

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)

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>VITAL STRATEGIES, INC.</b>		<b>D</b> Employer identification number <b>22-3419667</b>
	Doing business as		<b>E</b> Telephone number <b>212-500-5724</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>148,966,499.</b>
	<b>100 BROADWAY, 4TH FL</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10005</b>		<b>H(b)</b> Are all subordinates included? Yes No	If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>WALLACE D' SOUZA</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: ▶ <b>WWW.VITALSTRATEGIES.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1995</b>	<b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE ARE A LEADING GLOBAL PUBLIC HEALTH ORGANIZATION AND A TRUSTED PARTNER OF GOVERNMENTS AND CIVIL</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>317</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>19</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>180,721,926.</b> <b>Prior Year</b> <b>108,771,648.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>491,764.</b> <b>354,367.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>0.</b> <b>1,645.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>181,213,690.</b> <b>109,127,660.</b>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>33,936,044.</b> <b>42,773,516.</b>	
<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,363,060.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>48,935,286.</b> <b>40,204,416.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>157,228,801.</b> <b>163,023,913.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>23,984,889.</b> <b>-53,896,253.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>219,704,054.</b> <b>Beginning of Current Year</b> <b>177,082,851.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>10,836,259.</b> <b>19,168,535.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>208,867,795.</b> <b>157,914,316.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>WALLACE D' SOUZA, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>11/14/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>	Phone no. <b>212-286-2600</b>		
Firm's address ▶ <b>245 PARK AVENUE, 12TH FLOOR</b>		<b>NEW YORK, NY 10167</b>			

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: OUR MISSION IS TO WORK IN PARTNERSHIP TO REIMAGE EVIDENCE-BASED, LOCALLY DRIVEN POLICIES AND PRACTICES TO ADVANCE PUBLIC HEALTH.

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 \$ 72,057,230. including grants of \$ 33,992,957. ) (Revenue \$ 0. ) RESOLVE TO SAVE LIVES:

IN 2021 RESOLVE TO SAVE LIVES CONTINUED TO MAKE SIGNIFICANT PROGRESS TOWARDS ADVANCING THE INITIATIVE'S TWO MAIN GOALS OF SAVING 100 MILLION LIVES FROM CARDIOVASCULAR DISEASE AND PREVENTING EPIDEMICS. GIVEN COVID-19, RTSL CONTINUED TO SCALE UP PANDEMIC RESPONSE EFFORTS IN THE US AND GLOBALLY. PROGRAM HIGHLIGHTS FROM RESOLVE'S CORE PROGRAM AREAS ARE DESCRIBED BELOW.

CARDIOVASCULAR HEALTH:

VITAL STRATEGIES DRIVES EFFORTS TO REDUCE GLOBAL SODIUM INTAKE,

4b (Code: ) (Expenses \$ 21,479,996. including grants of \$ 14,477,268. ) (Revenue \$ 0. ) TOBACCO CONTROL:

IN SOME COUNTRIES, IT TOOK DECADES OF WORK TO BUILD MOMENTUM, BUT TARGETED CAMPAIGNS, ALONGSIDE BI PARTNER EFFORTS, LED TO SUPPORT FOR COMPREHENSIVE TOBACCO CONTROL INCLUDING HISTORICAL SMOKE-FREE AND TAPS POLICY IN MEXICO AND UKRAINE. CAMPAIGNS ALSO PLANTED THE SEEDS FOR A COMPREHENSIVE NATIONAL WIN IN INDIA.

CRITICAL ADVANCES ALSO OCCURRED IN INDONESIA, THE PHILIPPINES, BANGLADESH AND TURKEY CONCERNING TAXES, PACK WARNINGS AND ENFORCEMENT. IN CHINA, OUR SUPPORT WAS EVIDENT FROM NEW CHINA CDC DATA THAT SHOWS THAT 15% OF THE POPULATION (213 MILLION PEOPLE) ARE NOW COVERED BY

4c (Code: ) (Expenses \$ 17,810,326. including grants of \$ 7,017,722. ) (Revenue \$ 0. ) DATA FOR HEALTH PROGRAMS:

SUCCESSFULLY COMPLETED WORKPLAN DEVELOPMENT ACTIVITIES IN ETHIOPIA, INDONESIA, ZIMBABWE AND BEGAN ENGAGEMENT IN BOLIVIA AND KENYA.

CRVS CONTINUED ITS WORK IN ENSURING THAT A GREATER NUMBER OF BIRTH AND DEATH RECORDS ARE COUNTED AS PART OF ITS PUBLIC HEALTH SYSTEMS IMPROVEMENT OBJECTIVE. OVER THE LIFE OF THE INITIATIVE, THE CUMULATIVE NUMBER OF DEATH RECORDS IMPROVED OR NEWLY COUNTED IN COUNTRIES RECEIVING INITIATIVE SUPPORT INCREASED FROM 448,000 IN 2015 TO 13,400,000 IN 2021. SPECIFICALLY, FROM 2020 TO 2021, THE NUMBER OF DEATHS INCREASED FROM 3,684,000 TO 3,780,000. SIMILARLY, THE CUMULATIVE

4d Other program services (Describe on Schedule O.) (Expenses \$ 35,513,208. including grants of \$ 24,558,034. ) (Revenue \$ 0. )

4e Total program service expenses 146,860,760.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, and various organizational requirements.

**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
<b>1a</b>	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	19	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	18	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	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>b</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 **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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSE LUIS CASTRO PRESIDENT & CEO	20.00 20.00	X		X				299,945.	296,615.	24,409.
(2) THOMAS FRIEDEN, PRESIDENT & CEO - RESOLVE TO SAVE LIVES	40.00 0.00			X				515,830.	0.	52,888.
(3) WALLACE D'SOUZA CFO	40.00 0.00			X				321,119.	0.	43,395.
(4) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS	40.00 0.00				X			290,667.	0.	45,795.
(5) IRA D. RUSEN SR. VP RESEARCH & DEV.	40.00 0.00				X			302,420.	0.	23,513.
(6) CHRISTINA CHANG EXECUTIVE VP & DEPUTY CEO	40.00 0.00				X			271,216.	0.	51,555.
(7) AMANDA MCCLELLAND SENIOR VP, RESOLVE	40.00 0.00					X		283,866.	0.	33,546.
(8) TAMAR RENAUD COO	40.00 0.00					X		266,825.	0.	40,350.
(9) SANDRA MULLIN SR. VP. COMMUNICATION	40.00 0.00				X			277,337.	0.	26,352.
(10) SARA HERSEY SR. TECHNICAL ADVISOR	40.00 0.00					X		273,182.	0.	21,356.
(11) PHILIP SETEL VP & DIRECTOR, CRVS	40.00 0.00					X		242,108.	0.	52,285.
(12) DANIEL SCHAEFER CTO	40.00 0.00					X		237,092.	0.	55,798.
(13) DANIEL KASS SR. VP ENVIRONMENTAL HEALTH	40.00 0.00				X			262,259.	0.	27,414.
(14) ANDREW RENDEIRO SVP & CHIEF STRATEGY OFFICER	40.00 0.00				X			230,245.	0.	19,074.
(15) LOUIS JAMES DE VIEL CASTEL CHAIRPERSON	2.00 0.00	X		X				0.	0.	0.
(16) HELEN AGERUP VICE CHAIR FOR OPERATIONS	3.00 0.00	X		X				0.	0.	0.
(17) MASAE KAWAMURA VICE CHAIR FOR PROGRAMS	3.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIC ROSENBAUM SECRETARY THRU 2/21, TRUSTEE	2.00 0.00	X		X				0.	0.	0.
(19) RAM KOPPAKA, MD SECRETARY	3.00 0.00	X		X				0.	0.	0.
(20) SCOTT HALSTEAD TREASURER THRU 2/21, TRUSTEE	2.00 0.00	X		X				0.	0.	0.
(21) MARC SZNAJDERMAN TREASURER	4.00 0.00	X		X				0.	0.	0.
(22) DAVID A. CAPUTO TRUSTEE	2.00 0.00	X						0.	0.	0.
(23) FRANK G. COLELLA TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) DR. MARY-ANN ETIEBET TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) ROSLYN FEDER TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) DR. LISA FITZPATRICK TRUSTEE	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,074,111.	296,615.	517,730.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,074,111.	296,615.	517,730.

