

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC COPY

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01039392
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022
 Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

| | | | |
|--|---|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization VITAL STRATEGIES, INC. | | D Employer identification number 22-3419667 |
| | Doing business as | | E Telephone number 212-500-5724 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 100 BROADWAY, 4TH FL | | G Gross receipts \$ 124,764,211. |
| | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| F Name and address of principal officer: JOSE LUIS CASTRO SAME AS C ABOVE | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.VITALSTRATEGIES.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1995 M State of legal domicile: NJ |

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: WE ARE A GLOBAL PUBLIC HEALTH ORGANIZATION WORKING IN 70 COUNTRIES TO REDUCE DEATH AND DISEASE. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 283 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 18 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 108,771,648. | 103,869,249. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 354,367. | 373,327. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,645. | 0. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 109,127,660. | 104,242,576. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 80,045,981. | 87,587,289. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 42,773,516. | 33,671,732. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,103,105. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 40,204,416. | 31,968,156. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 163,023,913. | 153,227,177. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | -53,896,253. | -48,984,601. |
| | 21 Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 177,082,851. | 142,331,793. |
| | | 19,168,535. | 33,190,200. |
| | | 157,914,316. | 109,141,593. |

Part II Signature Block

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

| | | | | | |
|--|------------------------------|---------------------------|---------------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | WALLACE D'SOUZA, CFAO | | | | |
| Type or print name and title | | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | GARRETT M. HIGGINS | GARRETT M. HIGGINS | 10/24/23 | | P00543209 |
| Firm's name | | | Firm's EIN | | |
| PKF O'CONNOR DAVIES ADVISORY, LLC | | | 87-3231666 | | |
| Firm's address | | | Phone no. | | |
| 245 PARK AVENUE, 12TH FLOOR | | | 212-286-2600 | | |
| NEW YORK, NY 10167 | | | | | |

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: AS A LEADING GLOBAL PUBLIC HEALTH ORGANIZATION AND TRUSTED PARTNER OF GOVERNMENTS AND CIVIL SOCIETY AROUND THE WORLD, WE WORK TO STRENGTHEN PUBLIC HEALTH SYSTEMS TO ADDRESS THE MOST IMPORTANT AND DIFFICULT HEALTH CHALLENGES.

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? [X] Yes [] No

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

4a (Code:) (Expenses \$ 55,258,342. including grants of \$ 45,367,410.) (Revenue \$ 0.) RESOLVE TO SAVE LIVES: THE RESOLVE TO SAVE LIVES PROGRAM WAS TRANSFERRED TO A NEW ORGANIZATION ON MARCH 31, 2022. PRIOR TO THE PROGRAM'S SPINOFF, THE PROGRAM HAD THE FOLLOWING ACCOMPLISHMENTS IN 2022:

- IN ETHIOPIA, THE RESOLVE TO SAVE LIVES FUNDED SEVERAL PROJECTS THROUGH THE VITAL STRATEGIES PARTNERSHIP: THE ETHIOPIA HYPERTENSION CONTROL INITIATIVE ENROLLED >12,000 HYPERTENSION PATIENTS AND A PREPAREDNESS TEAM WAS EMBEDDED IN ETHIOPIA'S NATIONAL PUBLIC HEALTH INSTITUTE TO ENSURE EPIDEMIC PREVENTION AND RESPONSE IMPROVEMENTS ARE COUNTRY-OWNED AND SUSTAINABLY FINANCED. IN ADDITION, A HEALTH CARE WORKER PROJECT SUPPORTED HEALTH CARE WORKER PROTECTIONS THAT DROVE

4b (Code:) (Expenses \$ 23,694,556. including grants of \$ 12,150,432.) (Revenue \$ 0.) DATA FOR HEALTH PROGRAMS: VITAL STRATEGIES ACHIEVED THE FOLLOWING ACCOMPLISHMENTS AS PART OF THE BLOOMBERG PHILANTHROPIES DATA FOR HEALTH PROGRAM IN 2022:

- CIVIL REGISTRATION AND VITAL STATISTICS ("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. SINCE APRIL 2021, CRVS HAS RECORDED 39 SYSTEMS CHANGES: 23 IN 12 AFRICAN FOCUS COUNTRIES, 13 IN 14 ASIA-PACIFIC FOCUS COUNTRIES, AND FOUR IN TWO FOCUS COUNTRIES IN LATIN AMERICA. SEVENTEEN OF THESE IMPROVEMENTS LED TO A CHANGE IN OVERALL SYSTEM PERFORMANCE SCORES (E.G., FROM 'POOR' TO 'IMPROVING,' FROM 'IMPROVING' TO 'GOOD,' ETC.). SIGNIFICANT STRIDES IN CRVS IMPROVEMENT WERE MADE DURING THIS TIME AS

4c (Code:) (Expenses \$ 19,048,590. including grants of \$ 10,295,083.) (Revenue \$ 0.) TOBACCO CONTROL:

- MASS MEDIA WORK: WITH A GOAL OF SAVING 100 MILLION LIVES, VITAL STRATEGIES, AS A PARTNER IN THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE AND AT GOVERNMENT BEHEST, SUPPORTED 14 NATIONAL AND SUBNATIONAL STRATEGIC MEDIA CAMPAIGNS ACROSS 10 COUNTRIES. OUR WORK WITH GOVERNMENTS SUPPORTED TAX INCREASES IN TRKIYE AND PAKISTAN AND NEW SMOKE-FREE AREAS IN CITIES IN CHINA, INDONESIA AND THE PHILIPPINES.

GOVERNMENT PARTNERS CONTRIBUTED \$26 MILLION TO SUPPORT MEDIA CAMPAIGNS IN PARTNERSHIP WITH VITAL. MORE THAN 4,300 PRESS STORIES ON THESE CAMPAIGNS FURTHER AMPLIFIED MESSAGING ON THE RISKS OF TOBACCO TO

4d Other program services (Describe on Schedule O.) (Expenses \$ 42,011,349. including grants of \$ 19,774,364.) (Revenue \$ 0.)

4e Total program service expenses 140,012,837.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | X | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|---------------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a 145 | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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? X

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. [X] Own website [X] Another's website [X] 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, box 6 of 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 | | | | 302,333. | 269,934. | 28,972. |
| (2) WALLACE D'SOUZA CFAO | 40.00 0.00 | | | X | | | | 338,501. | 0. | 48,050. |
| (3) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS | 40.00 0.00 | | | | X | | | 293,743. | 0. | 48,911. |
| (4) TAMAR RENAUD COO | 40.00 0.00 | | | | | X | | 303,295. | 0. | 32,778. |
| (5) SANDRA MULLIN SR. VP. COMMUNICATION | 40.00 0.00 | | | | X | | | 279,628. | 0. | 28,794. |
| (6) DANIEL KASS SR. VP ENVIRONMENTAL HEALTH | 40.00 0.00 | | | | X | | | 274,310. | 0. | 29,413. |
| (7) PHILIP SETEL VP & DIRECTOR, CRVS | 40.00 0.00 | | | | | X | | 247,470. | 0. | 51,050. |
| (8) I.D. RUSEN SR. VP RESEARCH & DEVELOPMENT | 40.00 0.00 | | | | | X | | 286,668. | 0. | 11,752. |
| (9) DANIEL SCHAEFER CTO | 40.00 0.00 | | | | | X | | 240,532. | 0. | 56,944. |
| (10) QUAN GAN DIRECTOR, TOBACCO CONTROL | 40.00 0.00 | | | | | X | | 238,916. | 0. | 49,353. |
| (11) ANDREW RENDEIRO SVP & CHIEF STRATEGY OFFICER | 40.00 0.00 | | | | X | | | 232,002. | 0. | 24,418. |
| (12) THOMAS FRIEDEN, PRESIDENT & CEO - RESOLVE (THRU MAR 2022) | 40.00 0.00 | | | X | | | | 157,578. | 0. | 15,122. |
| (13) LOUIS JAMES DE VIEL CASTEL CHAIRPERSON | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (14) HELEN AGERUP VICE CHAIR FOR OPERATIONS | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (15) RENEE RIDZON VICE CHAIR FOR PROGRAMS | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (16) RAM KOPPAKA, M.D. SECRETARY | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (17) MARC SZNAJDERMAN TREASURER | 4.00 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) DAVID A. CAPUTO TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) FRANK G. COLELLA TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) DR. MARY-ANN ETIEBET TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) ROSLYN FEDER TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) DR. LISA FITZPATRICK TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) MARK FOLEY TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) SCOTT HALSTEAD TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) MASAE KAWAMURA TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) BRUCE MANDELL TRUSTEE | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 3,194,976. | 269,934. | 425,557. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 3,194,976. | 269,934. | 425,557. |

