts payable and accrued expenses	6,513,806.	17	5,342,948.	
	18 Grants payable		18		
	19 Deferred revenue	0.	19	3,033,411.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	266,982.	21	220,032.	
	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	1,046,694.	25	2,239,868.	
	26 Total liabilities. Add lines 17 through 25	7,827,482.	26	10,836,259.	
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	3,598,435.	27	-1,507,309.	
	28 Net assets with donor restrictions	183,145,439.	28	210,375,104.	
	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	186,743,874.	32	208,867,795.	
	33 Total liabilities and net assets/fund balances	194,571,356.	33	219,704,054.	

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	181,213,690.
2	Total expenses (must equal Part IX, column (A), line 25)	2	157,228,801.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,984,889.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	186,743,874.
5	Net unrealized gains (losses) on investments	5	202,038.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,063,006.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	208,867,795.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2020)

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

2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30602155.	174982107	80596112.	218901094	180721926	685803394
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	30602155.	174982107	80596112.	218901094	180721926	685803394
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)						306526361
6 Public support. Subtract line 5 from line 4.						379277033

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	30602155.	174982107	80596112.	218901094	180721926	685803394
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	119,436.	209,043.	286,026.	777,683.	491,764.	1883952.
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.)	9,019.	9,196.	28,518.	41,947.		88,680.
11 Total support. Add lines 7 through 10						687776026
12 Gross receipts from related activities, etc. (see instructions)					12	243,700.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	55.15 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	49.68 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2016 AMOUNT: \$ 9,019.

2017 AMOUNT: \$ 9,196.

2018 AMOUNT: \$ 25,639.

2019 AMOUNT: \$ 41,947.

FEEES

2018 AMOUNT: \$ 2,879.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>79,285,624.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>38,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <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.)
4	 <hr/> <hr/> <hr/>	\$ <u>10,999,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>10,828,741.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>10,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>5,217,265.</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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

LHA

032041 12-02-20

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		122,421.													
c Total lobbying expenditures (add lines 1a and 1b)		122,421.													
d Other exempt purpose expenditures		15593692.													
e Total exempt purpose expenditures (add lines 1c and 1d)		156059413.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<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)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
c Total lobbying expenditures				122,421.	122,421.
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
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

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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? | 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		1,348,380.	320,582.	1,027,798.
d Equipment		1,204,593.	681,891.	522,702.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,550,500.

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	1,034,109.
(3) PAYCHECK PROTECTION PROGRAM LOAN	1,205,759.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,239,868.

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	181,415,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	202,038.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	202,038.
3	Subtract line 2e from line 1	3	181,213,690.
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	181,213,690.

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	159,291,807.
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	2,063,006.
e	Add lines 2a through 2d	2e	2,063,006.
3	Subtract line 2e from line 1	3	157,228,801.
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	157,228,801.

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, 2020 IS \$216,982.

DURING 2020, VITAL STRATEGIES WAS THE PRIME-RECIPIENT OF \$10.83 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 2017.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY EXCHANGE LOSS	123,933.
WRITE OFF OF UNCOLLECTIBLE GRANTS	1,939,073.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,063,006.

**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

2020

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		14,668,720.
EAST ASIA AND THE PACIFIC			GRANTS		4,534,645.
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTS		26,680,357.
NORTH AMERICA			GRANTS		1,504,463.
SOUTH AMERICA			GRANTS		3,033,370.
SUB-SAHARAN AFRICA	1	43	PROGRAM SERVICES	DATA FOR HEALTH, OBESITY PREVENTION, RESOLVE AND OTHER PROGRAMS.	1,532,036.
EAST ASIA AND THE PACIFIC	1	89	PROGRAM SERVICES	DATA FOR HEALTH, HEALTHY CITIES, RESOLVE AND OTHER PROGRAMS.	2,312,420.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	21	PROGRAM SERVICES	DATA FOR HEALTH, TOBACCO CONTROL, AND OTHER PROGRAMS.	549,166.
3 a Subtotal	2	153			54,815,177.
b Total from continuation sheets to Part I	0	72			1,032,011.
c Totals (add lines 3a and 3b)	2	225			55,847,188.