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 **143**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
IPSOS PUBLIC AFFAIRS 301 MERRITT 7, NORWALK, CT 06851-1070	SURVEY SERVICES	929,056.
OBVIOUS VENTURES PRIVATE LIMITED, LEVEL 2 RAHEJA PARAMOUNT, 138 RESIDENCY ROAD,	DESIGN & MOBILE APP SERVICES	831,622.
AFRICA HR SOLUTIONS LTD, 6TH FL, DIAS PIER BUILDING, CAUDAN, PORT LOUIS, MAURITANIA	EMPLOYER OF RECORD SERVICES	817,604.
WORKFOR SWITZERLAND AG, NUSCHELERSTRASSE 35 8001, ZURICH, SWITZERLAND	OUTSOURCING AND HR SERVICES	811,778.
GEOMETER, LLC, 548 MARKET STREET PMB 24284, SAN FRANCISCO, CA 94104	TECH CONSULTING	632,400.

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 **61**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Mark Foley, Bruce Mandell, Renee Ridzon, Jack Salvo, Neil W. Schluger, Dean Schraupnagel, and Richard Shepro.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	4,540,460.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	104,231,188.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,213,839.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		108771648.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		354,367.		354,367.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				39,838,839.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		39,838,839.			
	<b>7 c</b>	Gain or (loss)		0.			
<b>d</b>	Net gain or (loss)						
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		<b>8 a</b>					
<b>b</b>	Less: direct expenses	<b>8 b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9 a</b>					
<b>b</b>	Less: direct expenses	<b>9 b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10 a</b>					
<b>b</b>	Less: cost of goods sold	<b>10 b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	OTHER REVENUE	<b>Business Code</b>	900099	1,645.	1,645.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			1,645.		
<b>12</b>	<b>Total revenue.</b> See instructions			109127660.	0.	0.	
						356,012.	

**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	23,282,686.	23,282,686.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	51,246.	51,246.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	56,712,049.	56,712,049.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,083,974.	2,289,404.	705,802.	88,768.
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	31,431,358.	23,322,332.	7,205,323.	903,703.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,247,534.	929,944.	281,328.	36,262.
9 Other employee benefits	4,660,178.	3,665,714.	848,150.	146,314.
10 Payroll taxes	2,350,472.	1,752,102.	530,048.	68,322.
11 Fees for services (nonemployees):				
a Management				
b Legal	412,188.	204,898.	207,290.	
c Accounting	64,405.	41,295.	23,110.	
d Lobbying	195,000.	195,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,740.		50,740.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	27,486,025.	24,752,678.	2,675,589.	57,758.
12 Advertising and promotion	3,854,774.	3,835,671.	19,103.	
13 Office expenses	390,358.	193,205.	197,153.	
14 Information technology	442,900.	217,093.	225,807.	
15 Royalties				
16 Occupancy	2,761,956.	2,132,705.	571,040.	58,211.
17 Travel	984,669.	914,836.	69,833.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80,562.	67,908.	12,654.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	221,145.	15,789.	205,356.	
23 Insurance	344,484.	105,883.	238,601.	
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 <b>SUBSCRIPTIONS AND FEES</b>	1,203,151.	960,294.	242,651.	206.
b <b>ADMIN./PROGRAM COSTS</b>	726,879.	571,403.	155,344.	132.
c <b>PROJECT SUPPLIES/EQUIP.</b>	641,172.	455,458.	184,649.	1,065.
d <b>REPAIRS AND MAINTENANCE</b>	175,115.	60,682.	113,403.	1,030.
e All other expenses	168,893.	130,485.	37,119.	1,289.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>163,023,913.</b>	<b>146,860,760.</b>	<b>14,800,093.</b>	<b>1,363,060.</b>
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,725,448.	<b>1</b>	7,306,180.
	<b>2</b> Savings and temporary cash investments .....	140,330,174.	<b>2</b>	82,837,160.
	<b>3</b> Pledges and grants receivable, net .....	44,856,164.	<b>3</b>	67,437,745.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	840,210.	<b>9</b>	965,061.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,598,676.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,223,619.	<b>10c</b>	1,375,057.
	<b>11</b> Investments - publicly traded securities .....	20,956,398.	<b>11</b>	14,296,391.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	0.	<b>13</b>	110,331.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,445,160.	<b>15</b>	2,754,926.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	219,704,054.	<b>16</b>	177,082,851.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,342,948.	<b>17</b>	9,883,318.
	<b>18</b> Grants payable .....	0.	<b>18</b>	8,045,854.
	<b>19</b> Deferred revenue .....	3,033,411.	<b>19</b>	217,840.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	220,032.	<b>21</b>	0.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,239,868.	<b>25</b>	1,021,523.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,836,259.	<b>26</b>	19,168,535.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-1,507,309.	<b>27</b>	-523,645.
	<b>28</b> Net assets with donor restrictions .....	210,375,104.	<b>28</b>	158,437,961.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	208,867,795.	<b>32</b>	157,914,316.
<b>33</b> Total liabilities and net assets/fund balances .....	219,704,054.	<b>33</b>	177,082,851.	

**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	109,127,660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	163,023,913.
3	Revenue less expenses. Subtract line 2 from line 1	3	-53,896,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	208,867,795.
5	Net unrealized gains (losses) on investments	5	7,306.
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	2,935,468.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	157,914,316.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>VITAL STRATEGIES, INC.</b>	Employer identification number <b>22-3419667</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on 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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	174982107	80596112.	218901094	180721926	108771648	763972887
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	174982107	80596112.	218901094	180721926	108771648	763972887
<b>5</b> 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) .....						376163654
<b>6 Public support.</b> Subtract line 5 from line 4.						387809233

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	174982107	80596112.	218901094	180721926	108771648	763972887
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	209,043.	286,026.	777,683.	491,764.	354,367.	2118883.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	9,196.	28,518.	41,947.		1,645.	81,306.
<b>11 Total support.</b> Add lines 7 through 10						766173076
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	50.62	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	55.15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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

2017 AMOUNT: \$ 9,196.

2018 AMOUNT: \$ 25,639.

2019 AMOUNT: \$ 41,947.

2021 AMOUNT: \$ 1,645.

FEES

2018 AMOUNT: \$ 2,879.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <b>VITAL STRATEGIES, INC.</b>	Employer identification number  <b>22-3419667</b>
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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>73,946,241.</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>11,906,702.</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>8,512,040.</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>4,308,222.</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>3,264,084.</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>2,815,571.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>VITAL STRATEGIES, INC.</b>	Employer identification number  <b>22-3419667</b>
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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  <b>VITAL STRATEGIES, INC.</b>	Employer identification number  <b>22-3419667</b>
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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
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	

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

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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](http://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 <b>VITAL STRATEGIES, INC.</b>	Employer identification number <b>22-3419667</b>
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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) 2021

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	208,153.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	208,153.													
<b>d</b>	Other exempt purpose expenditures	161401960.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	161610113.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	3,480.	0.	122,421.	208,153.	334,054.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	0.	0.	0.	0.	

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>

**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.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021

**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.	455,819.	892,561.
d Equipment		1,250,296.	767,800.	482,496.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,375,057.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	1,021,523.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,021,523.

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	112,742,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,306.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,607,724.	
e	Add lines 2a through 2d	2e		3,615,030.
3	Subtract line 2e from line 1		3	109,127,660.
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	109,127,660.

**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	163,696,169.
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	1,260,616.	
e	Add lines 2a through 2d	2e		1,260,616.
3	Subtract line 2e from line 1		3	162,435,553.
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	588,360.	
c	Add lines 4a and 4b	4c		588,360.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	163,023,913.