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 89

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| THE GALLUP ORGANIZATION, LTD, 32 LONDON BRIDGE STREET, LONDON, UNITED KINGDOM | RESEARCH SERVICES | 1,585,810. |
| LUCEO IMAGES, LLC 910 GALAPAGO STREET, DENVER, CO 80204 | MULTIMEDIA CAMPAIGN SERVICES | 1,233,717. |
| SAFEGUARD GLOBAL, BUILDING 2, CAMPION PARK, HOLMES CHAPEL, CHESHIRE, UNITED KI | EMPLOYER OF RECORD SERVICES | 451,515. |
| PROCLOZ SERVICES PRIVATE LIMITED - CANADA, NATIONAL HIGHWAY-8 GURGAON, 7TH FLOOR, | EMPLOYER OF RECORD SERVICES | 359,247. |
| AFRICA HR SOLUTIONS LTD, 6TH FL, DIAS PIER BUILDING, CAUDAN, PORT LOUIS, MAURITANIA | EMPLOYER OF RECORD SERVICES | 291,994. |

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 38

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 290,801. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 103,578,448. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 82,721. | | | |
| | h | Total. Add lines 1a-1f | | 103869249. | | | |
| Program Service Revenue | 2 a | _____ | Business Code | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | _____ | | | | | |
| | e | _____ | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 599,790. | | 599,790. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | |
| | | | | (ii) Personal | | | |
| | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | |
| | | | | (ii) Other | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 20,521,635. | | | |
| | c | Gain or (loss) | 7c | -226,463. | | | |
| d | Net gain or (loss) | | -226,463. | | -226,463. | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| b | Less: direct expenses | 8b | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | _____ | Business Code | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See instructions | | 104242576. | 0. | 0. | 373,327. | |

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 ... | 46,147,702. | 46,147,702. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 12,500. | 12,500. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 41,427,087. | 41,427,087. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,099,706. | 1,556,897. | 479,340. | 63,469. |
| 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 | 25,389,112. | 18,889,762. | 5,737,019. | 762,331. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,021,319. | 735,418. | 253,285. | 32,616. |
| 9 Other employee benefits | 3,340,038. | 2,405,050. | 828,323. | 106,665. |
| 10 Payroll taxes | 1,821,557. | 1,311,642. | 451,743. | 58,172. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 128,898. | 73,401. | 55,497. | |
| c Accounting | 115,619. | 65,839. | 49,780. | |
| d Lobbying | 15,000. | 15,000. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 35,034. | | 35,034. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 18,965,259. | 17,698,936. | 1,219,603. | 46,720. |
| 12 Advertising and promotion | 2,140,128. | 2,126,070. | 14,058. | |
| 13 Office expenses | 355,871. | 202,650. | 153,221. | |
| 14 Information technology | 536,094. | 305,279. | 230,815. | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,781,147. | 2,294,634. | 459,322. | 27,191. |
| 17 Travel | 3,069,983. | 2,839,095. | 226,730. | 4,158. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 433,525. | 352,060. | 81,185. | 280. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 229,905. | 25,212. | 204,693. | |
| 23 Insurance | 228,333. | 5,017. | 223,316. | |
| 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 ADMIN./PROGRAM COSTS | 1,086,369. | 605,829. | 480,235. | 305. |
| b SUBSCRIPTIONS AND FEES | 1,057,176. | 589,393. | 467,487. | 296. |
| c PROJECT SUPPLIES/EQUIP. | 511,376. | 292,417. | 218,127. | 832. |
| d REPAIRS AND MAINTENANCE | 166,998. | 2,634. | 164,343. | 21. |
| e All other expenses | 111,441. | 33,313. | 78,079. | 49. |
| 25 Total functional expenses. Add lines 1 through 24e | 153,227,177. | 140,012,837. | 12,111,235. | 1,103,105. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 7,306,180. | 1 | 4,885,922. |
| | 2 Savings and temporary cash investments | 82,837,160. | 2 | 26,607,566. |
| | 3 Pledges and grants receivable, net | 67,437,745. | 3 | 71,125,915. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 965,061. | 9 | 834,184. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,604,743. | | |
| | b Less: accumulated depreciation | 10b 1,444,025. | 10c | 1,160,718. |
| | 11 Investments - publicly traded securities | 14,296,391. | 11 | 11,675,433. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 110,331. | 13 | 244,290. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 2,754,926. | 15 | 25,797,765. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 177,082,851. | 16 | 142,331,793. | |
| Liabilities | 17 Accounts payable and accrued expenses | 9,883,318. | 17 | 5,814,380. |
| | 18 Grants payable | 8,045,854. | 18 | 3,193,999. |
| | 19 Deferred revenue | 217,840. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,021,523. | 25 | 24,181,821. |
| | 26 Total liabilities. Add lines 17 through 25 | 19,168,535. | 26 | 33,190,200. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | -523,645. | 27 | -824,091. |
| | 28 Net assets with donor restrictions | 158,437,961. | 28 | 109,965,684. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 157,914,316. | 32 | 109,141,593. |
| 33 Total liabilities and net assets/fund balances | 177,082,851. | 33 | 142,331,793. | |

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 | 104,242,576. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 153,227,177. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -48,984,601. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 157,914,316. |
| 5 | Net unrealized gains (losses) on investments | 5 | -282,360. |
| 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 | 494,238. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 109,141,593. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | 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? | X | |
| 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| 3b | 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 | | |

Form 990 (2022)

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 80596112. | 218901094 | 180721926 | 108771648 | 103869249 | 692860029 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 80596112. | 218901094 | 180721926 | 108771648 | 103869249 | 692860029 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 348217562 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 344642467 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 80596112. | 218901094 | 180721926 | 108771648 | 103869249 | 692860029 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 286,026. | 777,683. | 491,764. | 354,367. | 599,789. | 2509629. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 28,518. | 41,947. | 0. | 1,645. | 0. | 72,110. |
| 11 Total support. Add lines 7 through 10 | | | | | | 695441768 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 49.56 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 50.62 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 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> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined 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> | | |
| c 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> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 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-2022 | (iii) Distributable Amount for 2022 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Schedule A (Form 990) 2022

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

2018 AMOUNT: \$ 25,639.

2019 AMOUNT: \$ 41,947.

2021 AMOUNT: \$ 1,645.

FEEES

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 for the latest information.

OMB No. 1545-0047

2022

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 VITAL STRATEGIES, INC. | Employer identification number 22-3419667 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-----------------------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>67,498,406.</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>15,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>8,535,909.</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>5,266,001.</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>3,996,615.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|--|--|--|
| | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div> | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990) 2022**

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 0. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 31,851. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 31,851. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 116398612. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 116430463. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 0. | 122,421. | 208,153. | 31,851. | 362,425. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f 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 |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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 July 25, 2006, 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) 2022

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 1,348,380. | 591,056. | 757,324. |
| d Equipment | | 1,256,363. | 852,969. | 403,394. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,160,718. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) GRANT ADVANCES | 2,014,481. |
| (2) DUE FROM THE UNION (MOU) | 760,000. |
| (3) RIGHT-OF-USE ASSET | 23,023,284. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 25,797,765. |

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) LEASE LIABILITY | 24,181,821. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 24,181,821. |

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 | 104,073,498. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -282,360. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 113,282. |
| e | Add lines 2a through 2d | 2e | -169,078. |
| 3 | Subtract line 2e from line 1 | 3 | 104,242,576. |
| 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 | 104,242,576. |

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 | 152,846,221. |
| 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 | 152,490. |
| e | Add lines 2a through 2d | 2e | 152,490. |
| 3 | Subtract line 2e from line 1 | 3 | 152,693,731. |
| 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 | 533,446. |
| c | Add lines 4a and 4b | 4c | 533,446. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 153,227,177. |

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 X, LINE 2:

VITAL STRATEGIES, INC. RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT VITAL STRATEGIES, INC. HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. VITAL STRATEGIES, INC. IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITY 113,282.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FOREIGN CURRENCY TRANSLATION LOSS 152,490.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INCREASE IN PROVISION FOR UNCOLLECTIBLE GRANTS RECEIVABLE 350,000.

EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY 183,446.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 533,446.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| SUB-SAHARAN AFRICA | | | GRANTMAKING | | 6,187,010. |
| SOUTH ASIA | | | GRANTMAKING | | 1,812,350. |
| EAST ASIA AND THE PACIFIC | | | GRANTMAKING | | 6,776,484. |
| MIDDLE EAST AND NORTH AFRICA | | | GRANTMAKING | | 37,770. |
| EUROPE (INCLUDING ICELAND AND GREENLAND) | | | GRANTMAKING | | 21,196,843. |
| NORTH AMERICA | | | GRANTMAKING | | 484,611. |
| SOUTH AMERICA | | | GRANTMAKING | | 4,932,020. |
| SUB-SAHARAN AFRICA | 1 | 30 | PROGRAM SERVICES | DATA FOR HEALTH, OBESITY PREVENTION, PARTNERSHIP FOR HEALTHY CITIES, RESOLVE, ROAD SAFETY | 792,533. |
| 3 a Subtotal | 1 | 30 | | | 42,219,621. |
| b Total from continuation sheets to Part I | 1 | 142 | | | 2,527,089. |
| c Totals (add lines 3a and 3b) | 2 | 172 | | | 44,746,710. |