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

Schedule F (Form 990) 2020

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	24	PROGRAM SERVICES	DATA FOR HEALTH, OBESITY PREVENTION, RESOLVE, AND OTHER PROGRAMS.	349,224.
SOUTH AMERICA	0	48	PROGRAM SERVICES	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, OBESITY PREVENTION, AND OTHER PROGRAMS.	682,787.
Totals		72			1,032,011.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESOLVE	1937548.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	77,966.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	200,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	393,800.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	699,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	497,640.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	24,891.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **64**

3 Enter total number of other organizations or entities **97**

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	35,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	599,999.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	228,488.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	19,340.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	1006242.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	85,426.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	70,556.	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	PARTNERSHIP FOR HEALTHY CITIES	25,085.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	5,064.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	14,850.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	61,184.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	110,358.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	51,546.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	15,000.	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)
		SUB-SAHARAN AFRICA	OBESITY PREVENTION	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	24,985.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	161,128.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	200,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	31,750.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	19,855.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB	117,559.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	124,663.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	189,560.	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	STREAM TB	166,285.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	175,285.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	150,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	756,140.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB	109,163.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	99,892.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	18,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	77,445.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	4089847.	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	DATA FOR HEALTH	83,650.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	73,157.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	13,507.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB	260,676.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	260,676.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB	134,483.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	961,003.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	100,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	12,500.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	132,793.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENVIRONMENTAL HEALTH	92,245.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA MATERNAL AND NEWBORN HEALTH	33,731.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	158,405.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	51,909.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	172,369.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STREAM TB	80,178.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	20,486.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB	67,208.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	274,629.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	120,418.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	108,341.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	36,857.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	THE UNION PARIS	319,602.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	244,424.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	16,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	104,280.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	30,302.	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	RESOLVE	93,211.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	46,690.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	39,046.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	23,918.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	35,575.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	52,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	18,752.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	17,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	25,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	201,727.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	28,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB	194,439.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB	166,576.	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	40,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB	144,562.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	7,089.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	67,212.	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	RESOLVE	74,470.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	73,413.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	109,062.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	89,231.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	564,550.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THE UNION PARIS	43,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	10,028.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH	100,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	62,483.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	64,074.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	63,539.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	63,873.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	82,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	12,480.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	IJ_INVESTIGATIVE JOURNALISM	112,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ENVIRONMENTAL HEALTH	33,953.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	14,433.	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)	TREAT TB	355,053.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	88,411.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	61,600.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	422,241.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	1050000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	497,813.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THE UNION PARIS	550,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	237,400.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REDUCE TOBACCO USE	380,426.	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)	TOBACCO CONTROL	11902000	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THE UNION PARIS	398,192.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	475,951.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	1725286.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	5,616.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	213,193.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ROAD SAFETY	185,215.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	5483923.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	64,479.	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)	TREAT TB	325,195.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	67,359.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	72,398.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	52,015.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	15,149.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	284,234.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	646,266.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	75,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	25,000.	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)
		NORTH AMERICA	RESOLVE	56,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION	28,708.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	57,441.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION	145,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	146,999.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	95,845.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	27,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESOLVE	272,696.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	25,000.	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	PARTNERSHIP FOR HEALTHY CITIES	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	39,593.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION	150,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION	150,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION	350,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	217,108.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	65,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TREAT TB	202,555.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	148,728.	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	MAYOR'S CHALLENGE	279,713.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION	33,336.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	35,170.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESOLVE	150,793.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	293,648.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL	22,891.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	100,000.	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)
OBESITY PREVENTION	EAST ASIA AND THE PACIFIC	2	4,000.	WIRE TRANSFER	0.		
RESOLVE	EAST ASIA AND THE PACIFIC	1	75,000.	WIRE TRANSFER	0.		
OBESITY PREVENTION	NORTH AMERICA	1	7,749.	WIRE TRANSFER	0.		
OBESITY PREVENTION	SOUTH AMERICA	1	2,000.	WIRE TRANSFER	0.		
OBESITY PREVENTION	SUB-SAHARAN AFRICA	1	2,000.	WIRE TRANSFER	0.		

Part IV Foreign Forms

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

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 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 PROCESS OR VIA SOLE SOURCE SELECTION BASED ON INTERNAL CITY/COUNTRY OR

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.

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

PART I, LINE 3:

EXPENDITURES ARE RECOGNIZED UNDER THE ACCRUAL BASIS OF ACCOUNTING.