**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:**

AS OF THE BEGINNING OF THE TAX YEAR, THE ORGANIZATION HAD AN ESCROW ACCOUNT LIABILITY FOR FUNDS HELD ON BEHALF OF THE NORTH AMERICAN REGION CHARTER OF THE UNION FOR WHICH IT WAS ACTING AS FIDUCIARY FISCAL AGENT. AS OF DECEMBER 31, 2021, THE BALANCE OF THE ACCOUNT WAS ZERO AND THE ORGNAIZATION IS NO LONGER REPORTING AN ESCROW ACCOUNT LIABILITY.

**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



Part XIII Supplemental Information (continued)

STRATEGIES, INC. IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVERSAL OF GRANT EXPENSES	2,408,074.
REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITY	1,199,650.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,607,724.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY EXCHANGE LOSS	184,723.
EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY	1,075,893.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,260,616.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INCREASE IN PROVISION FOR UNCOLLECTIBLE GRANTS RECEIVABLE	588,360.
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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Employer identification number

VITAL STRATEGIES, INC.

22-3419667

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		11,818,972.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		9,959,023.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		29,981,069.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		750,437.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		4,202,548.
SUB-SAHARAN AFRICA	1	42	PROGRAM SERVICES	DATA FOR HEALTH, OBESITY PREVENTION, PARTNERSHIP FOR HEALTHY CITIES, RESOLVE, ROAD SAFETY	622,546.
EAST ASIA AND THE PACIFIC	1	105	PROGRAM SERVICES	DATA FOR HEALTH, OVERDOSE PREVENTION, HEALTHY CITIES, RESOLVE AND OTHER PROGRAMS.	1,737,528.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	19	PROGRAM SERVICES	DATA FOR HEALTH, TOBACCO CONTROL, AND OTHER PROGRAMS.	566,321.
<b>3 a Subtotal</b> .....	2	166			59,638,444.
<b>b Total from continuation sheets to Part I</b> .....	0	89			1,251,316.
<b>c Totals</b> (add lines 3a and 3b) .....	2	255			60,889,760.

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

Schedule F (Form 990) 2021

**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	30	PROGRAM SERVICES	DATA FOR HEALTH, OBESITY PREVENTION, RESOLVE, AND OTHER PROGRAMS.	439,827.
SOUTH AMERICA	0	59	PROGRAM SERVICES	DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, OBESITY PREVENTION, AND OTHER	811,489.
<b>Totals</b> .....		89			1,251,316.

**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)
		EAST ASIA AND THE PACIFIC	OVERDOSE PREVENTION (OPIOID)	6,003.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	6,069.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	6,251.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	12,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	18,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	18,700.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	19,389.	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 ..... **95**

3 Enter total number of other organizations or entities ..... **60**

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	19,478.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	19,650.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	20,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	25,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	26,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	29,102.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT TB	29,387.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	30,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	30,750.	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	32,928.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	37,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	38,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	38,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	40,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	42,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	43,291.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	50,409.	WIRE TRANSFER	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	STREAM TB	52,194.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	55,109.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	57,940.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	65,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	75,691.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	82,833.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STREAM TB	108,392.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STREAM TB	121,069.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	128,984.	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	133,148.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	135,910.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL	142,671.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	152,398.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	168,578.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	184,752.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENVIRONMENTAL HEALTH	189,346.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	199,131.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	232,612.	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	253,755.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	339,562.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STREAM TB	398,748.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	833,105.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESOLVE	2248027.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	2390543.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH	7,250.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ENVIRONMENTAL HEALTH	10,894.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	12,480.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	15,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	16,155.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	18,268.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	24,032.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	39,336.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	45,100.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	51,596.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	69,440.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	OBESITY PREVENTION	73,888.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	81,389.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	88,993.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH	93,338.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ROAD SAFETY	93,750.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	126,876.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	127,058.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DATA FOR HEALTH	145,200.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	161,577.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	181,403.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	192,970.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	218,938.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	229,715.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	245,100.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	INVESTIGATIVE JOURNALISM	262,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	281,123.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	308,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	310,426.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARTNERSHIP FOR HEALTHY CITIES	420,637.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	511,731.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TREAT TB	553,595.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ROAD SAFETY	623,344.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	STREAM TB	666,657.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REDUCE TOBACCO USE - STOP WATCHDOG	2261228.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOLVE	7565342.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TOBACCO CONTROL	12384000	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	5,066.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	14,000.	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	PARTNERSHIP FOR HEALTHY CITIES	15,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	31,670.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	62,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	67,324.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	70,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	70,769.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESOLVE	75,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION	81,593.	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	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	14,078.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	15,915.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL	18,713.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TREAT TB	27,349.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION	38,941.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	39,887.	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	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	42,646.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	48,950.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	49,100.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	49,979.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	55,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	69,590.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESOLVE	76,983.	WIRE TRANSFER	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DATA FOR HEALTH	80,936.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	90,582.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STREAM TB	99,965.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION	120,000.	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	220,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	221,435.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	264,817.	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	RESOLVE	287,520.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MAYOR'S CHALLENGE	342,103.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DB_DATA FOR HEALTH - VITAL BRAZIL	344,338.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ROAD SAFETY	687,282.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	7,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	7,286.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	7,904.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	10,000.	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	ROAD SAFETY	11,216.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	19,855.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	23,813.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	24,984.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	26,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	30,745.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	30,974.	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	31,930.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	37,294.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	37,370.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	37,382.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	39,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	40,597.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	41,130.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	41,233.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	43,850.	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	44,051.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OBESITY PREVENTION	49,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	49,782.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	49,965.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	53,300.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	53,991.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	54,589.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	59,324.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	59,946.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESOLVE	60,817.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	62,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	62,772.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB	63,834.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TREAT TB	66,434.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	66,503.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	70,896.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	71,933.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	75,000.	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	80,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	85,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	89,793.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	98,894.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB	117,302.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	127,052.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	131,624.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA DRIVEN HEALTH POLICY	149,466.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	160,040.	WIRE TRANSFER	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESOLVE	191,761.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	200,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	219,819.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	316,899.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB	339,878.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	397,876.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	437,773.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	456,170.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	599,500.	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)
		SUB-SAHARAN AFRICA	RESOLVE	1112202.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	1162486.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	1440953.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESOLVE	2388616.	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	NORTH AMERICA	1	7,749.	WIRE TRANSFER	0.		
DATA FOR HEALTH	SOUTH AMERICA	1	1,169.	WIRE TRANSFER	0.		
OBESITY PREVENTION	EUROPE	1	28,381.	WIRE TRANSFER	0.		
RESOLVE	EAST ASIA AND THE PACIFIC	2	2,138.	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. 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 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

**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.

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

PART I, LINE 3:

EXPENDITURES ARE RECOGNIZED UNDER THE ACCRUAL BASIS OF ACCOUNTING.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, OBSESITY PREVENTION, AND OTHER PROGRAMS.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABUNDANT COMMUNITY RECOVERY SERVICES - 20102 HARPER AVE - HARPER WOODS, MI 48225	45-4510361		50,000.	0.			OVERDOSE PREVENTION (OPIOID)
AIM ANGELS IN MOTION 9883 COWDEN ST. PHILADELPHIA, PA 19115	47-3173897	501(C)(3)	60,000.	0.			OVERDOSE PREVENTION (OPIOID)
ALIMA USA, INC. ONE WHITEHALL STREET 2ND FLOOR NEW YORK, NY 10004	26-0397519	501(C)(3)	46,741.	0.			RESOLVE
ASIAN PACIFIC ISLANDER AMERICAN VOTE-MICHIGAN - 111 E. KIRBY ST. - DETROIT, MI 48202	26-4514751	501(C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)
AVIGO HEALTH LLC 1717 PENNSYLVANIA AVE, NW STE 1025 WASHINGTON, DC 20006	81-4072941		26,000.	0.			DATA FOR HEALTH
BETHANY CHRISTIAN SERVICES OF CENTRAL PENNSYLVANIA - 1681 CROWN AVENUE, SUITE 201 - LANCASTER, PA 17601	38-2899285	501(C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **76.**
- 3** Enter total number of other organizations listed in the line 1 table **8.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC. - 55 EAST COURT STREET, 4TH FLOOR - DOYLESTOWN, PA 18901	23-2449485	501(C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW SUITE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	3,006,887.	0.			RESOLVE
CDC FOUNDATION 600 PEACHTREE STREET NE, SUITE 1000 ATLANTA, GA 30308	58-2106707	501(C)(3)	493,459.	0.			RESOLVE
CENTER FOR PUBLIC HEALTH LAW RESEARCH AT TEMPLE UNIVERSITY BEASLEY SCHOOL OF LAW - 1819 NORTH BROAD STREET, SUITE 300, BARRACK	23-1365971	501(C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)
CHESTER COUNTY DEPARTMENT OF DRUG AND ALCOHOL SERVICES - 601 WESTTOWN ROAD SUITE 325, P.O. BOX 2747 - WEST CHESTER, PA 19380	23-6003040	CHESTER COUNTY,	35,500.	0.			OVERDOSE PREVENTION (OPIOID)
CLINTON HEALTH ACCESS INITIATIVE, INC - 383 DORCHESTER AVE, SUITE 400 - BOSTON, MA 02127	27-1414646	501(C)(3)	151,179.	0.			DATA FOR HEALTH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET, 3RD FL. NEW YORK, NY 10027	13-5598093	501(C)(3)	138,048.	0.			RESOLVE
COMAGINE HEALTH 10700 MERIDIAN AVE N, SUITE 300 SEATTLE, WA 98133	91-1072875	501(C)(3)	132,660.	0.			OVERDOSE PREVENTION (OPIOID)
COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 333 WEST FORT STREET SUITE #2010 - DETROIT, MI 48226	38-2530980	501(C)(3)	520,098.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSEQUENT LABS LLC 12995 NORTH ORACLE ROAD, SUITE 141- TUCSON, AZ 85739	85-3379646		50,000.	0.			RESOLVE
CORE COMMUNITY ORGANIZED RESPONSE EFFORT - 6464 W. SUNSET BLVD. SUITE 530 - LOS ANGELES, CA 90028	27-1703237	501(C)(3)	174,250.	0.			RESOLVE
COUNTY OF FRANKLIN 340 NORTH SECOND STREET CHAMBERSBURG, PA 17201	23-6003024	FRANKLIN COUNTY,	203,359.	0.			OVERDOSE PREVENTION (OPIOID)
DETROIT RECOVERY PROJECT 1121 E. MCNICHOLS DETROIT, MI 48203	43-2078767	501(C)(3)	500,000.	0.			OVERDOSE PREVENTION (OPIOID)
EHEALTH AFRICA 1200 G STREET, NW SUITE 800 WASHINGTON, DC 20005	81-4503438	501(C)(3)	48,236.	0.			RESOLVE
F.A.V.O.R. WESTERN PA 736 LINCOLN ST. BOLIVAR, PA 15923	84-3747792	501(C)(3)	20,558.	0.			OVERDOSE PREVENTION (OPIOID)
GAUDENZIA, INC 106 W. MAIN STREET NORRISTOWN, PA 19401	23-1706895	501(C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)
GEORGETOWN UNIVERSITY 37TH AND O STREETS, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	122,406.	0.			OBESITY PREVENTION
HARM REDUCTION MICHIGAN 867 EAST 8TH STREET TRAVERSE CITY, MI 49686	81-2744973	501(C)(3)	150,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH FEDERATION OF PHILADELPHIA 123 SOUTH BROAD STREET, SUITE 650 PHILADELPHIA, PA 19109	23-2244355	501(C)(3)	20,672.	0.			OVERDOSE PREVENTION (OPIOID)
HEALTH RESEARCH INC. RIVERVIEW CENTER, 150 BROADWAY SUITE MENANDS, NY 12204	14-1402155	501(C)(3)	1,097,367.	0.			RESOLVE
HENRY FORD HEALTH SYSTEM 1 FORD PLACE DETROIT, MI 48202	38-1357020	501(C)(3)	20,000.	0.			OVERDOSE PREVENTION (OPIOID)
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	49,996.	0.			RESOLVE
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT (WORLD BANK) - 1818 H STREET NW - WASHINGTON, DC 20433	98-0002549	501(C)(3)	500,000.	0.			RESOLVE
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(C)(3)	65,059.	0.			OBESITY PREVENTION
JOURNALISM DEVELOPMENT NETWORK 4401A CONNECTICUT AVENUE NW, #321 WASHINGTON, DC 20008-2358	26-0898750	501(C)(3)	450,000.	0.			INVESTIGATIVE JOURNALISM
LAST MILE HEALTH PO BOX 130122 BOSTON, MA 02113	26-1401736	501(C)(3)	365,750.	0.			RESOLVE
LEGAL ACTION CENTER OF THE CITY OF NEW YORK, INC. - 225 VARICK STREET, 4TH FLOOR, SUITE 402 - NEW YORK, NY 10014	13-2756320	501(C)(3)	45,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATERNITY CARE COALITION 2000 HAMILTON STREET SUITE 205 PHILADELPHIA, PA 19130	23-2200410	501(C)(3)	116,665.	0.			OVERDOSE PREVENTION (OPIOID)
METROPOLITAN ORGANIZING STRATEGY ENABLING STRENGTH - 220 BAGLEY STE 420 - DETROIT, MI 48226	38-3357583	501(C)(3)	37,500.	0.			OVERDOSE PREVENTION (OPIOID)
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES - 235 S. GRAND AVE, SUITE 800, FEDERAL REPORTING - LANSING, MI 48933	38-6000134	STATE OF MICHIGA	915,000.	0.			OVERDOSE PREVENTION (OPIOID)
MICHIGAN PUBLIC HEALTH INSTITUTE 2436 WOODLAKE CIRCLE, SUITE 300 OKEMOS, MI 48864	38-2963835	501(C)(3)	29,111.	0.			OVERDOSE PREVENTION (OPIOID)
MOTHERING JUSTICE 622 WALNUT STREET ROYAL OAK, MI 48073	45-3740989	501(C)(3)	151,889.	0.			OVERDOSE PREVENTION (OPIOID)
MUSO INCO. 3254 19TH STREET 2ND FLOOR SAN FRANCISCO, CA 94110	20-3171837	501(C)(3)	222,591.	0.			RESOLVE
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVENUE, NW WASHINGTON, DC 20418-0007	53-0196932	501(C)(3)	225,000.	0.			RESOLVE
NEIGHBORHOOD SERVICE ORGANIZATION 882 OAKMAN BLVD, SUITE C. DETROIT, MI 48238	38-1561624	501(C)(3)	123,970.	0.			OVERDOSE PREVENTION (OPIOID)
NEW JERSEY HARM REDUCTION COALITION - 156 PITNEY ROAD - ABSECON, NJ 08201	85-4099652	501(C)(3)	343,563.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXT HARM REDUCTION 65 WEST 90TH STREET #25G NEW YORK, NY 10024	83-1333112	501(C)(3)	39,882.	0.			OVERDOSE PREVENTION (OPIOID)
NOVETTA, INC. 7921 JONES BRANCH DR. SUITE 500 MCLEAN, VA 22102	52-2004115		334,360.	0.			RESOLVE
PAN AMERICAN HEALTH ORGANIZATION - PAHO - 525 23RD STREET NW - WASHINGTON, DC 20037	52-1804954	501(C)(3)	1,665,417.	0.			DATA FOR HEALTH AND RESOLVE
PANORAMA GLOBAL 2101 4TH AVENUE SUITE 2100 SEATTLE, WA 98121	81-4204119	501(C)(3)	25,000.	0.			RESOLVE
PATH 2201 WESTLAKE AVENUE, SUITE 200 SEATTLE, WA 98121	91-1157127	501(C)(3)	510,378.	0.			RESOLVE
PENNSYLVANIA INSTITUTIONAL LAW PROJECT - 718 ARCH STREET, SUITE 304S - PHILADELPHIA, PA 19106	23-2811857	501(C)(3)	75,039.	0.			OVERDOSE PREVENTION (OPIOID)
PENNSYLVANIA SHERIFFS ASSOCIATION 2426 N. 2ND STREET HARRISBURG, PA 17110	23-1320650	501(C)(6)	44,370.	0.			OVERDOSE PREVENTION (OPIOID)
PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH - 1401 JFK BOULEVARD, ROOM 1380 - PHILADELPHIA, PA 19102	23-6003047	CITY OF PHILADEL	32,221.	0.			PARTNERSHIP FOR HEALTHY CITIES
PREVENTION POINT PHILADELPHIA 166 WEST LEHIGH AVENUE, LOWER LEVEL (PO BOX 60990) - PHILADELPHIA, PA 19133	23-2663699	501(C)(3)	99,720.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENTION POINT PITTSBURGH 460 MELWOOD AVE, SUITE 205 PITTSBURGH, PA 15213	25-1852314	501(C)(3)	126,041.	0.			OVERDOSE PREVENTION (OPIOID)
PROJECT HOPE FOUNDATION 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	1,483,319.	0.			RESOLVE
PROJECT SAFE 535 DOCK SUITE 112 TACOMA, WA 98402	91-1435394	501(C)(3)	122,252.	0.			OVERDOSE PREVENTION (OPIOID)
QUINTILES (IQVIA) 4820 EMPEROR BOULEVARD DURHAM, NC 27703	56-1323952		2,513,377.	0.			STREAM TB
RESEARCH FOUNDATION OF CUNY 230 W 41 STREET 7TH FLOOR NEW YORK, NY 10036	13-1988190	501(C)(3)	73,714.	0.			OVERDOSE PREVENTION (OPIOID)
RUTH ELLIS CENTER INC 77 VICTOR STREET, HIGHLAND PARK DETROIT, MI 48203	38-3501697	501(C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)
SELF INC 1211 CHESTNUT STREET, SUITE 205 PHILADELPHIA, PA 19107	23-2650217	501(C)(3)	37,500.	0.			OVERDOSE PREVENTION (OPIOID)
SEX WORKERS OUTREACH PROJECT 340 S. LEMON AVE, #7566 WALNUT, CA 91789	26-2264638	501(C)(3)	85,614.	0.			OVERDOSE PREVENTION (OPIOID)
DAVE PURCHASE PROJECT 535 DOCK STREET SUITE 112 TACOMA, WA 98402	91-1435394	501(C)(3)	7,500.	0.			FOR SOL COLLECTIVE - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP ("SCPMG") - 2706 MEDIA CENTER DRIVE, LOCKBOX 741134 - LOS ANGELES, CA 90065-1733	95-1750445		60,483.	0.			RESOLVE
SOUTHWEST DETROIT COMMUNITY JUSTICE CENTER - 2026 LAWDALE - DETROIT, MI 48209	46-2780452	501(C)(3)	164,789.	0.			OVERDOSE PREVENTION (OPIOID)
THE ASPEN INSTITUTE, INC 2300 N STREET NW SUITE #700 WASHINGTON, DC 20037	84-0399006	501(C)(3)	12,500.	0.			RESOLVE
THE BENEVOLENT SOCIETY 6100 14TH STREET DETROIT, MI 48208	85-2831854	501(C)(3)	50,000.	0.			RESOLVE
THE DETROIT ASSOCIATION OF BLACK ORGANIZATIONS, INC. - 12048 GRAND RIVER AVENUE - DETROIT, MI 48204	47-3081843	501(C)(3)	55,000.	0.			RESOLVE
THE GRAND RAPIDS RED PROJECT 401 HALL ST SE GRAND RAPIDS, MI 49507	38-3414580	501(C)(3)	291,973.	0.			OVERDOSE PREVENTION (OPIOID)
THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY - 3838 N RURAL STREET - INDIANAPOLIS, IN 46205	35-6005697	MARION COUNTY, P	300,000.	0.			RESOLVE
THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA - 30 N. THIRD STREET, SUITE 600 - HARRISBURG, PA 17101	25-1767436	501(C)(6)	46,442.	0.			OVERDOSE PREVENTION (OPIOID)
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	501(C)(3)	47,397.	0.			RESOLVE