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

Schedule F (Form 990) 2022

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 |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EAST ASIA AND THE PACIFIC | 1 | 70 | PROGRAM SERVICES | DATA FOR HEALTH, ENVIRONMENTAL HEALTH, PARTNERSHIP FOR HEALTHY CITIES, AND OTHER | 1,553,249. |
| EUROPE (INCLUDNIG ICELAND AND GREENLAND) | 0 | 8 | PROGRAM SERVICES | DATA FOR HEALTH, TOBACCO CONTROL, AND OTHER PROGRAMS. | 280,073. |
| NORTH AMERICA | 0 | 21 | PROGRAM SERVICES | DATA FOR HEALTH, ROAD SAFETY, TOBACCO CONTROL, AND OTHER PROGRAMS. | 197,895. |
| SOUTH AMERICA | 0 | 43 | PROGRAM SERVICES | DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, OBSESITY PREVENTION, AND ROAD | 495,872. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | 1 | 142 | | | 2,527,089. |

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) |
|-------------------------------|--|--|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | STREAM TB AND TOBACCO CONTROL | 9147032. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | RESET ALCOHOL, COUNTRY HEALTH INFORMATION SYSTEMS AND DATA USE (CHISU), | 5151206. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | DATA FOR HEALTH AND RESOLVE | 5056092. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, RESOLVE, ROAD SAFETY, | 2573304. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | RESET ALCOHOL, DATA FOR HEALTH, INJURY PREVENTION AND PUBLIC HEALTH SYSTEMS - | 2260766. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | STREAM TB | 1515483. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | STREAM TB | 959,033. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | DATA FOR HEALTH, RESOLVE, TOBACCO CONTROL, AND TOBACCO CONTROL NON MASS | 819,820. | 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 **71**

3 Enter total number of other organizations or entities **80**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|--|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | RESOLVE | 753,203. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | COVID-19, DATA FOR HEALTH, AND RESOLVE | 628,326. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 420,028. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 370,854. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | DATA FOR HEALTH | 351,466. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | DATA FOR HEALTH | 311,658. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | STREAM TB | 310,294. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | DATA FOR HEALTH | 303,400. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | INVESTIGATIVE JOURNALISM | 300,000. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|---------------------------|--|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH AMERICA | DATA FOR HEALTH | 295,500. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | OBESITY PREVENTION & FOOD POLICY | 280,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | PARTNERSHIP FOR HEALTHY CITIES AND ROAD SAFETY | 242,716. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | COVID-19 AND RESOLVE | 223,250. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 216,489. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | RESOLVE | 203,610. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | RESOLVE | 199,998. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | STREAM TB | 198,604. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 196,863. | 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 | COVID-19 AND RESOLVE | 189,934. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 186,033. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | DATA FOR HEALTH | 182,336. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 172,376. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | RESOLVE | 170,965. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | DATA FOR HEALTH | 169,769. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 165,941. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | STREAM TB | 161,648. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESET ALCOHOL | 161,420. | 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 | 149,849. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH AND DATA DRIVEN HEALTH POLICY | 147,124. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | STREAM TB | 141,501. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | OBESITY PREVENTION & FOOD POLICY | 125,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | OBESITY PREVENTION & FOOD POLICY | 125,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 123,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 120,900. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | OBESITY PREVENTION & FOOD POLICY | 120,000. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | OBESITY PREVENTION & FOOD POLICY | 120,000. | 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 | DATA FOR HEALTH | 119,544. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 112,695. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 112,457. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | DATA FOR HEALTH | 110,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 107,687. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | DATA FOR HEALTH | 102,147. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 102,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | DATA FOR HEALTH | 100,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 98,800. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|--------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | DATA FOR HEALTH | 98,100. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 90,219. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | DATA FOR HEALTH | 88,385. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | ROAD SAFETY | 87,853. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | PARTNERSHIP FOR HEALTHY CITIES | 85,328. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 83,928. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | STREAM TB | 83,501. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | STREAM TB | 80,864. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 80,000. | 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 | DATA FOR HEALTH | 79,205. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 78,092. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | OBESITY PREVENTION & FOOD POLICY | 76,739. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 76,085. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 75,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | DATA DRIVEN HEALTH POLICY | 75,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESOLVE | 74,998. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | RESOLVE | 72,467. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | STREAM TB | 71,615. | 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 | 71,000. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | DATA FOR HEALTH | 70,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | TOBACCO CONTROL NON MASS MEDIA | 65,000. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | DATA FOR HEALTH | 64,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH AND STREAM TB | 63,624. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | DATA FOR HEALTH | 63,400. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | TOBACCO CONTROL NON MASS MEDIA | 63,000. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | RESOLVE | 62,500. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | TOBACCO CONTROL NON MASS MEDIA | 60,000. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|---------------------------|--|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH AMERICA | PARTNERSHIP FOR HEALTHY CITIES | 60,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 59,813. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | RESOLVE | 59,641. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 58,812. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 56,880. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | TOBACCO CONTROL NON MASS MEDIA | 56,385. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | OBESITY PREVENTION & FOOD POLICY | 55,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, AND RESOLVE | 53,241. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | PARTNERSHIP FOR HEALTHY CITIES | 51,805. | 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 | 50,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 50,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | DATA FOR HEALTH | 50,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 47,194. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | PARTNERSHIP FOR HEALTHY CITIES | 45,067. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | PARTNERSHIP FOR HEALTHY CITIES | 45,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | PARTNERSHIP FOR HEALTHY CITIES | 45,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | TOBACCO CONTROL NON MASS MEDIA | 45,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | PARTNERSHIP FOR HEALTHY CITIES | 44,641. | 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 | 43,300. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TOBACCO CONTROL NON MASS MEDIA | 43,150. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | PARTNERSHIP FOR HEALTHY CITIES | 42,987. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 42,779. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | DATA FOR HEALTH | 42,632. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESOLVE | 40,413. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | PARTNERSHIP FOR HEALTHY CITIES | 40,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | PARTNERSHIP FOR HEALTHY CITIES | 40,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | TOBACCO CONTROL NON MASS MEDIA | 40,000. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|----------------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | STREAM TB | 39,816. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 39,000. | WIRE TRANSFER | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | RESOLVE | 37,770. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA FOR HEALTH | 37,698. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | PARTNERSHIP FOR HEALTHY CITIES | 37,500. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | RESOLVE | 34,998. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | OBESITY PREVENTION & FOOD POLICY | 32,500. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | STREAM TB | 31,314. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | REGISTRATION EQUALITY | 30,966. | 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 | 30,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | RESOLVE | 29,705. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | RESOLVE | 29,599. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | PARTNERSHIP FOR HEALTHY CITIES | 29,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | DATA FOR HEALTH | 27,000. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | RESOLVE | 26,666. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | PARTNERSHIP FOR HEALTHY CITIES | 25,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | M&G GRANTS | 25,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | TOBACCO CONTROL NON MASS MEDIA | 25,000. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|--------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | PARTNERSHIP FOR HEALTHY CITIES | 24,888. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | DATA FOR HEALTH | 23,832. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | STREAM TB | 23,335. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | PARTNERSHIP FOR HEALTHY CITIES | 23,051. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | PARTNERSHIP FOR HEALTHY CITIES | 22,400. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA DRIVEN HEALTH POLICY | 22,224. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | REGISTRATION EQUALITY | 20,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | REGISTRATION EQUALITY | 20,000. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TOBACCO CONTROL NON MASS MEDIA | 18,417. | 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 ASIA | DATA FOR HEALTH | 17,886. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | OBESITY PREVENTION & FOOD POLICY | 17,597. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TOBACCO CONTROL NON MASS MEDIA | 17,500. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | ROAD SAFETY | 16,803. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | DATA FOR HEALTH | 16,250. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | RESOLVE | 15,151. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | OBESITY PREVENTION & FOOD POLICY | 14,172. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | REGISTRATION EQUALITY | 10,836. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | STREAM TB | 10,370. | 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 | 9,297. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | DATA DRIVEN HEALTH POLICY | 8,715. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | STREAM TB | 8,500. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | RESOLVE | 7,945. | WIRE TRANSFER | 0. | | |
| | | NORTH AMERICA | PARTNERSHIP FOR HEALTHY CITIES | 7,774. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | PARTNERSHIP FOR HEALTHY CITIES | 7,295. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | ROAD SAFETY | 6,069. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | STREAM TB | 5,714. | 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 & FOOD POLICY | NORTH AMERICA | 1 | 30,380. | WIRE TRANSFER | 0. | | |
| OBESITY PREVENTION & FOOD POLICY | SOUTH AMERICA | 1 | 21,964. | WIRE TRANSFER | 0. | | |
| OBESITY PREVENTION & FOOD POLICY | EUROPE (INCLUDING ICELAND & GREENLAND) | 2 | 59,998. | WIRE TRANSFER | 0. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

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 AND SCHEDULED CHECK-IN PHONE CALLS AT KEY PROJECT INTERVALS 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 MECHANISMS IN PLACE, SUCH AS FINANCIAL REPORTS AND 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 POSSIBLE, THE GRANTEES FOR BOTH INITIATIVES ARE THE IDENTIFIED

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.

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: EAST ASIA AND THE PACIFIC

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

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, OBSEITY PREVENTION, AND ROAD SAFETY.

