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PUBLIC COPY

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VITAL STRATEGIES, INC.		D Employer identification number 22-3419667
	Doing business as		E Telephone number 212-500-5724
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 75,561,492.
	100 BROADWAY, 4TH FL		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MARY-ANN ETIEBET, MD SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.VITALSTRATEGIES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1995	M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO WORK IN PARTNERSHIP TO REIMAGINE EVIDENCE-BASED, LOCALLY DRIVEN POLICIES AND		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	201
	6 Total number of volunteers (estimate if necessary)	6	19
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, 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)	103,869,249.	68,649,189.
	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)	373,327.	886,041.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	104,242,576.	69,535,230.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	87,587,289.	49,272,616.
	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)	33,671,732.	31,273,216.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,161,791.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,968,156.	29,679,256.
19 Revenue less expenses. Subtract line 18 from line 12	153,227,177.	110,225,088.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-48,984,601.	-40,689,858.
	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	142,331,793.	96,073,073.
		33,190,200.	28,229,489.
		109,141,593.	67,843,584.

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
	EVA MRUK	EVA MRUK	11/14/24		P00543254
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	PKF O'CONNOR DAVIES ADVISORY, LLC 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167	87-3231666		212-286-2600	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: VITAL STRATEGIES HELPS GOVERNMENTS STRENGTHEN THEIR PUBLIC HEALTH SYSTEMS TO CONTEND WITH THE MOST IMPORTANT AND DIFFICULT HEALTH CHALLENGES. WE DESIGN SOLUTIONS THAT CAN SCALE RAPIDLY AND IMPROVE THE LIVES OF MILLIONS OF PEOPLE. WE ARE A LEADING GLOBAL PUBLIC HEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 20,073,593. including grants of \$ 11,125,915.) (Revenue \$ 0.) TOBACCO CONTROL PROGRAMS:

VITAL STRATEGIES ACHIEVED THE FOLLOWING ACCOMPLISHMENTS AS PART OF THE BLOOMBERG FAMILY FOUNDATION INITIATIVE TO REDUCE TOBACCO USE IN 2023: - IN 2023, THE UNION/VITAL STRATEGIES TOBACCO CONTROL DIVISION CONTRIBUTED TO POLICY DEVELOPMENT, CAPACITY BUILDING AND SUSTAINABILITY EFFORTS ACROSS THE 10 BLOOMBERG INITIATIVE PRIORITY COUNTRIES, AND SEVERAL NON-PRIORITY COUNTRIES. IN ADDITION, SIGNIFICANT WORK CONTINUED AND GREW UNDER THE GLOBAL IMPLEMENTATION PROGRAM AND THE TOBACCO INDUSTRY INTERFERENCE GRANTS PROGRAM. THE UNION/VITAL STRATEGIES ALSO LAUNCHED THE CESSATION PROGRAM, WITH THE FIRST CALL FOR PROPOSALS RELEASED IN AUGUST 2023.

4b (Code:) (Expenses \$ 19,211,104. including grants of \$ 8,411,864.) (Revenue \$ 0.) DATA FOR HEALTH PROGRAMS:

VITAL STRATEGIES ACHIEVED THE FOLLOWING ACCOMPLISHMENTS AS PART OF THE BLOOMBERG FAMILY FOUNDATION DATA FOR HEALTH PROGRAM IN 2023: - 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. IN ALL, 608 CRITICAL PATH PROCESS MILESTONES WERE REPORTED ON IN THE 25 TWO-YEAR COUNTRY WORKPLANS IN THE AREAS OF BUSINESS PROCESS MAPPING AND IMPROVEMENT; MEDICAL CERTIFICATION OF CAUSE OF DEATH; ICD CODING; MEDICO-LEGAL DEATH INVESTIGATION; VERBAL AUTOPSY; AND VITAL STATISTICS PRODUCTION AND USE. OF THESE, 63% (382) WERE COMPLETED, AND 16% (98) WERE DEFERRED TO THE 2024-2025 PROJECT YEAR. PROGRESS IN LEGAL AND REGULATORY REVIEW AND REFORM WAS ALSO

4c (Code:) (Expenses \$ 18,062,204. including grants of \$ 9,626,260.) (Revenue \$ 0.) OPIOID OVERDOSE PREVENTION PROGRAM:

VITAL STRATEGIES ACHIEVED THE FOLLOWING ACCOMPLISHMENTS IN OUR PHASE 1 STATES OF MICHIGAN AND PENNSYLVANIA AS PART OF THE BLOOMBERG FAMILY FOUNDATION OPIOID OVERDOSE PREVENTION PROGRAM IN 2023:

MICHIGAN: - EVALUATION OF A HOSPITAL MOUD GRANT TECHNICAL ASSISTANCE PROGRAM FOR SOUTHEAST MICHIGAN WAS COMPLETED BY JHU PARTNERS AND JOINTLY PRESENTED TO THE MICHIGAN HOSPITAL ASSOCIATION, DEMONSTRATING EFFECTIVENESS OF THE PROJECT - SUPPORTED BY VITAL EMBEDDED STAFF, MICHIGAN ASSOCIATION OF COUNTIES

4d Other program services (Describe on Schedule O.) (Expenses \$ 40,664,992. including grants of \$ 20,108,577.) (Revenue \$ 0.)

4e Total program service expenses 98,011,893.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	20	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	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	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	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?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NJ, NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
WALLACE D'SOUZA - 212-500-5724
100 BROADWAY, 4TH FL, NEW YORK, NY 10005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.	284,755.	28,658.
(2) WALLACE D'SOUZA CFAO	40.00 0.00			X				349,622.	0.	53,137.
(3) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS	40.00 0.00				X			343,034.	0.	54,976.
(4) DANIEL KASS SVP ENVIRONMENTAL HEALTH	40.00 0.00				X			292,491.	0.	38,768.
(5) SANDRA MULLIN SVP PAC	40.00 0.00				X			286,191.	0.	27,750.
(6) PHILIP SETEL VP & DIRECTOR, CRVS	40.00 0.00					X		253,222.	0.	56,833.
(7) DANIEL SCHAEFER CTO	40.00 0.00					X		246,312.	0.	61,602.
(8) QUAN GAN DIRECTOR, TOBACCO CONTROL	40.00 0.00					X		246,311.	0.	51,851.
(9) STEPHEN HAMILL VP, PAC	40.00 0.00					X		235,726.	0.	48,499.
(10) ANDREW RENDEIRO SVP & CHIEF STRATEGY OFFICER	40.00 0.00				X			265,870.	0.	17,835.
(11) DALIAH HELLER VP, DRUG USE INITIATIVES	40.00 0.00					X		240,488.	0.	33,773.
(12) BRUCE MANDELL CHAIRPERSON	5.00 0.00	X		X				0.	0.	0.
(13) HELEN AGERUP VICE CHAIR FOR OPERATIONS	3.00 0.00	X		X				0.	0.	0.
(14) RENEE RIDZON VICE CHAIR FOR PROGRAMS	3.00 0.00	X		X				0.	0.	0.
(15) DR. RAM KOPPAKA SECRETARY	3.00 0.00	X		X				0.	0.	0.
(16) MARC SZNAJDERMAN TREASURER	4.00 0.00	X		X				0.	0.	0.
(17) DAVID A. CAPUTO TRUSTEE	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) FRANK G. COLELLA TRUSTEE	2.00 0.00	X						0.	0.	0.
(19) DR. MARY-ANN ETIEBET TRUSTEE	2.00 0.00	X						0.	0.	0.
(20) ROSLYN FEDER TRUSTEE	2.00 0.00	X						0.	0.	0.
(21) DR. LISA FITZPATRICK TRUSTEE	2.00 0.00	X						0.	0.	0.
(22) MARK FOLEY TRUSTEE	2.00 0.00	X						0.	0.	0.
(23) SCOTT HALSTEAD TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) DR. KELLY HENNING TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) DR. MASAE KAWAMURA TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) MERON MAKONNEN TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								3,061,600.	284,755.	473,682.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,061,600.	284,755.	473,682.

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 92

	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
SAFEGUARD GLOBAL, BLDG 2, CAMPION PARK, HOLMES CHAPEL, CHESHIRE, UNITED KINGDOM	EMPLOYER OF RECORD SERVICES	587,615.
THOMAS SCATTERGOOD BEHAVIORAL HEALTH, 1732A MARSH ROAD, SUITE 167, WILMINGTON, DE	PROGRAM SERVICES - OVERDOSE PREVENTION	506,900.
PROCLOZ SERVICES PRIVATE LIMITED, NAT'L HIGHWAY-8 GURGAON, 7TH FLOOR, HARYANA, INDIA	EMPLOYER OF RECORD SERVICES	442,914.
OHIO STATE UNIVERSITY, 1960 KENNY ROAD, COLUMBUS, OH 43210	DEVELOPMENT/CALIBRATION/TESTING SERVICES	277,201.
TEMPORARY STAFFING & SEARCH LLC, 44 BAKERS POINT ROAD, PORT WASHINGTON, NY 11050	TEMPORARY STAFFING SERVICES	276,359.