Schedule I (Form 990)

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

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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)	1,607,109.	0.			RESOLVE
THE UNITED NATIONS POPULATION FUND 605 3RD AVENUE 4TH FLOOR NEW YORK, NY 10158	13-3996346	501(C)(3)	27,000.	0.			DATA FOR HEALTH
THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	148,971.	0.			OVERDOSE PREVENTION (OPIOID)
TIDES CENTER/MICHIGAN ACTION EDUCATION FUND - PO BOX 399385 - SAN FRANCISCO, CA 94139	94-3213100	501(C)(3)	224,966.	0.			OVERDOSE PREVENTION (OPIOID)
TRUSTEES OF INDIANA UNIVERSITY 400 E 7TH STREET, POPLARS 501 BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	125,400.	0.			RESOLVE
UNITED NATIONS DEVELOPMENT PROGRAMME THE (UNDP) - UNITED NATIONS STATISTICS DIVISION/DEPARTMENT OF ECONOMIC	13-2626199	501(C)(3)	98,500.	0.			DATA FOR HEALTH
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET SUITE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	117,042.	0.			DATA FOR HEALTH AND OVERDOSE PREVENTION (OPIOID)
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE BOX 354965 SEATTLE, WA 98105	91-6001537	STATE OF WASHING	53,267.	0.			RESOLVE
URBAN CREATORS 2315 N 11TH STREET PHILADELPHIA, PA 19133	46-4004947	501(C)(3)	37,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE COUNTY 301 S MCDOWELL ST RALEIGH, NC 27601	56-6000347	WAKE COUNTY, NC	290,000.	0.			RESOLVE
WARREN CONNER DEVELOPMENT COALITION DBA EASTSIDE COMMUNITY NETWORK - 4401 CONNER - DETROIT, MI 48215	38-2561225	501(C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)
WASHTENAW COUNTY SHERIFFS OFFICE 2201 HOGBACK RD. ANN ARBOR, MI 48105	38-6004894	WASHTENAW COUNTY	100,000.	0.			OVERDOSE PREVENTION (OPIOID)
WELLNESS AIDS SERVICES, INC 311 E. COURT ST. FLINT, MI 48502	38-2674052	501(C)(3)	86,746.	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)	505,233.	0.			TREAT TB

**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
OVERDOSE PREVENTION AND OTHER PROGRAMMATIC GRANTS	5	51,246.	0.		

**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. 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 DECIDES WITH ASSISTANCE FROM ALL AFFILIATED PARTNERS, WHO IS THE BEST GRANTEE OPTION FOR THE SPECIFIC SCOPE OF WORK.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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](http://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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSE LUIS CASTRO PRESIDENT & CEO	(i)	280,937.	0.	19,008.	10,336.	12,614.	322,895.	0.
	(ii)	296,615.	0.	0.	0.	1,459.	298,074.	0.
(2) THOMAS FRIEDEN, PRESIDENT & CEO - RESOLVE TO SAVE LIVES	(i)	515,830.	0.	0.	11,572.	41,316.	568,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WALLACE D'SOUZA CFO	(i)	302,135.	0.	18,984.	11,600.	31,795.	364,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS	(i)	271,683.	0.	18,984.	11,600.	34,195.	336,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) IRA D. RUSEN SR. VP RESEARCH & DEV.	(i)	302,420.	0.	0.	20,000.	3,513.	325,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTINA CHANG EXECUTIVE VP & DEPUTY CEO	(i)	251,716.	0.	19,500.	11,072.	40,483.	322,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMANDA MCCLELLAND SENIOR VP, RESOLVE	(i)	283,866.	0.	0.	11,371.	22,175.	317,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TAMAR RENAUD COO	(i)	247,825.	0.	19,000.	10,816.	29,534.	307,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SANDRA MULLIN SR. VP. COMMUNICATION	(i)	258,337.	0.	19,000.	12,073.	14,279.	303,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SARA HERSEY SR. TECHNICAL ADVISOR	(i)	273,182.	0.	0.	10,927.	10,429.	294,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PHILIP SETEL VP & DIRECTOR, CRVS	(i)	242,108.	0.	0.	9,933.	42,352.	294,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DANIEL SCHAEFER CTO	(i)	237,092.	0.	0.	9,858.	45,940.	292,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DANIEL KASS SR. VP ENVIRONMENTAL HEALTH	(i)	242,759.	0.	19,500.	7,878.	19,536.	289,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANDREW RENDEIRO SVP & CHIEF STRATEGY OFFICER	(i)	230,245.	0.	0.	9,503.	9,571.	249,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	1,213,839.	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**

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? **30a**

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? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**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):

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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:

SOCIETY ORGANIZATIONS AROUND THE WORLD. VITAL STRATEGIES HELPS  
GOVERNMENTS STRENGTHEN THEIR PUBLIC HEALTH SYSTEMS TO CONTEND WITH THE  
MOST IMPORTANT AND DIFFICULT HEALTH CHALLENGES. WE DESIGN SOLUTIONS  
THAT CAN SCALE RAPIDLY AND IMPROVE THE LIVES OF MILLIONS OF PEOPLE.