PART II, COLUMN (D):

(D) PURPOSE OF GRANT: RESET ALCOHOL, COUNTRY HEALTH INFORMATION SYSTEMS AND DATA USE (CHISU), DATA FOR HEALTH, ENVIRONMENTAL HEALTH, OTHER PROGRAMS, OVERDOSE PREVENTION (OPIOID), PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, STREAM TB, TOBACCO CONTROL, AND M&G GRANTS

(D) PURPOSE OF GRANT: DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, RESOLVE, ROAD SAFETY, AND M&G GRANTS

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.

(D) PURPOSE OF GRANT: RESET ALCOHOL, DATA FOR HEALTH, INJURY PREVENTION AND PUBLIC HEALTH SYSTEMS - BRAZIL, MAYOR'S CHALLENGE, OBESITY PREVENTION & FOOD POLICY, OTHER PROGRAMS, RESOLVE, ROAD SAFETY, TOBACCO CONTROL, AND M&G GRANTS

(D) PURPOSE OF GRANT: DATA FOR HEALTH, RESOLVE, TOBACCO CONTROL, AND TOBACCO CONTROL NON MASS MEDIA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**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 |
|---|----------------|--|---------------------------------|---|--|--|---|
| RESOLVE TO SAVE LIVES, INC. 85 BROAD STREET, #1626 NEW YORK, NY 10004 | 86-2254152 | 501(C)(3) | 35,658,575. | 0. | | | TRANSFER OF GRANT FUNDS - RESOLVE |
| PAN AMERICAN HEALTH ORGANIZATION - PAHO - 525 23RD STREET NW - WASHINGTON, DC 20037 | 52-1804954 | | 1,364,090. | 0. | | | DATA FOR HEALTH AND RESOLVE |
| IQVIA 4820 EMPEROR BOULEVARD DURHAM, NC 27703 | 56-1323952 | | 1,230,029. | 0. | | | STREAM TB |
| NEWARK COMMUNITY STREET TEAM, INC. 117 S. 9TH STREET NEWARK, NJ 07112 | 82-1719128 | 501(C)(3) | 550,000. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| THE GRAND RAPIDS RED PROJECT 401 HALL ST SE GRAND RAPIDS, MI 49507 | 38-3414580 | 501(C)(3) | 428,607. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET, NW SUITE 1200 WASHINGTON, DC 20005 | 52-1969967 | 501(C)(3) | 400,000. | 0. | | | RESOLVE |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 49.
- 3** Enter total number of other organizations listed in the line 1 table 23.

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

Schedule I (Form 990) 2022

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| PROJECT HOPE FOUNDATION 255 CARTER HALL LANE MILLWOOD, VA 22646 | 53-0242962 | 501(C)(3) | 390,096. | 0. | | | RESOLVE |
| SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION - 3011 W. GRAND BOULEVARD, SUITE 200 - DETROIT, MI 48202 | 38-1671500 | 501(C)(3) | 376,600. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| UNIVERSITY OF PITTSBURGH PHYSICIANS - US STEEL TOWER, 600 GRANT STREET - PITTSBURGH, PA 15219 | 23-2919472 | 501(C)(3) | 365,534. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| UNITED NATIONS DEVELOPMENT PROGRAMME THE (UNDP) - 405 EAST 42ND STREET, ROOM S-2007 - NEW YORK, NY 10017 | 13-2626199 | 501(C)(3) | 278,642. | 0. | | | DATA FOR HEALTH |
| FRANKLIN COUNTY 340 NORTH SECOND STREET CHAMBERSBURG, PA 17201 | 23-6003024 | FRANKLIN COUNTY, | 267,125. | 0. | | | OVERDOSE PREVENTION (OPIOID) AND 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) | 245,000. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| NEXT HARM REDUCTION 22 WEST 27TH STREET 5TH FLOOR NEW YORK, NY 10001 | 83-1333112 | 501(C)(3) | 242,789. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| PENNSYLVANIA HARM REDUCTION NETWORK - 311 CINNMINSON AVE - PALMYRA, NJ 08065 | 18-9769228 | 501(C)(3) | 222,175. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| VOICES OF COMMUNITY ACTIVISTS & LEADERS (VOCAL-NY), INC. - 80A FOURTH AVENUE - BROOKLYN, NY 11217 | 13-4094385 | 501(C)(3) | 200,000. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| CONNECTICUT HARM REDUCTION ALLIANCE - 28 GRAND ST. - HARDFORD, CT 06106 | 47-4312705 | | 195,120. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| PREVENTION POINT PITTSBURGH 460 MELWOOD AVE, SUITE 205 PITTSBURGH, PA 15213 | 25-1852314 | 501(C)(3) | 179,568. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| THE UNITED NATIONS POPULATION FUND 605 3RD AVENUE 4TH FLOOR NEW YORK, NY 10158 | 13-3996346 | 501(C)(3) | 174,558. | 0. | | | DATA FOR HEALTH |
| FAMILY HEALTH INTERNATIONAL (FHI 360) - 359 BLACKWELL STREET, SUITE 200 - DURHAM, NC 27701 | 23-7413005 | 501(C)(3) | 150,000. | 0. | | | RESOLVE |
| LAST MILE HEALTH 24 SCHOOL STREET 5TH FLOOR BOSTON, MA 02113 | 26-1401736 | 501(C)(3) | 137,500. | 0. | | | COVID-19 AND RESOLVE |
| COMAGINE HEALTH 10700 MERIDIAN AVE N, SUITE 300 SEATTLE, WA 98133 | 91-1072875 | | 132,660. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| BAD RIVER TRIBE 72682 MAPLE STREET (P.O. BOX 39) ODANAH, WI 54861-0039 | 39-1178897 | TRIBAL GOVERNMENT | 132,238. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693 | 52-0595110 | 501(C)(3) | 130,306. | 0. | | | DATA FOR HEALTH AND OBESITY PREVENTION & FOOD POLICY |
| MONTCLAIR STATE UNIVERSITY FOUNDATION, INC. - 1 NORMAL AVE - MONTCLAIR, NJ 07043 | 22-6017209 | 501(C)(3) | 125,000. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CITY OF PHILADELPHIA 1401 JFK BOULEVARD, ROOM 1380 PHILADELPHIA, PA 19102 | 23-6003047 | CITY OF PHILADEL | 122,435. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| PROJECT SAFE 535 DOCK SUITE 112 TACOMA, WA 98402 | 91-1435394 | 501(C)(3) | 118,286. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| JOURNALISM DEVELOPMENT NETWORK 4401A CONNECTICUT AVENUE NW, #321 WASHINGTON, DC 20008-2358 | 26-0898750 | 501(C)(3) | 112,500. | 0. | | | INVESTIGATIVE JOURNALISM |
| DREAM CORPS/DREAM.ORG 436 14TH ST., SUITE 920 OAKLAND, CA 94612 | 26-1140201 | 501(C)(3) | 110,796. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| BETHANY CHRISTIAN SERVICES OF CENTRAL PENNSYLVANIA - 1681 CROWN AVENUE, SUITE 201 - LANCASTER, PA 17601 | 38-2899285 | 501(C)(3) | 100,000. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| BASIC HEALTH INTERNATIONAL, INC. 6425 LIVING PLACE SUITE 200 PITTSBURGH, PA 15206 | 20-3408717 | 501(C)(3) | 90,390. | 0. | | | DATA FOR HEALTH |
| PREVENTION POINT PHILADELPHIA 166 WEST LEHIGH AVENUE, LOWER LEVEL (PO BOX 60990) - PHILADELPHIA, PA 19133 | 23-2663699 | 501(C)(3) | 87,482. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| WASHTENAW COUNTY SHERIFFS OFFICE 2201 HOGBACK RD. ANN ARBOR, MI 48105 | 38-6004894 | WASHTENAW COUNTY | 86,401. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| NEW MEXICO HARM REDUCTION COLLABORATIVE INC. - 812 LOMA VISTA DR NE - ALBUQUERQUE, NM 87106 | 86-1990328 | 501(C)(3) | 81,306. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DEDICATED OUTREACH & PREVENTION EDUCATION (D.O.P.E.) SERVICES - 1258 ORTIZ STR. SE #308 - ALBUQUERQUE, NM 87108 | 82-2367310 | | 80,000. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| EHEALTH AFRICA 1200 G STREET, NW SUITE 800 WASHINGTON, DC 20005 | 81-4503438 | 501(C)(3) | 79,446. | 0. | | | RESOLVE |
| REBALANCED-LIFE WELLNESS ASSOCIATION - 143 MARCIE DRIVE - BROOKLYN, WI 53521 | 82-4133284 | 501(C)(3) | 75,368. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| TRENTON HEALTH TEAM 1 WEST STATE ST 4TH FL TRENTON, NJ 08608 | 45-1257757 | 501(C)(3) | 75,000. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE BOX 354965 SEATTLE, WA 98105 | 91-6001537 | STATE OF WASHING | 69,100. | 0. | | | RESOLVE |
| SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP ("SCPMG") - 100 S LOS ROBLES AVENUE, 2ND FLOOR - LOS ANGELES, CA 90065 | 95-1750445 | | 69,031. | 0. | | | RESOLVE |
| ANSWER DETROIT, A PROJECT OF THE WORKERS CENTER FOR RACIAL JUSTICE - 2243-2245 E. 71ST STREET - CHICAGO, IL 60649 | 45-4461853 | 501(C)(3) | 68,173. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900 PHILADELPHIA, PA 19107 | 23-1352651 | 501(C)(3) | 66,949. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| HEALTH FEDERATION OF PHILADELPHIA 123 SOUTH BROAD STREET, SUITE 650 PHILADELPHIA, PA 19109 | 23-2244355 | 501(C)(3) | 62,013. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| F.A.V.O.R. WESTERN PA 736 LINCOLN ST. BOLIVAR, PA 15923 | 84-3747792 | 501(C)(3) | 61,673. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| CLINTON HEALTH ACCESS INITIATIVE, INC - 383 DORCHESTER AVE, SUITE 400 - BOSTON, MA 02127 | 27-1414646 | 501(C)(3) | 60,000. | 0. | | | DATA FOR HEALTH |
| WELLNESS AIDS SERVICES, INC 311 E. COURT ST. FLINT, MI 48502 | 38-2674052 | | 59,114. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| MICHIGAN PUBLIC HEALTH INSTITUTE 2436 WOODLAKE CIRCLE, SUITE 300 OKEMOS, MI 48864 | 38-2963835 | 501(C)(3) | 57,332. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| MOTHERING JUSTICE 622 WALNUT STREET ROYAL OAK, MI 48073 | 45-3740989 | | 51,890. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| 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) | 50,004. | 0. | | | RESOLVE |
| CENTER FOR PUBLIC HEALTH LAW RESEARCH AT TEMPLE UNIVERSITY BEASLEY SCHOOL OF LAW - 1819 NORTH BROAD STREET, SUITE 300, BARRACK | 23-1365971 | | 50,000. | 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) |
| TRANSGENDER RESOURCE CENTER OF NEW MEXICO - PO BOX 80872 - ALBUQUERQUE, NM 87198 | 39-2076744 | 501(C)(3) | 50,000. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|-------------------------------------|
| FAMILIES AGAINST NARCOTICS WASHTENAW COUNTY CHAPTER - 515 WEST KEECH AVE - ANN ARBOR, MI 48103 | 83-1885155 | 501(C)(3) | 47,733. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| WESTCARE WISCONSIN, INC. 335 W. WRIGHT ST. MILWAUKEE, WI 53209 | 45-4459342 | | 42,027. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| AVIGO HEALTH LLC 1717 PENNSYLVANIA AVE, NW STE 1025 WASHINGTON, DC 20006 | 81-4072941 | | 41,926. | 0. | | | DATA FOR HEALTH |
| THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612 | 37-6000511 | 501(C)(3) | 41,762. | 0. | | | RESET ALCOHOL |
| COUNTY OF DELAWARE 201 W. FRONT STREET MEDIA, PA 19063 | 23-6003046 | DELAWARE COUNTY | 37,500. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| NEW YORK UNIVERSITY (NYU GROSSMAN SCHOOL OF MEDICINE) - 550 FIRST AVENUE - NEW YORK, NY 10016 | 13-5562308 | 501(C)(3) | 36,936. | 0. | | | OBESITY PREVENTION & FOOD POLICY |
| UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET SUITE 201 PITTSBURGH, PA 15260 | 25-0965591 | 501(C)(3) | 32,480. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| HARM REDUCTION MICHIGAN 867 EAST 8TH STREET TRAVERSE CITY, MI 49686 | 81-2744973 | 501(C)(3) | 26,150. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| PENNSYLVANIA INSTITUTIONAL LAW PROJECT - 718 ARCH STREET, SUITE 304S - PHILADELPHIA, PA 19106 | 23-2811857 | | 25,000. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SAMAD'S HOUSE 2875 NORTH 23RD STREET MILWAUKEE, WI 53206 | 83-3780507 | 501(C)(3) | 23,530. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| HENRY FORD HEALTH SYSTEM 1 FORD PLACE DETROIT, MI 48202 | 38-1357020 | 501(C)(3) | 20,000. | 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 | 20,000. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, SUITE 403 NEW HAVEN, CT 06513 | 06-0646761 | 501(C)(3) | 20,000. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| STUDENTS FOR SENSIBLE DRUG POLICY 2370 CHAMPLAIN ST NW, STE 12 WASHINGTON, DC 20009 | 52-2296291 | 501(C)(3) | 16,875. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR, FRANKLIN BUILDING - PHILADELPHIA, PA 19104 | 23-1352685 | 501(C)(3) | 16,706. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| MATERNITY CARE COALITION 2000 HAMILTON STREET SUITE 205 PHILADELPHIA, PA 19130 | 23-2200410 | 501(C)(3) | 16,666. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| SECOND CHANCE STAFFING SERVICES 2901 N. 11TH STREET MILWAUKEE, WI 53206 | 46-2810910 | | 16,610. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| METROPOLITAN ORGANIZING STRATEGY ENABLING STRENGTH - 220 BAGLEY STE 420 - DETROIT, MI 48226 | 38-3357583 | | 12,500. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SELF INC 1211 CHESTNUT STREET, SUITE 205 PHILADELPHIA, PA 19107 | 23-2650217 | | 12,500. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| CONTINUUM OF CARE INC 109 LEGION AVENUE NEW HAVEN, CT 06519 | 06-0836524 | | 7,500. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| RESOURCES FOR HUMAN DEVELOPMENT 4700 WISSAHICKSON AVENUE, SUITE 126 PHILADELPHIA, PA 19144-4248 | 23-1727133 | 501(C)(3) | 7,500. | 0. | | | OVERDOSE PREVENTION (OPIOID) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| OVERDOSE PREVENTION AND OTHER PROGRAMMATIC GRANTS | 2 | 12,500. | 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 AND SCHEDULED CHECK-IN PHONE CALLS AT KEY