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 34

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	367,364.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	68,281,825.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			68,649,189.				
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)		912,303.			912,303.		
	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	6,000,000.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	6,026,262.			
			c Gain or (loss)	7c	-26,262.			
	d Net gain or (loss)			-26,262.		-26,262.		
	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			69,535,230.	0.	0.	886,041.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,073,251.	11,073,251.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	61,825.	61,825.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	38,137,540.	38,137,540.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,060,665.	1,550,699.	441,483.	68,483.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,060,812.	17,369,253.	4,933,839.	757,720.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	881,837.	658,688.	191,083.	32,066.
9 Other employee benefits	3,624,454.	2,707,287.	785,373.	131,794.
10 Payroll taxes	1,645,448.	1,229,068.	356,548.	59,832.
11 Fees for services (nonemployees):				
a Management				
b Legal	197,843.	98,951.	98,892.	
c Accounting	100,535.	50,283.	50,252.	
d Lobbying	4,093.	4,093.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,148.		23,148.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	15,442,085.	13,774,712.	1,634,803.	32,570.
12 Advertising and promotion	1,943,565.	1,930,798.	12,767.	
13 Office expenses	356,051.	178,080.	177,971.	
14 Information technology	214,016.	107,040.	106,976.	
15 Royalties				
16 Occupancy	2,325,662.	1,833,697.	450,744.	41,221.
17 Travel	5,151,511.	4,828,215.	292,280.	31,016.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	266,225.	221,559.	44,457.	209.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	201,972.	4,181.	197,791.	
23 Insurance	247,982.	2,702.	245,280.	
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	1,440,232.	1,156,332.	282,998.	902.
b SUBSCRIPTIONS AND FEES	1,095,444.	879,232.	215,526.	686.
c TRAINING AND RECRUITMEN	318,740.	71,287.	244,751.	2,702.
d PROJECT SUPPLIES/EQUIP.	211,314.	82,768.	125,956.	2,590.
e All other expenses	138,838.	352.	138,486.	
25 Total functional expenses. Add lines 1 through 24e	110,225,088.	98,011,893.	11,051,404.	1,161,791.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,885,922.	1	14,359,283.
	2 Savings and temporary cash investments	26,607,566.	2	13,282,825.
	3 Pledges and grants receivable, net	71,125,915.	3	34,916,666.
	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	834,184.	9	940,205.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,607,340.		
	b Less: accumulated depreciation	10b 1,659,043.	10c	948,297.
	11 Investments - publicly traded securities	11,675,433.	11	8,033,310.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	244,290.	13	355,675.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	25,797,765.	15	23,236,812.
16 Total assets. Add lines 1 through 15 (must equal line 33)	142,331,793.	16	96,073,073.	
Liabilities	17 Accounts payable and accrued expenses	5,814,380.	17	4,935,769.
	18 Grants payable	3,193,999.	18	234,302.
	19 Deferred revenue	0.	19	606,602.
	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	24,181,821.	25	22,452,816.
	26 Total liabilities. Add lines 17 through 25	33,190,200.	26	28,229,489.
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	-824,091.	27	2,004,392.
	28 Net assets with donor restrictions	109,965,684.	28	65,839,192.
	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	109,141,593.	32	67,843,584.
33 Total liabilities and net assets/fund balances	142,331,793.	33	96,073,073.	

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	69,535,230.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,225,088.
3	Revenue less expenses. Subtract line 2 from line 1	3	-40,689,858.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109,141,593.
5	Net unrealized gains (losses) on investments	5	184,269.
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	-792,420.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	67,843,584.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	218901094	180721926	108771648	103869249	68649189.	680913106
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	218901094	180721926	108771648	103869249	68649189.	680913106
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)						379412655
6 Public support. Subtract line 5 from line 4.						301500451

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	218901094	180721926	108771648	103869249	68649189.	680913106
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	777,683.	491,764.	354,367.	599,789.	912,303.	3135906.
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.)	41,947.		1,645.			43,592.
11 Total support. Add lines 7 through 10						684092604
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 2023 (line 6, column (f), divided by line 11, column (f))	14	44.07 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	49.56 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

2019 AMOUNT: \$ 41,947.

2021 AMOUNT: \$ 1,645.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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>58,670,162.</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>3,349,836.</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>3,381,541.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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)	4,287.													
c Total lobbying expenditures (add lines 1a and 1b)	4,287.													
d Other exempt purpose expenditures	109027112.													
e Total exempt purpose expenditures (add lines 1c and 1d)	109031399.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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) 2020	(b) 2021	(c) 2022	(d) 2023	(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	122,421.	208,153.	31,851.	4,287.	366,712.
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.	