IN 2021, IT WAS EASY TO DESPAIR AS THE WORLD REELED FROM THE EFFECTS OF  
A PANDEMIC THAT RAGED ON. IN CITIES AND COUNTRIES AROUND THE WORLD,  
VITAL STRATEGIES WORKED WITH LEADERS WHO WERE ABLE TO SEE BEYOND THE  
IMMEDIATE CRISIS OF COVID-19 AND ACT TO STRENGTHEN THEIR SYSTEMS FOR  
THE FUTURE. WE SUPPORTED ADVANCES IN HEALTH POLICY AND PRACTICE IN  
AREAS WHERE PROGRESS HAD STALLED FOR YEARS. AND WE SAW PEOPLE AND  
INSTITUTIONS WHO HAD NOT PREVIOUSLY PRIORITIZED PUBLIC HEALTH RECOGNIZE  
THAT IT IS EVERYONE'S MANDATE.

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

ELIMINATE ARTIFICIAL TRANS FAT FROM THE FOOD SUPPLY AND IMPROVE BLOOD  
PRESSURE CONTROL, ESPECIALLY IN LOW- AND MIDDLE-INCOME COUNTRIES. THESE  
PROGRAMS CAN SAVE AN ESTIMATED 100 MILLION LIVES OVER THE NEXT 30  
YEARS. VITAL STRATEGIES COLLABORATED WITH THE WORLD HEALTH ORGANIZATION  
(WHO) TO RELEASE A STANDARD PROTOCOL FOR TREATING HIGH BLOOD PRESSURE  
THAT USES FEWER MEDICATIONS AND FIXED DOSAGES SIMPLIFYING  
DECISION-MAKING FOR CARE PROVIDERS, EXPANDING THE NUMBER OF PATIENTS  
WHO CAN BENEFIT, AND HELPING CLINICS BETTER MANAGE THEIR WORKLOADS AND  
MAINTAIN THEIR DRUG INVENTORY. IN FOUR YEARS, WE HAVE SUPPORTED  
PROGRAMS AND POLICIES IN 31 COUNTRIES AND IMPROVED CARE OF MORE THAN 7

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

MILLION PEOPLE LIVING WITH HYPERTENSION.

TRANS FAT:

ARTIFICIAL TRANS FAT IS A TOXIC CHEMICAL THAT INCREASES THE RISK OF HEART ATTACK AND STROKE. IT WAS ESTIMATED TO CAUSE MORE THAN 500,000 DEATHS EVERY YEAR BEFORE RESOLVE TO SAVE LIVES TOOK ACTION. TRANS FAT CAN BE REPLACED WITH HEALTHIER FATS AND OILS WITHOUT CHANGING THE TASTE OR INCREASING THE COST OF FOOD. WE PARTNERED WITH WHO TO DEVELOP AND LAUNCH REPLACE, AN INITIATIVE TO ELIMINATE ARTIFICIAL TRANS FAT FROM THE GLOBAL FOOD SUPPLY BY PROVIDING GOVERNMENTS WITH THE TOOLS TO REGULATE TRANS FAT IN THE FOOD SUPPLY. SINCE THE REPLACE INITIATIVE WAS ANNOUNCED IN 2018, 3.1 BILLION PEOPLE HAVE GAINED THE PROTECTION OF BEST PRACTICE TRANS FAT ELIMINATION POLICIES.

SIMPLE:

AS PART OF OUR EFFORTS TO SUPPORT THE SCALING OF A COUNTRYWIDE HYPERTENSION CONTROL INITIATIVE, WE WORKED WITH PARTNERS IN INDIA TO DEVELOP THE REVOLUTIONARY SIMPLE APP. SIMPLE IS A FREE, FAST, OPEN-SOURCE ELECTRONIC HEALTH RECORD THAT REPLACES PAPER RECORDS, MAKING IT FASTER AND EASIER FOR PROVIDERS TO TRACK PATIENTS' BLOOD PRESSURE AND MEDICATIONS. BY MAY 2022, SIMPLE WAS BEING USED IN MORE THAN 10,000 PUBLIC HEALTH FACILITIES IN INDIA, BANGLADESH, ETHIOPIA AND SRI LANKA TO MANAGE MORE THAN 2 MILLION PATIENTS, AND ITS ADOPTION CONTINUES TO SPREAD. SIMPLE SAVES HEALTH CARE WORKERS HOURS EVERY WEEK TAKING JUST 16 SECONDS FOR PROVIDERS TO UPDATE EACH PATIENT'S INFORMATION AND EMPOWERS DOCTORS AND PROGRAM MANAGERS TO IMPROVE PROGRAMS CONTINUOUSLY.



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

THREE YEARS BEFORE THE THE EMERGENCE OF SARS-COV-2, RESOLVE TO SAVE LIVES HAD ALREADY SET OUT TO STRENGTHEN EPIDEMIC PREPAREDNESS AND PREVENTION AROUND THE WORLD. IN 2018, WE CREATED PREVENTEPIDEMICS.ORG, A WEBSITE THAT SHEDS LIGHT ON MORE THAN 7,000 PREPAREDNESS GAPS IN 114 COUNTRIES. WE THEN PARTNERED WITH COUNTRIES TO FILL THESE GAPS. THE 15 COUNTRIES IN AFRICA WHERE WE FOCUSED MUCH OF OUR DIRECT SUPPORT IMPROVED THEIR PREPAREDNESS BY 27% INCLUDING FOUR COUNTRIES COVERING MORE THAN A QUARTER OF AFRICA'S POPULATION. WE SIMPLIFY AND IMPROVE PROCESSES TO ACCELERATE IMPLEMENTATION. ONE EXAMPLE IS OUR COLLABORATION WITH WHO ON BENCHMARKS.ORG. BENCHMARKS.ORG ENABLES COUNTRIES TO QUICKLY DEVELOP DETAILED ACTION PLANS AND GAIN ACCESS TO INTERNATIONAL FUNDING EARMARKED FOR EPIDEMIC PREPAREDNESS. THE WEBSITE IS CURRENTLY BEING TESTED, AND MORE THAN 15 COUNTRIES ACROSS AFRICA AND ASIA HAVE BEGUN USING IT TO ACCELERATE THEIR PROGRESS.

## COVID-19 RESPONSE:

WHEN COVID-19 BEGAN SPREADING WORLDWIDE, WE QUICKLY SHIFTED TO SUPPORT THE GLOBAL RESPONSE, ADDING STAFF AND EXTENDING ASSISTANCE TO MORE THAN 60 COUNTRIES. WE ADVOCATED FOR BROADER ACCESS TO COVID-19 VACCINES, DIAGNOSTICS, TREATMENTS, PROTECTIONS FOR HEALTH CARE WORKERS AND OTHER POLICIES THAT STRENGTHEN THE SYSTEMS NEEDED TO FIND AND STOP HEALTH THREATS. WE PROVIDED \$6.1 MILLION IN RAPID RESPONSE GRANTS TO 34 COUNTRIES. THESE TIMELY, SMALL GRANTS ALLOWED GOVERNMENTS TO SURGE SUPPORT WHERE NEEDED FROM TRAINING, TO CONTACT TRACING, TO FUEL FOR THE TRANSPORT OF INVESTIGATION TEAMS AND LAB SAMPLES.