**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

2020

**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
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT (WORLD BANK) - 1818 H STREET NW - WASHINGTON, DC 20433	98-0002549		2,000,000.	0.			RESOLVE
QUINTILES (IQVIA) 4820 EMPEROR BOULEVARD DURHAM, NC 27703	56-1323952		1,981,520.	0.			STREAM TB
CDC FOUNDATION 600 PEACHTREE STREET NE, SUITE 1000 ATLANTA, GA 30308	58-2106707	501(C)(3)	1,373,001.	0.			DATA FOR HEALTH AND RESOLVE
ALIMA USA, INC. ONE WHITEHALL STREET 2ND FLOOR NEW YORK, NY 10004	26-0397519	501(C)(3)	1,350,000.	0.			RESOLVE
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW SUITE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	1,280,609.	0.			RESOLVE AND ROAD SAFETY
HEALTH RESEARCH INC. RIVERVIEW CENTER, 150 BROADWAY SUIT MENANDS, NY 12204	14-1402155	501(C)(3)	1,145,000.	0.			RESOLVE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **40.**
- 3** Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAN AMERICAN HEALTH ORGANIZATION - PAHO - 525 23RD STREET NW - WASHINGTON, DC 20037	52-1804954		1,114,915.	0.			RESOLVE
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET, 3RD FL. - NEW YORK, NY 10027	13-5598093	501(C)(3)	945,437.	0.			RESOLVE
COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 333 WEST FORT STREET SUITE #2010 - DETROIT, MI 48226	38-2530980	501(C)(3)	911,540.	0.			OVERDOSE PREVENTION (OPIOID)
PATH 2201 WESTLAKE AVENUE, SUITE 200 SEATTLE, WA 98121	91-1157127	501(C)(3)	862,978.	0.			RESOLVE
PROJECT HOPE FOUNDATION 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	845,424.	0.			RESOLVE
NOVETTA, INC. 7921 JONES BRANCH DR. SUITE 500 MCLEAN, VA 22102	52-2004115		834,770.	0.			RESOLVE
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(C)(3)	818,500.	0.			RESOLVE
MUSO INC. 3254 19TH STREET 2ND FLOOR SAN FRANCISCO, CA 94110	20-3171837	501(C)(3)	693,550.	0.			RESOLVE
THE GRAND RAPIDS RED PROJECT 401 HALL ST SE GRAND RAPIDS, MI 49507	38-3414580	501(C)(3)	684,423.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 PITTSBURGH 116 ATWOOD STREET SUITE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	614,778.	0.			OVERDOSE PREVENTION (OPIOID)
YALE UNIVERSITY 25 SCIENCE PARK, 150 MUNSON STREET, PO BOX 208327 - NEW HAVEN, CT 06520-8327	06-0646973	501(C)(3)	613,633.	0.			TREAT TB
LAST MILE HEALTH PO BOX 130122 BOSTON, MA 02113	26-1401736	501(C)(3)	599,985.	0.			RESOLVE
PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH - 1401 JFK BOULEVARD, ROOM 1380 - PHILADELPHIA, PA 19102	23-6003047	STATE OF PENNSYL	588,336.	0.			PARTNERSHIP FOR HEALTHY CITIES AND RESOLVE
JHPIEGO CORPORATION 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	573,762.	0.			RESOLVE
HARM REDUCTION MICHIGAN 867 EAST 8TH STREET TRAVERSE CITY, MI 49686	81-2744973	501(C)(3)	300,000.	0.			OVERDOSE PREVENTION (OPIOID)
COUNTY OF FRANKLIN 340 NORTH SECOND STREET CHAMBERSBURG, PA 17201	23-6003024	STATE OF PENNSYL	297,354.	0.			OVERDOSE PREVENTION (OPIOID)
SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION - 3011 W. GRAND BOULEVARD, SUITE 200 - DETROIT, MI 48202	38-1671500	501(C)(3)	275,810.	0.			OVERDOSE PREVENTION (OPIOID)
CITY OF PHILADELPHIA 1401 JFK BOULEVARD, ROOM 1380 PHILADELPHIA, PA 19102	23-6003047	STATE OF PENNSYL	250,000.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVENUE, NW WASHINGTON, DC 20418-0007	53-0196932	501(C)(3)	232,526.	0.			RESOLVE
THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA - 30 N. THIRD STREET, SUITE 600 - HARRISBURG, PA 17101	25-1767436	501(C)(6)	231,632.	0.			OVERDOSE PREVENTION (OPIOID)
SEX WORKERS OUTREACH PROJECT 340 S. LEMON AVE, #7566 WALNUT, CA 91789	26-2264638	501(C)(3)	200,000.	0.			OVERDOSE PREVENTION (OPIOID)
JOURNALISM DEVELOPMENT NETWORK 4401A CONNECTICUT AVENUE NW, #321 WASHINGTON, DC 20008-2358	26-0898750	501(C)(3)	187,500.	0.			INVESTIGATIVE JOURNALISM
NEW JERSEY HARM REDUCTION COALITION - 156 PITNEY ROAD - ABSECON, NJ 08201	85-4099652	501(C)(3)	179,907.	0.			OVERDOSE PREVENTION (OPIOID)
PREVENTION POINT PITTSBURGH 460 MELWOOD AVE, SUITE 205 PITTSBURGH, PA 15213	25-1852314	501(C)(3)	173,276.	0.			OVERDOSE PREVENTION (OPIOID)
UNITED NATIONS DEVELOPMENT PROGRAMME THE (UNDP) - UNITED NATIONS STATISTICS DIVISION/DEPARTMENT OF ECONOMIC	13-2626199	501(C)(3)	167,540.	0.			DATA FOR HEALTH
CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	157,517.	0.			RESOLVE
NEXT HARM REDUCTION 65 WEST 90TH STREET #25G NEW YORK, NY 10024	83-1333112		156,089.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENTION POINT PHILADELPHIA 166 WEST LEHIGH AVENUE, LOWER LEVEL (PO BOX 60990) - PHILADELPHIA, PA 19133	23-2663699	501(C)(3)	135,000.	0.			OVERDOSE PREVENTION (OPIOID)
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	STATE OF OHIO	128,594.	0.			RESOLVE
PROJECT SAFE 535 DOCK SUITE 112 TACOMA, WA 98402	91-1435394	501(C)(3)	122,128.	0.			OVERDOSE PREVENTION (OPIOID)
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP ("SCPMG") - 2706 MEDIA CENTER DRIVE, LOCKBOX 741134 - LOS ANGELES, CA 90065-1733	95-1750445		121,769.	0.			RESOLVE
EHEALTH AFRICA 1200 G STREET, NW SUITE 800 WASHINGTON, DC 20005	81-4503438	501(C)(3)	96,472.	0.			RESOLVE
CHARNEY RESEARCH 1123 BROADWAY SUITE 918 NEW YORK, NY 10010	47-2364690		87,982.	0.			RESOLVE
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET 5TH FLOOR, FRANKLIN BUILDING - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	80,000.	0.			OVERDOSE PREVENTION (OPIOID)
PENNSYLVANIA SHERIFFS ASSOCIATION 2426 N. 2ND STREET HARRISBURG, PA 17110	23-1320650	501(C)(6)	75,000.	0.			OVERDOSE PREVENTION (OPIOID)
PENNSYLVANIA COMMISSION ON SENTENCING - 204 E. CALDER WAY, SUITE 400 - STATE COLLEGE, PA 16801-4756	25-1542190	STATE OF PENNSYL	74,623.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	70,666.	0.			OVERDOSE PREVENTION (OPIOID)
MATERNITY CARE COALITION 2000 HAMILTON STREET SUITE 205 PHILADELPHIA, PA 19130	23-2200410		66,666.	0.			OVERDOSE PREVENTION (OPIOID)
WELLNESS AIDS SERVICES, INC 311 E. COURT ST. FLINT, MI 48502	38-2674052		64,126.	0.			OVERDOSE PREVENTION (OPIOID)
THE ASPEN INSTITUTE, INC 2300 N STREET NW SUITE #700 WASHINGTON, DC 20037	84-0399006	501(C)(3)	37,500.	0.			RESOLVE
GEORGETOWN UNIVERSITY 37TH AND O STREETS, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	36,781.	0.			OBESITY PREVENTION
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE BOX 354965 SEATTLE, WA 98105	91-6001537	STATE OF WASHING	29,775.	0.			RESOLVE
RESEARCH FOUNDATION OF CUNY 230 W 41 STREET 7TH FLOOR NEW YORK, NY 10036	13-1988190	501(C)(3)	25,000.	0.			OVERDOSE PREVENTION (OPIOID)
PANORAMA GLOBAL 2101 4TH AVENUE SUITE 2100 SEATTLE, WA 98121	81-4204119	501(C)(3)	25,000.	0.			RESOLVE
THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	17,421.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