Part IV Supplemental Information

PROJECT INTERVALS 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 MECHANISMS IN PLACE, SUCH AS FINANCIAL REPORTS AND 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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) | 283,325. | 0. | 19,008. | 12,115. | 14,787. | 329,235. | 0. |
| | (ii) | 269,934. | 0. | 0. | 0. | 2,070. | 272,004. | 0. |
| (2) WALLACE D'SOUZA CFAO | (i) | 319,517. | 0. | 18,984. | 12,148. | 35,902. | 386,551. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS | (i) | 274,759. | 0. | 18,984. | 11,752. | 37,159. | 342,654. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) TAMAR RENAUD COO | (i) | 174,983. | 0. | 128,312. | 7,698. | 25,080. | 336,073. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SANDRA MULLIN SR. VP. COMMUNICATION | (i) | 260,628. | 0. | 19,000. | 9,841. | 18,953. | 308,422. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DANIEL KASS SR. VP ENVIRONMENTAL HEALTH | (i) | 253,810. | 0. | 20,500. | 4,858. | 24,555. | 303,723. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) PHILIP SETEL VP & DIRECTOR, CRVS | (i) | 247,470. | 0. | 0. | 10,171. | 40,879. | 298,520. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) I.D. RUSEN SR. VP RESEARCH & DEVELOPMENT | (i) | 286,668. | 0. | 0. | 10,000. | 1,752. | 298,420. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) DANIEL SCHAEFER CTO | (i) | 240,532. | 0. | 0. | 10,094. | 46,850. | 297,476. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) QUAN GAN DIRECTOR, TOBACCO CONTROL | (i) | 238,916. | 0. | 0. | 9,796. | 39,557. | 288,269. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) ANDREW RENDEIRO SVP & CHIEF STRATEGY OFFICER | (i) | 232,002. | 0. | 0. | 9,598. | 14,820. | 256,420. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) THOMAS FRIEDEN, PRESIDENT & CEO - RESOLVE (THRU MAR 2022) | (i) | 157,578. | 0. | 0. | 5,436. | 9,686. | 172,700. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 4A:

TAMAR RENAUD, CHIEF OPERATING OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$113,791 IN 2022, AS INCLUDED IN PART II, COLUMN B(III).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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 | 82,721. | AVG. SELLING PRICE |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other () | | | | |
| 26 | Other () | | | | |
| 27 | Other () | | | | |
| 28 | Other () | | | | |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN DECEMBER 2021, VITAL STRATEGIES ENTERED INTO AN AGREEMENT TO
TRANSITION THE RESOLVE PROJECT (THE PROJECT) TO RESOLVE TO SAVE LIVES,
INC., A NEWLY FORMED DELAWARE NON-STOCK NOT-FOR-PROFIT CORPORATION. THE
NEW ENTITY ASSUMED ALL THE PROJECT'S ACTIVITIES AS OF MARCH 31, 2022.

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

LOWER COVID-19 INFECTION RATES AND IMPROVED INFECTION PREVENTION AND
CONTROL.

- IN CHINA, THE RESOLVE TO SAVE LIVES-FUNDED CARDIOVASCULAR HEALTH
PROJECT REGISTERED 366,911 HYPERTENSION PATIENTS, OF WHOM 28,898 HAVE
THEIR BLOOD PRESSURE UNDER CONTROL; THE PROJECT ALSO SUPPORTED
SALT-REDUCTION INTERVENTIONS IN COMMUNITIES/VILLAGES,
RESTAURANTS/CANTEENS, AND SCHOOLS IN SHANDONG AND ANHUI PROVINCES.
THROUGH CLOSE COLLABORATION, THE SHANDONG CDC KICKED OFF ITS
SUPERMARKET-BASED SODIUM REDUCTION INTERVENTION AND THE CHINESE
NUTRITION SOCIETY (CNS) FINALIZED THE REPORT "SALT REDUCTION TARGETS IN
CHINA'S FOOD INDUSTRY," AND IN PARTNERSHIP WITH CNS AND UNICEF, THE
NUTRITION PROFILING MODEL (NPM) WAS DEVELOPED FOR CHINA'S NATIONAL
CONTEXT.