Name of the organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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WE TRAINED MORE THAN 42,000 HEALTH CARE WORKERS ACROSS MORE THAN 8,400 HEALTH CENTERS IN 22 COUNTRIES TO SAFELY TREAT COVID-19 PATIENTS. WE PROVIDED SUPPORT TO TURN ON AN ADDITIONAL 280 COVID-19 MOLECULAR TESTING LABS IN AFRICA. WE PRODUCED MORE THAN 750 COMMUNICATION PRODUCTS IN 25 LANGUAGES, INCLUDING TECHNICAL GUIDANCE, COMMUNICATION CAMPAIGNS AND EDITORIALS. MANY OF OUR RESOURCES WERE ADOPTED BY THE WHO, AFRICA CDC AND GOVERNMENTS AROUND THE WORLD.

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

FCTC-COMPLIANT SMOKE-FREE LAWS. DUE TO NEW INVESTMENTS MADE IN COUNTRY THIS YEAR, WE ANTICIPATE SEVERAL ADDITIONAL MPOWER POLICIES IN 2022, NOT ONLY IN INDIA, BUT ALSO IN BANGLADESH, INDONESIA, THE PHILIPPINES AND VIETNAM FROM TAX INCREASES TO SMOKE-FREE CITIES AND BEACHES. AS ALWAYS, WHILE PUSHING FOR MPOWER, WE WILL ALSO BE VIGILANTLY PROTECTING WHAT TOBACCO ADVOCATES HAVE ACHIEVED IN BRAZIL, TURKEY AND ELSEWHERE AND FIGHT BACK AGAINST INDUSTRY MEDDLING AND EFFORTS TO HOOK NEW CUSTOMERS: CHILDREN.

VITAL STRATEGIES' PARTNERSHIPS WITH GOVERNMENTS AND RESEARCH-BASED MESSAGING, WHICH FOCUSED ON THE HARMS CAUSED BY TOBACCO AND ENCOURAGE BEHAVIOR CHANGE, REACHED ALMOST 2 BILLION PEOPLE IN 2021. FIFTEEN NATIONAL AND SUBNATIONAL POLICIES WERE STRENGTHENED VIA 83 INTEGRATED CAMPAIGNS IN 11 PRIORITY COUNTRIES. OUR OUTREACH ALSO RECEIVED 1,074 PRESS MENTIONS IN NOTABLE MEDIA OUTLETS INCLUDING THE TELEGRAPH AND CNN.

2021 BROUGHT 15 IMPRESSIVE MPOWER ACHIEVEMENTS ACROSS 9 COUNTRIES:

Name of the organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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INDONESIA IMPLEMENTED A 12% AVERAGE INCREASE IN EXCISE TAXES ON ALL TOBACCO PRODUCTS IN LATE 2021. IN TURKEY, GROUNDWORK HAS BEEN SET FOR A CIGARETTE TAX INCREASE IN JANUARY 2022.

SIX NEW REGIONS ADDED OR TIGHTENED SMOKE-FREE REGULATIONS, WHICH NOW PROTECT ALMOST 200 MILLION PEOPLE. THESE REGULATIONS ARE NOW IMPLEMENTED IN ALL OF MEXICO AND UKRAINE AS PART OF NEW COMPREHENSIVE TOBACCO CONTROL LAWS; THE CITIES OF XINING AND HANGZHOU, CHINA; AND PUBLIC SPACES IN BANDUNG AND JAKARTA, INDONESIA.

FOUR COUNTRIES REGULATED ENDS, ADDITIVES, AND FLAVORS. UKRAINE'S NEW LAW NOW REGULATES E-CIGARETTE PRODUCTS THE SAME AS CONVENTIONAL TOBACCO PRODUCTS, AND MEXICO'S NEW SMOKE-FREE LAW INCLUDES BANS ON NEW PRODUCTS IN PUBLIC PLACES. THE PHILIPPINES IS NOW THE FIRST COUNTRY TO HAVE HEALTH WARNINGS ON ALL ENDS PRODUCTS. SIMILARLY, AFTER A TEN-YEAR STRUGGLE, BRAZIL BANNED FLAVORS AND ADDITIVES IN ALL TOBACCO PRODUCTS.

TWO COUNTRIES WILL HAVE STRONGER PACK WARNINGS ON TOBACCO PRODUCTS. PACK WARNINGS INCREASED TO 92.5% OF THE PACKAGE IN TURKEY, TYING WITH TIMOR-LESTE FOR THE LARGEST IN THE WORLD. IN THE PHILIPPINES AS WELL, VITAL HELPED THE MOH TO CREATE NEW PACK WARNING LABELS FOR CIGARETTES.

THREE COUNTRIES IMPLEMENTED A TAPS BAN, WHICH NOW PROTECTS MILLIONS INCLUDING YOUTH. IN MEXICO AND UKRAINE, TAPS BANS ARE INCLUDED IN THE COUNTRIES' NEW COMPREHENSIVE LAWS. UKRAINE'S LAW NOW PROTECTS CITIZENS FROM TOBACCO ADVERTISING, INCLUDING FOR E-CIGARETTES. IN JAKARTA, INDONESIA, THE NEW LAW INCLUDES A TAPS BAN THAT PREVENTS ADVERTISING AT

Name of the organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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ALL POINT-OF-SALE SITES.

IN INDIA, THE STATE OF JHARKHAND AMENDED ITS LAW, IN LINE WITH AN ANTICIPATED NEW NATIONAL COTPA LAW, TO INCLUDE BANS ON SMOKELESS TOBACCO AND SPITTING.

IN BANGLADESH, WE SUPPORTED THREE POLICY WINS, INCLUDING NEW GOVERNMENT GUIDELINES TO IMPLEMENT TOBACCO CONTROL FUNDS AND ACTIVITIES AT THE LOCAL LEVEL, AS WELL AS AN EARMARKING MECHANISM FOR FUNDS FOR TOBACCO CONTROL ENFORCEMENT.

A TOTAL OF 35 MASS MEDIA CAMPAIGNS AND 48 SOCIAL MEDIA CAMPAIGNS ACROSS PRIORITY COUNTRIES SET THE STAGE FOR STRONGER POLICIES, SUPPORTED ENFORCEMENT AND CESSATION, AND ENCOURAGED CONCERNS ABOUT THE HARMS OF E-CIGARETTES. OUR ENERGIZED BASE OF SOCIAL MEDIA SUPPORTERS GREW TO 1.8 MILLION.

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

NUMBER OF BIRTHS RECORDS IMPROVED OR NEWLY REGISTERED IN FOCUS COUNTRIES INCREASED FROM 282,000 IN 2017 TO 7,933,000 IN 2021, WITH THEIR BEING A SMALL DECREASE FROM 2020 (2,396,000) TO 2021 (2,395,000). ADDITIONALLY, IN 2021, SEVERAL COUNTRIES MADE SIGNIFICANT PROCESS IN THE FIVE AREAS OF OPTIMUM CRVS SYSTEM FUNCTIONING. AT BASELINE, SIX FOCUS COUNTRIES HAD BIRTH OR DEATH REGISTRATION SYSTEMS (TWO OF THE FIVE AREAS) CHARACTERIZED AS 'EXCELLENT' BEST PRACTICE SYSTEMS. BY 2021, ANOTHER SIX COUNTRIES ATTAINED THAT SYSTEMS STATUS. IN TERMS OF CAUSES OF DEATH, TWO COUNTRIES POSSESSED EXCELLENT FACILITY CAUSE OF DEATH ASSIGNMENT SYSTEMS AND NO COUNTRIES HAD THAT STATUS FOR COMMUNITY

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CAUSES OF DEATH. SPECIFICALLY IN 2021, FIVE COUNTRIES ESTABLISHED ALL BEST PRACTICES IN FACILITY CAUSE OF DEATH SYSTEMS AND FIVE FOR COMMUNITY DEATHS. VITAL STATISTICS PRODUCTION AND USE SAW FIVE COUNTRIES MOVE FROM 'POOR' OR 'IMPROVING' TO 'GOOD,' AND ONE COUNTRY (COLOMBIA) MOVED FROM IMPROVING TO 'EXCELLENT.'