VITAL STRATEGIES 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 DELIVERABLES VIA EMAIL FOLLOW-UP, SCHEDULED CHECK-IN PHONE CALLS AT KEY

Part IV Supplemental Information

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 ANTICIPATED SCOPE OF WORK. VITAL STRATEGIES THEN REVIEWS THE OPTIONS AND

Part IV Supplemental Information

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

2020

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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2020

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 - RESOLVE TO SAVE LIVES	(i)	510,987.	0.	0.	11,400.	37,780.	560,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSE LUIS CASTRO, PRESIDENT & CEO	(i)	349,515.	0.	19,008.	11,288.	14,467.	394,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYRUS SHAHPAR, DIRECTOR, PREVENT EPIDEMIC	(i)	341,017.	0.	0.	10,730.	32,209.	383,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAULA FUJIWARA, SCIENTIFIC DIRECTOR	(i)	342,011.	0.	0.	11,400.	12,386.	365,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WALLACE D'SOUZA, CFO	(i)	299,286.	0.	18,984.	11,400.	31,034.	360,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SANDRA MULLIN, SR. VP. COMMUNICATION	(i)	302,939.	0.	19,000.	10,936.	12,101.	344,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ADAM KARPATI, SVP PUBLIC HEALTH PROGRAMS	(i)	271,855.	0.	18,984.	11,400.	32,570.	334,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) IRA D. RUSEN, SR. VP RESEARCH & DEV.	(i)	320,636.	0.	0.	9,966.	1,840.	332,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTINA CHANG, EXECUTIVE VP & DEPUTY CEO	(i)	249,629.	0.	19,500.	10,962.	35,403.	315,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TAMAR RENAUD, COO	(i)	244,703.	0.	19,000.	10,709.	36,818.	311,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) AMANDA MCCLELLAND, SENIOR VP, RESOLVE	(i)	265,225.	0.	0.	10,609.	17,638.	293,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DANIEL KASS, SR. VP ENVIRONMENTAL HEALTH	(i)	240,307.	0.	19,500.	10,400.	19,334.	289,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DANIEL SCHAEFER, CTO	(i)	238,115.	0.	0.	9,765.	39,725.	287,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SARA HERSEY, SR. TECHNICAL ADVISOR	(i)	265,225.	0.	0.	10,609.	10,770.	286,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ANDREW RENDEIRO, SVP & CHIEF STRATEGY OFFICER	(i)	235,226.	0.	0.	9,409.	1,887.	246,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	1,218,926.	AVG SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B).

Multiple horizontal lines for supplemental information.

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

2020

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:

SOCIAL MEASURES, CONSIDERATIONS TO SAFELY REOPEN SCHOOLS, AND
IMPLEMENTATION OF RAPID MORTALITY SURVEILLANCE PROGRAMS. RTSL AND VITAL
STRATEGIES ALSO FACILITATED THE DEVELOPMENT OF THE PARTNERSHIP FOR
EVIDENCE-BASED RESPONSE TO COVID-19 (PERC), A PUBLIC-PRIVATE
PARTNERSHIP THAT SUPPORTS EVIDENCE-BASED MEASURES TO REDUCE THE IMPACT
OF COVID-19 ON AFRICAN UNION (AU) MEMBER STATES. AS SOON AS COVID-19
EMERGED, RTSL MADE RAPID, FLEXIBLE FUNDS AVAILABLE TO 21 COUNTRIES.
BECAUSE OF THESE GRANTS, 15,000 CASES OF COVID-19 WERE INVESTIGATED IN
AFRICA AND 35,000 CONTACTS WERE TRACED, 60,000 LAB SAMPLES WERE
TRANSPORTED, 3,000 RESPONSE STAFF AND 1,500 LAB STAFF WERE TRAINED, AND
194 COVID-19 MOLECULAR LABS WERE ACTIVATED. RTSL'S LEGAL AND ADVOCACY
PROGRAM SUPPORTED SIX COUNTRIES DEVELOP 29 LEGAL GUIDANCE DOCUMENTS
AFFECTING MORE THAN 160 MILLION PEOPLE THAT ENABLED GOVERNMENTS TO TAKE
PROTECTIVE ACTION TO COMBAT COVID-19 WHILE PROTECTING HUMAN RIGHTS. IN
THE US, RTSL BROUGHT TOGETHER THE COUNTRY'S LEADING TECH EXPERTS TO
DEVELOP NEW SOFTWARE TO ENHANCE US JURISDICTIONS' RESPONSE TO COVID-19
INCLUDING TOOLS SUCH AS EPI VIADUCT AND EPI LOCATOR.

PREVENT EPIDEMICS: IN 2020 RTSL WAS PROUD TO CONTINUE STRENGTHENING

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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PANDEMIC PREPAREDNESS GLOBALLY. RTSL GRADUATED THE FIRST COHORT OF 25 MID-LEVEL MANAGERS REPRESENTING 7 COUNTRIES FROM THE PROGRAM MANAGEMENT FOR EPIDEMIC PREPAREDNESS COURSE. RTSL SUPPORTED THE ETHIOPIAN PUBLIC HEALTH INSTITUTE ESTABLISH A NATIONAL ACTION PLAN FOR HEALTH SECURITY (NAPHS) ACCELERATION TEAM AND SUPPORTED NIGERIA AND LIBERIA INCREASE THEIR JOINT EXTERNAL EVALUATION (JEE) SCORES TO FIND, STOP, AND PREVENT EPIDEMICS. RTSL ALSO PROVIDED TECHNICAL ASSISTANCE TO IMPROVE SEVERAL AFRICAN COUNTRIES' ACCESS TO AND UTILIZATION OF WORLD BANK REGIONAL DISEASE SURVEILLANCE SYSTEMS ENHANCEMENT (REDISSE) FUNDING. FROM MID-2019 TO MID-2020, REDISSE DISBURSEMENTS INCREASED FROM 12% TO 28% IN NIGERIA AND 12% TO 31% IN LIBERIA.