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

MILESTONES WERE ACHIEVED FOR 359 OF 523 (69%) PLANNED MILESTONES ACROSS
SIX INTERVENTION AREAS. OVERALL PERFORMANCE IN SEVERAL KEY INDICATORS
ALSO IMPROVED IN 2022. CUMULATIVELY, 12.6 MILLION IMPROVED OR NEWLY

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

Schedule O (Form 990) 2022

232211 10-28-22

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

COUNTED BIRTH RECORDS HAVE BEEN TOTALED OF WHICH NEARLY 25% (4 MILLION) WERE RECORDED IN 2021 TO 2022, NEARLY DOUBLE THE PREVIOUS YEAR (A 196% INCREASE). THE CUMULATIVE NUMBER OF DEATH RECORDS IMPROVED OR NEWLY COUNTED IN COUNTRIES RECEIVING INITIATIVE SUPPORT INCREASED FROM 13,591,000 IN 2021 TO 17,716,000 IN 2022, AN INCREASE OF 31%. SPECIFIC COUNTRY-BASED ACCOMPLISHMENTS INCLUDE THE ESTABLISHMENT OF A NATIONAL DEATH COMMITTEE IN CAMBODIA, A HOSPITAL GUIDE FOR CERTIFICATION OF CAUSES OF DEATH DEVELOPED AND VALIDATED BY THE MINISTER OF PUBLIC HEALTH TO BE USED BY DOCTORS IN ALL REGIONS IN CAMEROON, INTEGRATION OF CRVS SYSTEMS WITH HMIS SYSTEM LINKED TO THE NATIONAL POPULATION REGISTRY PERMITTING TIMELY ACCESS TO CRVS DATA FOR MONITORING HEALTH INTERVENTIONS IN RWANDA AND THE FIRST TIME ESTABLISHMENT OF A LINK BETWEEN THE HEALTH SECTOR AND CIVIL REGISTRAR TO FACILITATE EXCHANGE OF MORTALITY INFORMATION IN VIETNAM.

- AS PART OF DATA IMPACT'S FLAGSHIP DATA TO POLICY WORK, 34 POLICY BRIEFS WERE DEVELOPED WITH 9 BEING ENACTED OR IN THE PROCESS OF BEING ENACTED IN 2022. THIS REPRESENTS AN INCREASE FROM THE 18 POLICY BRIEFS DEVELOPED WITH 5 ENACTED OR IN PROCESS IN 2021. AN EXAMPLE OF THE BRIEF WHICH IS IN THE PROCESS OF ENACTMENT IS IN COLOMBIA WHERE NATIONAL REGULATIONS ON PROTECTIVE MOTORCYCLE HELMETS HAVE BEEN PUBLISHED, AND A COMMITMENT EXISTS TO REDUCE LEAD LEVELS IN PAINT. ADDITIONALLY, VITAL WORKED WITH CDC, CDC FOUNDATION AND VANDERBILT UNIVERSITY TO DELIVER A WEEK-LONG INTENSIVE WORKSHOP ON DECISION MODELING FOR HEALTH ECONOMIC EVALUATION FOR 28 HEALTH ECONOMISTS FROM 14 DATA TO POLICY COUNTRIES. THE WORKSHOP WAS DESIGNED TO INCREASE THE CAPACITY FOR HEALTH ECONOMIC MODELING IN COUNTRY PARTNERS AND MINISTRIES OF HEALTH TO BETTER FOSTER INSTITUTIONALIZATION OF THE DATA TO POLICY PROGRAM. OTHER CAPACITY-BUILDING PROGRAMS WERE OFFERED IN COUNTRIES, DEPENDING ON

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

GOVERNMENT NEEDS AND REQUESTS: ANALYTICS FOR PUBLIC HEALTH PRACTICE, DATA DRIVEN LEADERSHIP, AND CIVIL REGISTRATION AND VITAL STATISTICS (CVRS) DATA USE. LASTLY, THE DATA IMPACT PROGRAM TEAM WORKED TO ENSURE THAT AVAILABLE DATA ARE USED TO MAKE DECISIONS AND INFLUENCE POLICY. IN PAPUA NEW GUINEA, AN EXCEL-BASED INTERACTIVE SENIOR EXECUTIVE MANAGEMENT (SEM) DASHBOARD WAS DEVELOPED WITH SELECTED INDICATORS FOR EACH OF THE FIVE KEY RESULT AREAS DEFINED IN THE MONITORING AND EVALUATION STRATEGY FOR THE NATIONAL HEALTH PLAN. THE DASHBOARD PROVIDES QUARTERLY VISUALIZATION OF PROVINCIAL AND REGIONAL INDICATORS WHICH WILL BE USED TO MONITOR THE IMPLEMENTATION OF THE NATIONAL HEALTH PLAN. IN CAMEROON, AN ANALYSIS DEMONSTRATING EXTREMELY POSITIVE OUTCOMES IN ADOLESCENT REPRODUCTIVE HEALTH UNITS (ARHUS) LED TO A CIRCULAR BEING SIGNED BY THE MINISTER IN DECEMBER 2022 TO EXTEND THE ARHUS TO ALL GENERAL HOSPITALS AND DISTRICT MEDICAL CENTERS.

- THE GLOBAL GRANTS PROGRAM SUCCESSFULLY ADMINISTERED ONE FUNDING ROUNDS (ROUNDS 6) IN 2022, AWARDING 16 SUBGRANTS TOTALING \$2.04M. OF THE 16 SUBGRANTS AWARDED, 11 WERE FOR COUNTRIES BASED IN AFRICA, 2 IN LATIN AMERICA, 2 IN ASIA AND 1 IN EUROPE. ALL AWARDED SUBGRANTS FOCUSED ON INTERVENTIONS RELATED TO EITHER CRVS, DATA IMPACT OR CANCER REGISTRY. ROUND 6 WAS THE FIRST FUNDING ROUND TO ACTIVELY ENCOURAGE NON-GOVERNMENTAL ORGANIZATIONS TO SEEK SUPPORT WITH AN EMPHASIS ON EQUITY WORK. ADDITIONAL WORK WAS COMPLETED TO CLOSE OUT SUBGRANTS AWARDED IN ROUNDS 2 THROUGH ROUND 5.

- AS PART OF OUR CANCER REGISTRY ACTIVITY, VITAL SOLIDIFIED THE CREATION AND DISSEMINATION OF CANCER REGISTRIES DATA VIA THE PRODUCTION OF MONTHLY REPORTS TO MOH WHICH INCLUDE CASE COUNTS FROM ALL ESTABLISHED REGISTRIES INCLUSIVE OF ESTIMATION OF THE TOP 10 CANCERS STRATIFIED BY AGE AND SEX. IN MOZAMBIQUE WE ALSO WERE ABLE TO TRAIN 22

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

REGISTRARS (11 MALE AND 11 FEMALE) IN BASIC CANCER REGISTRY DATA COLLECTION METHODS. ADDITIONALLY, CANCER REGISTRY PARTNERED WITH THE TEAM IN RWANDA TO ANALYZE THEIR SURVIVAL DATA, THUS COMPLETING AN ADVANCED ANALYSIS THAT DREW ON EXPERTS FROM THE IARC-GICR JOHANNESBURG COLLABORATING CENTER, WHO, ALONGSIDE AFERN, PROVIDED TECHNICAL ASSISTANCE FOR THIS WORK. IN VIETNAM, VITAL SUPPORTED THE USE OF REGISTRY DATA TO DEVELOP THE FIRST- EVER NATIONWIDE POPULATION-BASED CANCER REGISTRY ANNUAL REPORT. LASTLY, WORK BEGAN IN ZIMBABWE IN SPRING 2022.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SMOKERS AND NON-SMOKERS EXPOSED TO SECONDHAND SMOKE. WITH A NEW GRANT FROM THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, VITAL EXPANDED OUR TOBACCO CONTROL WORK TO FOUR COUNTRIES IN THE EASTERN MEDITERRANEAN REGION. CAMPAIGNS ON TOBACCO RISKS AND COVID-19 PREVENTIVE MEASURES WERE LAUNCHED IN EGYPT, JORDAN, IRAQ AND PALESTINE, REACHING 52 MILLION PEOPLE. VITAL STRATEGIES AND THE TOBACCONOMICS TEAM AT THE UNIVERSITY OF ILLINOIS AT CHICAGO LAUNCHED THE SEVENTH EDITION OF THE TOBACCO ATLAS. THE NEW ONLINE EDITION GENERATED 456 MEDIA STORIES, WITH A POTENTIAL REACH OF MORE THAN 1.2 BILLION PEOPLE AND AN AD VALUE EQUIVALENT OF \$11.83 MILLION.