DATA IMPACT HAS TRAINED MORE THAN 6,000 GOVERNMENT OFFICIALS, DRIVEN THE DEVELOPMENT OF 87 DATA REPORTS, 31 POLICY BRIEFS, 39 PUBLIC HEALTH BULLETIN ISSUES AND IMPLEMENTED 18 DIGITAL SOLUTIONS. THESE EFFORTS HAVE RESULTED IN 22 INSTITUTIONAL CHANGES AND 24 POLICY OR PROGRAMMATIC CHANGES. A HIGHLIGHT OF 2021 WAS THE CONTINUATION OF THE SUCCESSFUL DATA TO POLICY (D2P) PROGRAM IN 2021 AFTER WORKSHOPS WERE DISRUPTED DUE TO COVID IN 2020. AS A RESULT OF D2P WORKSHOPS, 18 POLICY BRIEFS WERE DEVELOPED AND 2 WERE IMPLEMENTED.

IN CHINA'S SHANDONG PROVINCE, THE WEIFANG HEALTH COMMISSION HAS ACCEPTED THE BRIEF'S RECOMMENDATIONS FOR 2-STAGE COLORECTAL CANCER SCREENING: FOBT+ RISK QUESTIONNAIRE FOLLOWED BY FREE COLONOSCOPY FOR THOSE TESTING POSITIVE IN THE FIRST STAGE). THE NEW SCREENING PROGRAM IS NOW BEING IMPLEMENTED BY 123 HOSPITALS IN WEIFANG AMONG RESIDENTS WITH EMPLOYEE HEALTH INSURANCE AS PART OF A 5-YEAR PILOT. FOLLOWING THE PILOT, THE PROGRAM WILL BE EXPANDED TO THE ENTIRE POPULATION.

ADDITIONALLY, IN MYANMAR THE NATIONAL AIDS PROGRAM HAS ADOPTED THE POLICY BRIEF RECOMMENDATION TO PROVIDE SYPHILIS TREATMENT BY MIDWIVES AT PRIMARY HEALTH CARE CENTERS AS PART OF ITS TREATMENT GUIDELINES.

AS PART OF OUR CANCER REGISTRY ACTIVITY, VITAL SUPPORTED THE PRODUCTION OF THE FIRST-EVER DHIS2 MODULE FOR NON-COMMUNICABLE DISEASES AND THE

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FIRST-EVER POPULATION-BASED REGISTRY-LED SURVIVAL ANALYSIS IN RWANDA. IN TANZANIA, VITAL ALSO HELPED TO CREATE TWO NEW PBCRS AND ENHANCED TWO EXISTING PBCRS, ENHANCED GOVERNANCE AND INSTITUTIONALIZATION BY SUPPORTING MOH CENTRAL COORDINATION UNIT FOR CANCER REGISTRATION AND STRENGTHENED DEMAND FOR DATA, LEADING TO FIRST EVER USE OF POPULATION-BASED CANCER DATA IN ANNUAL HEALTH SECTOR REVIEW AND RENEWED EMPHASIS ON CANCER RISK FACTOR RESEARCH AND SCREENINGS. VITAL STARTED COLLABORATING WITH THE NATIONAL CANCER INSTITUTE, MINISTRY OF HEALTH ON POPULATION-BASED CANCER REGISTRATION IN MID-2021 AND SUPPORTED THE FIRST-EVER NATIONAL STANDARD OPERATING PROCEDURES FOR CANCER REGISTRATION IN VIETNAM. LASTLY, IN MOZAMBIQUE, ZIMBABWE, AND SRI LANKA, WORK PLANS WERE APPROVED IN LATE 2021.

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

OTHER PROGRAM SERVICES INCLUDE:

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

EXPENSES \$ 35,513,208. INCLUDING GRANTS OF \$ 24,558,034. REVENUE \$ 0.

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

VITAL STRATEGIES USES AN OUTSIDE ACCOUNTANT TO PREPARE ITS FORM 990. AFTER THE FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY MANAGEMENT. FOLLOWING

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THAT REVIEW, A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL. ONCE THE AUDIT COMMITTEE APPROVES THE RETURN, THE FORM 990 IS DISTRIBUTED TO THE BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL. ONCE THE RETURN IS APPROVED BY THE BOARD OF TRUSTEES IT IS FILED ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE.

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

VITAL STRATEGIES HAS IN PLACE A CONFLICT OF INTEREST POLICY, WHICH ALL MEMBERS OF THE BOARD OF TRUSTEES, 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 MEMBERS OF THE BOARD OF TRUSTEES, 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 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

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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 ASSESSES THE REASONABLENESS OF THE COMPENSATION THROUGH THE ENGAGEMENT OF AN EXTERNAL FIRM WHO REVIEWS THE PRESIDENT/CEOS COMPENSATION AGAINST COMPARABLE ORGANIZATIONS. THE COMMITTEE RECOMMENDS THE TOTAL COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE BOARD FOR APPROVAL.

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

A BENCHMARKING STUDY IS CONDUCTED EVERY TWELVE TO 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 2021.



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

VITAL STRATEGIES MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. VITAL STRATEGIES ALSO POSTS ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE.

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

## TECHNICAL/ ADMINISTRATIVE PROJECT CONSULTANTS:

PROGRAM SERVICE EXPENSES	18,461,263.
MANAGEMENT AND GENERAL EXPENSES	1,679,637.
FUNDRAISING EXPENSES	38,788.
TOTAL EXPENSES	20,179,688.

## PROGRAM IMPLEMENTATION SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES	5,913,012.
MANAGEMENT AND GENERAL EXPENSES	413,724.
FUNDRAISING EXPENSES	17,061.
TOTAL EXPENSES	6,343,797.

## TRANSLATION, ACCOUNTING TEMPS, PROJECT MGMT SERVICES:

PROGRAM SERVICE EXPENSES	316,430.
MANAGEMENT AND GENERAL EXPENSES	566,568.
FUNDRAISING EXPENSES	1,896.
TOTAL EXPENSES	884,894.

## PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	61,973.
MANAGEMENT AND GENERAL EXPENSES	15,660.

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FUNDRAISING EXPENSES 13.

TOTAL EXPENSES 77,646.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 27,486,025.

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

FOREIGN CURRENCY EXCHANGE LOSS -171,162.

INCREASE IN PROVISION FOR RECOVERY OF UNCOLLECTIBLE

PLEDGES/GRANTS 588,360.

REVERSAL/RESCINION OF GRANT EXPENSES 2,408,074.

CHANGE IN NET ASSETS OF SUBSIDIARY INCLUDED IN CONSOLIDATED

FIN. STATEMENTS 110,196.

TOTAL TO FORM 990, PART XI, LINE 9 2,935,468.

FORM 990, PART XI, LINE 2C:

VITAL STRATEGIES HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR THE  
SELECTION OF AN INDEPENDENT ACCOUNTANT AND THE OVERSIGHT OVER THE AUDIT  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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	

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

Schedule R (Form 990) 2021

**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	(j) Section 512(b)(13) controlled entity?	
								Yes	No
VITAL STRATEGIES INDIA SERVICES PRIVATE LIMITED, ANNEXE BUILDING GROUND FLOOR B-4, GREATER KAILASH ENCLAVE, PART - II, NEW	INTERNATIONAL PUBLIC HEALTH	INDIA	VITAL STRATEGIES, INC.	C CORP	1,199,650.	511,048.	99.99%	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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	2,640,823.	COST
(2) FONDS DE DOTATION VITAL STRATEGIES	D	796,764.	COST
(3) VITAL STRATEGIES INDIA SERVICES PL	D	386,823.	COST
(4) VITAL STRATEGIES INDIA SERVICES PL	M	1,199,650.	COST
(5)			
(6)			



**Part VII** Supplemental Information

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

VITAL STRATEGIES INDIA SERVICES PRIVATE LIMITED

ANNEXE BUILDING GROUND FLOOR B-4, GREATER KAILASH ENCLAVE, PART - II

NEW DELHI, DELHI, INDIA