Schedule C (Form 990) 2023

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)).

Table with 4 columns: Question, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 4 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 4 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include questions about dues, lobbying expenditures, and taxable amounts.

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.

Blank lines for providing supplemental 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

2023

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 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: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included on line 2a, d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register; 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? (Yes/No); 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 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.

Table with 2 columns: \$. Rows include: 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.; 1b 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) 2023

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 in Part XIII

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,348,380.	726,293.	622,087.
d Equipment		1,258,960.	932,750.	326,210.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				948,297.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	1,713,446.
(2) RIGHT-OF-USE ASSET	21,165,730.
(3) OTHER RECEIVABLES	357,636.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	23,236,812.

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	22,452,816.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	22,452,816.

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	74,407,692.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	184,269.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	6,188,193.	
e	Add lines 2a through 2d	2e		6,372,462.
3	Subtract line 2e from line 1	3		68,035,230.
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	1,500,000.	
c	Add lines 4a and 4b	4c		1,500,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		69,535,230.

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	115,705,701.
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	5,708,061.	
e	Add lines 2a through 2d	2e		5,708,061.
3	Subtract line 2e from line 1	3		109,997,640.
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	227,448.	
c	Add lines 4a and 4b	4c		227,448.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		110,225,088.

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 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITY	3,288,193.
FORGIVENESS OF GRANTS PAYABLE FROM FUNDER	2,900,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,188,193.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF GRANT FUNDS 1,500,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION LOSS 390.

INCREASE IN PROVISION FOR NON-REIMBURSABLE EXPENSES 425,146.

TRANSFER OF GRANT FUNDS 1,500,000.

FORGIVNESS OF DUE FROM THE UNION 760,000.

FORGIVENESS OF GRANT ACTIVITY FROM THE UNION 2,845,567.

EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY 176,958.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 5,708,061.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PRIOR YEAR GRANTS 227,448.

**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

2023

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		5,316,827.
SOUTH ASIA	0	0	GRANTMAKING		914,161.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		9,521,812.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		73,317.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		14,388,321.
NORTH AMERICA	0	0	GRANTMAKING		1,676,684.
SOUTH AMERICA	0	0	GRANTMAKING		6,246,417.
SUB-SAHARAN AFRICA	1	40	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, DATA DRIVEN HEALTH POLICY, ENVIRONMENTAL HEALTH,	383,887.
3 a Subtotal	1	40			38,521,426.
b Total from continuation sheets to Part I	1	145			2,469,642.
c Totals (add lines 3a and 3b)	2	185			40,991,068.

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	1	58	PROGRAM SERVICES	DATA FOR HEALTH, RESOLVE, ROAD SAFETY, AND TOBACCO CONTROL.	834,213.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	11	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, DATA DRIVEN HEALTH POLICY, PARTNERSHIP FOR HEALTHY	362,944.
NORTH AMERICA	0	30	PROGRAM SERVICES	DATA FOR HEALTH, MAYORS CHALLENGE REPLICATION, OVERDOSE PREVENTION (OPIOID), ROAD SAFETY,	454,237.
SOUTH AMERICA	0	31	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, ENVIRONMENTAL HEALTH, OBESITY PREVENTION & FOOD	304,022.
SOUTH ASIA	0	13	PROGRAM SERVICES	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, AND	501,807.
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	PARTNERSHIP FOR HEALTHY CITIES AND TOBACCO CONTROL	12,419.
Totals	1	145			2,469,642.