IN BRAZIL, IN PARTNERSHIP WITH ACT HEALTH PROMOTION, VITAL LAUNCHED A CIGARETTE TAXATION RESOURCE A WEBSITE, WITH INTERACTIVE INFOGRAPHICS TO SHOW THE IMPORTANCE OF TAX INCREASES. THE WEBSITE SERVED AS A MODEL FOR OTHER COUNTRIES IN THE REGION, SUCH AS MEXICO AND COLOMBIA, TO DEVELOP SIMILAR PLATFORMS.

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

TOBACCO ENFORCEMENT AND REPORTING MOVEMENT (TERM), VITAL'S REAL-TIME DIGITAL MONITORING SYSTEM FOR ONLINE TOBACCO MARKETING IN INDIA, INDONESIA, AND MEXICO, PUBLISHED 10 REPORTS AND TWO SCIENTIFIC PAPERS IN 2022. THESE REPORTS GENERATED SIGNIFICANT MEDIA ATTENTION ON THE RISKS OF DIGITAL TOBACCO MARKETING. THEY ARE ALSO BEING USED BY CIVIL SOCIETY ORGANIZATIONS AND GOVERNMENTS TO ADVOCATE FOR STRONGER TOBACCO CONTROL AND CONSUMER PROTECTION POLICIES AND ARE ENCOURAGING OFFICIALS TO ACT TO PROTECT CONSUMERS FROM DIGITAL TOBACCO MARKETING.

GOVERNMENT DEPARTMENTS ARE USING TERM DATA TO STRENGTHEN LAWS OR MONITOR EXISTING ONES:

- IN INDONESIA, TERM DATA IS INCLUDED IN A REVIEW OF THE HEALTH LAW NO. 109 (2012), WHICH RECOMMENDS A BAN ON TOBACCO ADVERTISING, PROMOTIONS AND SPONSORSHIP ON THE INTERNET AND TIGHTER REGULATIONS ON E-CIGARETTES. THE MINISTRY OF HEALTH IS ALSO CONSIDERING THE CREATION OF A GOVERNMENT-CIVIL SOCIETY TASK FORCE TO MONITOR ONLINE TOBACCO MARKETING.

- IN MEXICO, TERM DATA IS BEING USED TO MONITOR TOBACCO MARKETING AFTER A COMPREHENSIVE BAN ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP WENT INTO EFFECT IN FEBRUARY 2022.

- IN INDIA, TERM DATA IS BEING USED TO INFORM CURRENT TOBACCO MARKETING REGULATIONS, INCLUDING THE RECENTLY ISSUED GUIDELINES BY THE CENTRAL CONSUMER PROTECTION AUTHORITY ON THE PREVENTION OF MISLEADING ADVERTISEMENTS AND ENDORSEMENTS FOR MISLEADING ADVERTISEMENTS, 2022.

AS IT BECOMES INCREASINGLY URGENT TO TAKE ACTION TO ADDRESS ENVIRONMENTAL DEGRADATION, STOP, A TOBACCO INDUSTRY WATCHDOG, LAUNCHED A SERIES OF CAMPAIGNS THAT CAPTURE HOW THE TOBACCO INDUSTRY CONTRIBUTES

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

TO THIS PRESSING PUBLIC HEALTH CRISIS.

IN NOVEMBER 2022, STOP LAUNCHED CIGARETTES = PLASTICS TO SUPPORT TOBACCO CONTROL ADVOCACY AT THE GROUNDBREAKING U.N. PLASTICS POLLUTION TREATY NEGOTIATIONS. THE CAMPAIGN REACHED AT LEAST 900,000 PEOPLE THROUGH TWITTER. VITAL STRATEGIES ALSO DELIVERED A STATEMENT TO INTERNATIONAL DELEGATES, EMPHASIZING THAT A DECISION TO BAN FILTERS IN CIGARETTES WOULD BE A MAJOR WIN FOR GLOBAL HEALTH. THESE ADVOCACY EFFORTS APPEAR TO BE GAINING TRACTION: TOBACCO FILTERS WERE BROUGHT UP SEVERAL TIMES DURING THE CONFERENCE, INCLUDING IN A WRITTEN SUBMISSION FROM THE U.N. HIGH COMMISSIONER ON HUMAN RIGHTS.

- GRANTS PROGRAM:

IN 2022, THE GRANTS TEAM MANAGED 165 GRANTS WITHIN THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE. AROUND 356 PAYMENTS WERE PROVIDED TO 124 GRANTEES IN 2022 TOTALING \$5,929,794. DURING 2022, ROUNDS 25-32 OF THE BI GRANTS PROGRAM HAVE BEEN ADMINISTERED AND MANAGED AT DIFFERENT STAGES. THE GRANTS WORK INCLUDES ACTIVITIES RELATED TO: A) THE BI GRANTS ROUND ADMINISTRATION PROCESS INCLUDING THE LAUNCH PROCESS, MONITORING MAILBOXES, COORDINATION WITH THE SUBGRANTEE, CTFK GRANTS TEAM AND WITH GRANTEES; B) GRANTS CONTRACTS AND REPORTING; C) DATABASE MANAGEMENT; D) GRANTS STATUS AND RECORDING CLOSURES; AND E) GRANTS SUPPORT AND LIAISON WITH INTERNAL AND EXTERNAL STAKEHOLDERS. OVERALL GRANTS IN 2022 WERE MANAGED AS EXPECTED. THE NUMBER OF GRANTS IS STABLE IN COMPARISON TO 2021. THE PANDEMIC STILL DELAYED ACTIVITIES BUT THE IMPLEMENTATION RATE WAS CONSOLIDATED. 98% OF THE BUDGET FOR GRANTS IN 2022 WAS SUCCESSFULLY OBLIGATED. REGULAR COMMUNICATIONS WITH GRANTEES HAVE INCREASED VIA WEEKLY NEWSLETTERS, WHICH HAVE HAD POSITIVE

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

FEEDBACK. ROUND APPLICATIONS, REVIEWS, AND CORRESPONDENCE ARE ALL NOW DONE THROUGH FLUXX. THE GRANTS TEAM PROVIDED SUPPORT IN THE ORGANIZATION FOR INTERNATIONAL, REGIONAL AND NATIONAL VIRTUAL MEETINGS. DURING 2022, THE GRANTS TEAM WAS ALSO INVOLVED IN THE ORGANIZATION OF 2 IN-PERSON MEETINGS WITH BLOOMBERG PHILANTHROPIES AND OUR PARTNER, CAMPAIGN FOR TOBACCO-FREE KIDS, AND CONTRIBUTED TO THE ELABORATION OF 12 MONTHLY REPORTS FOR THE DONOR, AND 4 GRANTS SUMMARY REPORTS. THE GRANTS TEAM PROVIDED REGULAR FORECASTS TO THE DONOR AND HQ ON PAYMENT REQUESTS AND GRANTS TO BE OBLIGATED.

- MOH CAPACITY BUILDING AND NATIONAL POLICY DEVELOPMENT:

THE SUBGRANTEE'S TEAM IN BANGLADESH ASSISTED IN THE DEVELOPMENT OF THE NTCC RULES AND LIAISED WITH THE MOF IN ISSUING AN ORDER TO CREATE A SEPARATE ECONOMIC CODE FOR THE HDS, EFFECTIVELY ESTABLISHING A TOBACCO CONTROL EARMARKING MECHANISM. FROM 2018 TO 2022, FUND ALLOCATION TO ANNUAL TOBACCO CONTROL PROGRAM INCREASED BY 324% FROM 0.9M TO 2.9M , FUND UTILIZATION RATE ALSO INCREASED FROM 21% TO 73%. IN INDONESIA, THE SUBGRANTEE HAS AIDED THE MINISTRY OF HEALTH IN DEVELOPING A PROPOSAL TO AMEND THE PP109, WHICH HAS BEEN PRESENTED TO THE PRESIDENT AND IS CURRENTLY UNDER DISCUSSION. THIS PROPOSAL INCLUDES RECOMMENDATIONS INCLUDING INCREASING THE SIZE OF PICTORIAL HEALTH WARNINGS, BANNING ONLINE TOBACCO ADVERTISING, AND PROHIBITING THE DISPLAY OF TOBACCO PRODUCTS AT THE POINT OF SALE. THE SUBGRANTEE HAS MOBILIZED 42 CIVIL SOCIETY ORGANIZATIONS TO ADVOCATE FOR POLICY CHANGES, INCLUDING AMENDING THE PP109 AND RAISING TAXES AND PRICES ON TOBACCO PRODUCTS. IN 2022, THE GOVERNMENT FURTHER INCREASED TAXES BY 10% AND PRICES BY 12%, TO BE IMPLEMENTED IN 2023 AND 2024. IN INDIA, NTCP EXPANDED TO ALL 36 STATES AND UNION TERRITORIES, COVERING 692 DISTRICTS; ALL STATES ALSO

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

ESTABLISHED THE TOBACCO CONTROL CELLS AND APPOINTED NODAL OFFICERS.