CARDIOVASCULAR HEALTH: IN SUPPORT OF TRANS FAT ELIMINATION GOALS, RTSL PARTNERED WITH THE WHO TO LAUNCH THE SECOND ANNUAL PROGRESS REPORT FOR THE REPLACE INITIATIVE, SUPPORTED THE LAUNCH OF WHO'S FIRST-EVER CERTIFICATION PROGRAM FOR COUNTRIES THAT HAVE ENACTED BEST POLICIES FOR ELIMINATING TRANS FAT IN THEIR COUNTRIES, AND SUPPORTED THE DEVELOPMENT AND PASSAGE OF BEST PRACTICE TRANS FAT ELIMINATION REGULATIONS IN BRAZIL AND TURKEY. OVER 1.3 MILLION INDIVIDUALS HAVE RECEIVED HYPERTENSION CARE AND TREATMENT SINCE THE LAUNCH OF RTSL'S WORK AND IN 2020 RTSL SUPPORTED THE LAUNCH OF HYPERTENSION DIAGNOSIS, CARE AND TREATMENT IN WEST VISAYAS, WORKED WITH ETHIOPIA TO SUPPORT ADOPTION OF EVIDENCE-BASED HYPERTENSION GUIDELINES AND IMPROVE ACCESS TO EFFECTIVE ANTI-HYPERTENSION TREATMENT IN 62 HEALTH CENTERS AND TEN PRIMARY HOSPITALS, LAUNCHED THE NIGERIA HYPERTENSION CONTROL INITIATIVE LAUNCH WITH THE FEDERAL MINISTRY OF HEALTH THAT WILL SCALE UP TO INCLUDE OVER 600 FACILITIES, AND CONTINUED SUPPORT FOR EXPANSION OF THE INDIA HYPERTENSION CONTROL INITIATIVE (IHCI), SUPPORTING MORE THAN 900,000

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PATIENTS IN 10 STATES ACROSS 2,884 HEALTH FACILITIES. THE SIMPLE APP LAUNCHED IN BANGLADESH IN FEBRUARY 2020 TO HELP MANAGE BLOOD PRESSURE MEASUREMENTS AND MEDICATIONS, AND A TELEMEDICINE FEATURE ON THE SIMPLE APP LAUNCHED IN TWO STATES IN INDIA TO SUPPORT THE COVID RESPONSE. LINKSCOMMUNITY.ORG, THE GLOBAL COMMUNITY OF CARDIOVASCULAR HEALTH PROFESSIONALS MAINTAINED BY RTSL, WHO AND CDC FOUNDATION, LAUNCHED A REDESIGNED TOOLKIT THAT ALLOWS USERS TO EASILY SEARCH AND FILTER RESOURCES RELATED TO HYPERTENSION CONTROL, SODIUM REDUCTION, AND TRANS FAT ELIMINATION.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

VITAL STRATEGIES CAMPAIGNS WARNED MORE THAN TWO BILLION PEOPLE ABOUT THE HARMS OF TOBACCO USE AND PROMOTED EVIDENCE-BASED TOBACCO CONTROL IN COUNTRIES SUCH AS BANGLADESH, CHINA, INDIA, INDONESIA AND MEXICO.

SUBGRANT FOR TOBACCO CONTROL WORK WAS GIVEN THROUGH WHICH WE ACHIEVED: THE TOBACCO CONTROL DEPARTMENT PRODUCED A SEVERAL PUBLICATIONS DOCUMENTING THE ENORMOUS IMPACT OF TOBACCO AND SMOKING ON COVID-19 DISEASE AND PROGRESSION, INCLUDING A SERIES OF SCIENTIFIC BRIEFS THAT WERE ANALYZED EMERGING DATA. THE PUBLICATIONS WERE WIDELY DISSEMINATED AND SHARED AT WEBINARS, CONFERENCES, AND ROUNDTABLES. EARLY IN THE PANDEMIC, WE ALSO PRODUCED ONE-OFF PUBLICATIONS ON THIS SUBJECT, INCLUDING "SMOKING IN COVID-19 TIMES" AND A "COVID-19 INFORMATION SHEET.

THE DEPARTMENT LAUNCHED THE TOBACCO CONTROL IMPLEMENTATION HUB TO SUPPORT GOVERNMENTS AND PUBLIC HEALTH PRACTITIONERS IMPROVE TOBACCO CONTROL IMPLEMENTATION AND ENFORCEMENT, INCREASE COMPLIANCE, AND

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ULTIMATELY PROTECT PEOPLE FROM THE HARMS OF TOBACCO. THE HUB HAS A FULLY SEARCHABLE RESOURCE LIBRARY, A DIRECTORY OF GLOBAL EXPERTS, A BREAKDOWN OF POLICY AREAS AND ELEMENTS OF IMPLEMENTATION, INCLUDING CASE STUDIES FROM AROUND THE GLOBE, AND SIGNPOSTING TO KEY RESOURCES.

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

A VITAL STATISTICS REPORT. IT HAS BEEN USED IN RWANDA AND TANZANIA.

IN RESPONSE TO A GREATER DEMAND FOR RELIABLE HEALTH DATA TO GUIDE RAPID RESPONSE EFFORTS AMIDST THE COVID-19 PANDEMIC, THE GLOBAL GRANTS PROGRAM PREPARED AND LAUNCHED A SPECIAL GRANT SUBMISSION ROUND TO FUND DATA FOR HEALTH ACTIVITIES TO SUPPORT THE PANDEMIC RESPONSE. A TOTAL OF 12 GRANT PROJECTS WERE APPROVED FOR MORE THAN \$550,000. AN ADDITIONAL 13 GRANT PROJECTS WERE FUNDED FOR \$920,000 EARLIER IN 2020 COVERING VARIOUS WORK RELATED TO CIVIL REGISTRATION/VITAL STATISTICS AND DATA IMPACT ACTIVITIES.

THE CANCER REGISTRY PROGRAM FOCUSED ON STRENGTHENING POPULATION-BASED CANCER REGISTRIES IN THE FOCUS COUNTRIES OF MYANMAR, TANZANIA, VIETNAM, AND ZAMBIA, WITH A SPECIAL PROJECT IN RWANDA. IN PARTICULAR, THE PROGRAM SUCCESSFULLY COLLABORATED WITH MINISTRIES OF HEALTH (MOH) TO INTEGRATE CANCER SURVEILLANCE INTO CURRENT HEALTH SYSTEM PROCESSES AND INFRASTRUCTURE. THIS INCLUDED ESTABLISHING CENTRAL COORDINATION UNITS WITH THE MOH TO CREATE ALIGNMENT AND TRANSPARENCY ACROSS ALL PBCRS. THESE UNITS WILL IMPROVE DECISION MAKING, PLANNING, AND COSTING PBCRS TO INFORM BUDGETING AND SUSTAINABILITY.

IN ADDITION, THE FOLLOWING HIGHLIGHTS SOME OF THE COUNTRY SPECIFIC SUCCESSES EXPERIENCED IN 2020:

COLOMBIA: THE COLOMBIA RURAL VITAL (CRV) PROGRAM WAS SCALED NATIONALLY AS PART OF THE RESPONSE TO EXCESS MORTALITY CAUSED BY THE

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COVID-19 PANDEMIC, ALLOWING SMS-BASED DEATH NOTIFICATION TO EXPAND TO OVER 400 MUNICIPALITIES. ADDITIONALLY, THE FIRST NATIONAL ROAD SAFETY REPORT WAS PRODUCED FOR THE COUNTRY AND CORRESPONDING VIRTUAL TRAINING CURRICULUM ON ANALYSIS AND REPORTING OF ROAD SAFETY DATA WAS DEVELOPED FOR SUB-NATIONAL REGIONAL ANALYSIS.

RWANDA: A DIGITAL REGISTRATION SYSTEM WAS LAUNCHED SIMULTANEOUSLY IN HEALTH FACILITIES AND THE REGISTRATION POINTS IN THE COMMUNITY. RWANDA ALSO PUBLISHED ITS FIRST EVER NATIONAL VITAL STATISTICS REPORT ON 2019 DATA.

CAMBODIA: THE FIRST VITAL STATISTICS WERE PRODUCED FOR THE COUNTRY IN THE FORM OF A PROVINCIAL REPORT FOR KEP PROVINCE. THIS WAS THE FIRST TIME THAT TWO GOVERNMENT AGENCIES, I.E., THE GENERAL DEPARTMENT OF IDENTIFICATION (GDI) AND THE NATIONAL INSTITUTE OF STATISTICS (NIS), SHARED CIVIL REGISTRATION DATA AND WORKED COLLABORATIVELY TO PRODUCE A REPORT.

PERU: TWO GRANT PROJECTS RESULTED IN THE CONSTRUCTION OF A COVID-19 SURVEILLANCE DASHBOARD IN PERU AS WELL AS REVISED EXCESS MORTALITY CALCULATIONS FOLLOWING THE RECOVERY OF THOUSANDS OF PAPER DEATH CERTIFICATES PREVIOUSLY OMITTED FROM THE COUNTRY'S ONLINE MORTALITY SYSTEM.

MYANMAR: REGISTRY STAFF COMPLETED 2019 INCIDENCE AND MORTALITY DATA COLLECTION, DESPITE SEVERAL COVID-19-RELATED CHALLENGES. AS A RESULT OF THESE EFFORTS, THE TEAM SUCCESSFULLY ANALYZED THE DATA AND PRODUCED THE FIRST PUBLIC-FACING NATIONAL CANCER REPORT FOR MYANMAR.