APPROXIMATELY 900 DEDICATED STAFF AT STATE AND DISTRICT LEVELS ARE

CURRENTLY SUPPORTING NTCP. THE SUBGRANTEE HAS HOSTED THE ANNUAL APCAT

CONFERENCE IN BALI, WHICH WAS ATTENDED BY OVER 300 PARTICIPANTS

INCLUDING 48 MAYORS. PHILIPPINES ALSO HELD AN APCAT FORUM IN 2022.

- INDUSTRY INTERFERENCE AND NEW PRODUCTS:

IN INDIA, THE SUBGRANTEE SUPPORTED OVER 10 STATES IN PASSING OR

IMPLEMENTING ARTICLE 5.3 POLICIES. THE SUBGRANTEE HAS ALSO HELPED MOHS

IN BANGLADESH AND MEXICO CREATE SUCH POLICIES. IN RESPONSE TO THE

TOBACCO INDUSTRY'S RECENT EFFORTS TO FLOOD LMICS WITH NOVEL PRODUCTS,

THE SUBGRANTEE HAS HELPED CREATE AND SUPPORT POLICY SOLUTIONS FOR THE

BLOOMBERG PRIORITY COUNTRIES. IN MEXICO, THE SUBGRANTEE HELPED WITH A

PRESIDENTIAL DECREE PROHIBITING IMPORTATION OF ENDS, ENNDS AND HTPS.

THE MEXICAN GOVERNMENT ALSO RELEASED A STATEMENT CONDEMNING PMI, NOTING

THAT THE US FDA IQOS DECISION DOES NOT CHANGE MEXICO'S FCTC OBLIGATIONS

NOR NOVEL PRODUCT LEGALITY. IN CHINA, ALL FLAVORED E-CIGARETTES, APART

FROM THOSE WITH TOBACCO FLAVOR, AND ENNDS ARE BANNED, AND SALES TO

MINORS ARE ALSO PROHIBITED. IN ADDITION, A 36% AD VALOREM EXCISE TAX IS

NOW IMPOSED ON E-CIGARETTE PRODUCERS/IMPORTERS AND 11% ON WHOLESALERS.

IN INDONESIA, A TOTAL OF 43 JURISDICTIONS HAVE NOW BANNED THE USE OF

E-CIGARETTES IN WORKPLACES, PUBLIC PLACES, AND PUBLIC TRANSPORT.

- TOBACCO CONTROL POLICY IMPLEMENTATION:

IN FEBRUARY 2022, THE SUBGRANTEE LAUNCHED THE TOBACCO CONTROL

IMPLEMENTATION HUB, AN ONLINE REPOSITORY OF RESOURCES AND BEST PRACTICE

CASE STUDIES; SINCE LAUNCHING, THE SITE HAS HAD 33,223 VIEWS FROM 146

COUNTRIES. IN DECEMBER 2022, THE SUBGRANTEE LAUNCHED THE TOBACCO

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

CONTROL IMPLEMENTATION HUB FOR CHINA, A COUNTRY-SPECIFIC SECTION OF THE GLOBAL HUB. WRITTEN ENTIRELY IN CHINESE, IT IS AN ONLINE RESOURCE CENTER WHICH SUPPORTS AND PROMOTES EVIDENCE-BASED BEST PRACTICE FOR EFFECTIVE IMPLEMENTATION OF TOBACCO CONTROL LAWS IN THE COUNTRY. THERE HAVE BEEN OVER 1,000 VIEWS SINCE THE SECTION WENT LIVE. WITH THE SUBGRANTEE'S SUPPORT, INDIA AND PAKISTAN MADE PROGRESS ADOPTING TOBACCO VENDOR LICENSING ORDINANCES.

IN INDIA, THE UNION AND ITS PARTNERS BUILT A ROBUST TOBACCO VENDOR LICENSING MODEL IN RANCHI AND SILIGURI, PROVIDING TECHNICAL SUPPORT TO THE CITIES' MUNICIPAL CORPORATIONS SO THEY IMPLEMENT THEIR LICENSING ORDERS. THE PILOT PROGRAM ACTIVITIES WERE COMPLETED IN RANCHI AND SILIGURI AND END LINE SURVEYS CONDUCTED BY JHU IN NOVEMBER-DECEMBER. RESULTS ARE EXPECTED IN EARLY 2023. IN PAKISTAN, SIGNIFICANT PROGRESS WAS ALSO MADE IN ESTABLISHING AND OPERATIONALIZING THE ENFORCEMENT STRUCTURES REQUIRED FOR MONITORING AND IMPLEMENTING THE LAW, FACILITATED BY CITY- AND DISTRICT-LEVEL LEADERS. THE PILOT PROGRAM ACTIVITIES WERE COMPLETED IN KARACHI AND AN END LINE SURVEY CONDUCTED BY JHU IN NOVEMBER. RESULTS ARE EXPECTED IN EARLY 2023. IN VIETNAM, A CLOSE RELATIONSHIP BETWEEN VNTCF AND THE UNION FACILITATED PROGRESS TOWARD THE ENFORCEMENT OF SMOKE-FREE REGULATIONS. THROUGHOUT THE PROJECT PERIOD, VNTCF FOCUSED ON IMPROVING ENFORCEMENT AT THE PUBLIC TRANSPORT SYSTEM IN HO CHI MIN CITY, AS WELL AS PROVIDING SUPPORT TO OTHER SUBNATIONAL JURISDICTIONS. THE UNION SUPPORTED VNTCF TO LAUNCH AND PILOT A MOBILE APP FOR REPORTING VIOLATIONS OF THE TC LAW. THE PILOT HELPED TO ENGAGE LEADERS, TRAIN ENFORCERS AND VOLUNTEERS, AND DISSEMINATE COMMUNICATION CAMPAIGNS. AFTER 6 MONTHS, THERE WERE OVER 8500 DOWNLOADS OF THE APP, AND OVER 200 REPORTS RECEIVED WITH 100%

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

FOLLOW-UP IN CLOSING REPORTS. THE UNION ALSO SUPPORTED VNTCF TO DEVELOP A MANUAL TO SCALE UP THE PILOT IN ADDITIONAL DISTRICTS.

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 \$ 42,011,349. INCLUDING GRANTS OF \$ 19,774,364. 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 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 A CONFLICT OF INTEREST POLICY WHICH ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, EMPLOYEES, INTERNS, AND VOLUNTEERS MUST REVIEW

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

UPON JOINING THE ORGANIZATION. VITAL STRATEGIES ANNUALLY MONITORS AND ENFORCES THE POLICY VIA A CONFLICT OF INTEREST DISCLOSURE FORM, WHICH ALL SUCH PERSONS MUST COMPLETE 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 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 A PERIODIC REVIEW AND APPROVAL OF THE COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE COMMITTEE ASSESSES THE REASONABLENESS OF THE COMPENSATION THROUGH THE ENGAGEMENT OF AN EXTERNAL FIRM WHO REVIEWS THE COMPENSATION IN COMPARISON TO OTHER ORGANIZATIONS. THE COMMITTEE RECOMMENDS THE TOTAL COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE BOARD FOR APPROVAL. THE DELIBERATIONS AND DECISION ARE CONTEMPORANEOUSLY DOCUMENTED.

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

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 IF THE COMPENSATION BEING PAID TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS 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 2022.

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

VITAL STRATEGIES MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

TECHNICAL/ ADMINISTRATIVE PROJECT CONSULTANTS:

| | |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES | 12,666,892. |
| MANAGEMENT AND GENERAL EXPENSES | 498,936. |
| FUNDRAISING EXPENSES | 41,300. |
| TOTAL EXPENSES | 13,207,128. |

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

PROGRAM ACTIVITIES AND SERVICES:

| | |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES | 4,782,655. |
| MANAGEMENT AND GENERAL EXPENSES | 302,251. |
| FUNDRAISING EXPENSES | 1,492. |
| TOTAL EXPENSES | 5,086,398. |

OTHER PROFESSIONAL SERVICES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 217,270. |
| MANAGEMENT AND GENERAL EXPENSES | 392,941. |
| FUNDRAISING EXPENSES | 3,912. |
| TOTAL EXPENSES | 614,123. |

PAYROLL PROCESSING:

| | |
|--|-------------|
| PROGRAM SERVICE EXPENSES | 32,119. |
| MANAGEMENT AND GENERAL EXPENSES | 25,475. |
| FUNDRAISING EXPENSES | 16. |
| TOTAL EXPENSES | 57,610. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 18,965,259. |

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

| | |
|--|----------|
| FOREIGN CURRENCY EXCHANGE LOSS | 11,493. |
| INCREASE IN PROVISION FOR UNCOLLECTIBLE GRANTS RECEIVABLE | 350,000. |
| CHANGE IN NET ASSETS OF SUBSIDIARY INCLUDED IN CONSOLIDATED FIN. STATEMENTS | 132,745. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 494,238. |

FORM 990, PART XI, LINE 2C:

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
 OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE
 PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

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 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-----------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| 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 | 2,845,923. | 1,095,484. | 99.99% | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) FONDS DE DOTATION VITAL STRATEGIES | B | 2,573,304. | COST |
| (2) VITAL STRATEGIES INDIA SERVICES PL | R | 2,816,941. | COST |
| (3) VITAL STRATEGIES INDIA SERVICES PL | M | 2,732,641. | COST |
| (4) | | | |
| (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