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

OTHER PROGRAM SERVICES INCLUDE:

- AIR POLLUTION AND HEALTH

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- CARDIOVASCULAR HEALTH
- CHILDHOOD LEAD POISONING PREVENTION
- CIVIL REGISTRATION AND VITAL STATISTICS
- FOOD POLICY
- OVERDOSE PREVENTION
- PARTNERSHIP FOR HEALTHY CITIES
- PREVENT EPIDEMICS
- RESEARCH
- ROAD SAFETY

EXPENSES \$ 37,817,688. INCLUDING GRANTS OF \$ 22,287,373. 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 HAS IN PLACE A CONFLICT OF INTEREST POLICY, WHICH ALL OFFICERS, EMPLOYEES, INTERNS, AND VOLUNTEERS MUST REVIEW UPON JOINING THE ORGANIZATION. VITAL STRATEGIES ANNUALLY MONITORS AND ENFORCES THE POLICY VIA A CONFLICT OF INTEREST DISCLOSURE FORM, WHICH ALL OFFICERS, EMPLOYEES, INTERNS, AND VOLUNTEERS MUST COMPLETE IN ORDER TO IDENTIFY ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES WHICH THEY BELIEVE COULD CONTRIBUTE TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST. MEMBERS OF THE BOARD OF TRUSTEES AND PRESIDENT AND CEO'S FORMS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD; IF THE PRESIDENT AND CEO AND THE EXECUTIVE COMMITTEE ARE UNABLE TO ESTABLISH WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS REFERRED TO THE AUDIT COMMITTEE. EMPLOYEES, INTERNS

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AND VOLUNTEERS SUBMIT THEIR FORM TO THE HR DEPARTMENT AND ADDITIONAL REVIEW BY THE LEGAL DEPARTMENT MAY BE NEEDED; ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS REPORTED TO THE PRESIDENT AND CEO AND IF THE PRESIDENT AND CEO IS UNABLE TO DETERMINE IF A CONFLICT OF INTEREST EXISTS, THE MATTER IS REFERRED TO THE AUDIT COMMITTEE.

IF AN ACTUAL CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL(S) INVOLVED ARE NOT ALLOWED TO VOTE OR BE PART OF ANY DISCUSSIONS OR DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT RELATE TO THE CONFLICT OF INTEREST UNTIL SUCH TIME AS THERE IS NO LONGER A CONFLICT.

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

THE MANAGEMENT PERFORMANCE COMMITTEE OF THE BOARD, CONSISTING OF INDEPENDENT BOARD MEMBERS, CONDUCTS PERIODICAL 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.

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

THIS PROCESS LAST OCCURRED IN 2020.

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	21,340,869.
MANAGEMENT AND GENERAL EXPENSES	1,072,259.
FUNDRAISING EXPENSES	130,591.
TOTAL EXPENSES	22,543,719.

TRANSLATION, ACCOUNTING TEMPS, PROJECT MGMT SERVICES:

PROGRAM SERVICE EXPENSES	310,512.
MANAGEMENT AND GENERAL EXPENSES	236,440.
FUNDRAISING EXPENSES	4,072.

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TOTAL EXPENSES 551,024.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES 42,955.

MANAGEMENT AND GENERAL EXPENSES 18,423.

FUNDRAISING EXPENSES 13.

TOTAL EXPENSES 61,391.

PROGRAM IMPLEMENTATION SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES 2,664,118.

MANAGEMENT AND GENERAL EXPENSES 1,810,148.

FUNDRAISING EXPENSES 27,490.

TOTAL EXPENSES 4,501,756.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 27,657,890.

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

FOREIGN CURRENCY EXCHANGE LOSS -123,933.

WRITE OFF OF UNCOLLECTIBLE GRANTS -1,939,073.

TOTAL TO FORM 990, PART XI, LINE 9 -2,063,006.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT AND THE OVERSIGHT OF THE ORGANIZATION'S FINANCIAL STATEMENTS. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FONDS DE DOTATION VITAL STRATEGIES 67, RUE DU VOLGA PARIS, FRANCE 75020	PARTNERSHIP DEVELOPMENT & FUNDRAISING IN EUROPE FOR STRATEGIC PROJECTS	FRANCE	501(C)(3)		VITAL STRATEGIES, INC.	X	

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Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FONDS DE DOTATION VITAL STRATEGIES	B	1,086,930.	CASH
(2) FONDS DE DOTATION VITAL STRATEGIES	D	2,390,806.	CASH
(3) FONDS DE DOTATION VITAL STRATEGIES	R	3,200,000.	CASH
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.