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	STREAM TB AND TOBACCO CONTROL	7951620.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	COUNTRY HEALTH INFORMATION SYSTEMS AND DATA USE (CHISU), DATA FOR HEALTH, DATA	6599817.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, AND M&G	3283060.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL, DATA FOR HEALTH - VITAL BRAZIL, DATA FOR HEALTH, INJURY	2938469.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OBESITY PREVENTION & FOOD POLICY	1865000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, RESOLVE, TOBACCO CONTROL, & TOBACCO CONTROL NON MASS	1840073.	WIRE TRANSFER	0.		
		EUROPE	STREAM TB	1114617.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	1025000.	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 88

3 Enter total number of other organizations or entities 100

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)
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	520,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL, OBESITY PREVENTION & FOOD POLICY, AND PARTNERSHIP FOR	506,231.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	318,970.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	277,411.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES AND ROAD SAFETY	263,971.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	251,422.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	230,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	228,471.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	220,000.	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	DATA FOR HEALTH	214,200.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	200,000.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	191,309.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	188,879.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH AND DATA DRIVEN HEALTH POLICY	178,259.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	166,297.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	165,000.	WIRE TRANSFER	0.		
		EUROPE	STREAM TB	158,698.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	152,587.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	150,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	150,000.	WIRE TRANSFER	0.		
		EUROPE	STREAM TB	146,113.	WIRE TRANSFER	0.		
		EUROPE	OBESITY PREVENTION & FOOD POLICY	143,431.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OBESITY PREVENTION & FOOD POLICY	137,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	134,424.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	122,823.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	110,751.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	106,129.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	95,973.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL	91,346.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	90,101.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	89,985.	WIRE TRANSFER	0.		
		NORTH AMERICA	DATA FOR HEALTH	87,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	84,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	80,871.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	80,300.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESET ALCOHOL	80,289.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL	78,115.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	73,953.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL AND PARTNERSHIP FOR HEALTHY CITIES	72,129.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	71,431.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	70,640.	WIRE TRANSFER	0.		
		EUROPE	OBESITY PREVENTION & FOOD POLICY	69,936.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA DRIVEN HEALTH POLICY	69,355.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	68,016.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	67,650.	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	67,367.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL AND TOBACCO CONTROL NON MASS MEDIA	67,096.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	64,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	63,620.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	62,334.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	61,060.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	60,000.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	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	DATA FOR HEALTH	60,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL AND TOBACCO CONTROL NON MASS MEDIA	57,034.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	56,937.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	56,333.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	56,215.	WIRE TRANSFER	0.		
		EUROPE	OBESITY PREVENTION & FOOD POLICY	55,326.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL	55,288.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	PARTNERSHIP FOR HEALTHY CITIES	54,800.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	52,620.	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	RESET ALCOHOL	52,500.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	52,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	51,510.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	49,994.	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	49,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	49,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	47,525.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL AND M&G GRANTS	46,270.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	45,077.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	45,000.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	44,405.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESET ALCOHOL	44,040.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	44,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	43,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	43,256.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	42,139.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	42,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	42,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	41,300.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	39,900.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	39,150.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	39,032.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	39,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	38,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	37,589.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	36,466.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	35,325.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	34,789.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL	34,758.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	34,473.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	34,431.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	33,531.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	33,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	32,868.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	32,555.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	31,098.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	30,720.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	30,648.	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	TOBACCO CONTROL NON MASS MEDIA	30,209.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	30,153.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	30,000.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	29,909.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	29,569.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	28,715.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	28,504.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	28,416.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	28,308.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB AND OTHER PROGRAMS	27,628.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	26,601.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	26,238.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	26,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	25,636.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	25,507.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	25,130.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	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)
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	25,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	25,000.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	24,981.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	24,072.	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	23,354.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	23,173.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	21,825.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	21,486.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	21,153.	WIRE TRANSFER	0.		
		EUROPE	STREAM TB	20,965.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	20,572.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	20,002.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	20,000.	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	REGISTRATION EQUALITY	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	19,785.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	19,714.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	19,205.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL	18,870.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	18,446.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	17,999.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	17,506.	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	TOBACCO CONTROL NON MASS MEDIA	17,239.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	16,987.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	16,929.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL	15,839.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	14,940.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	14,882.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OBESITY PREVENTION & FOOD POLICY	14,156.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	13,350.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	13,200.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	13,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	PARTNERSHIP FOR HEALTHY CITIES	12,936.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	12,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	12,053.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	11,963.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	10,000.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	10,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	9,402.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	7,730.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	7,499.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	7,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	6,994.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STREAM TB	6,588.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	6,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	PARTNERSHIP FOR HEALTHY CITIES	5,581.	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	9,454.	WIRE TRANSFER	0.		
OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES	SOUTH AMERICA	3	29,162.	WIRE TRANSFER	0.		
OBESITY PREVENTION & FOOD POLICY	EUROPE (INCLUDING ICELAND & GREENLAND)	2	69,077.	WIRE TRANSFER	0.		
PARTNERSHIP FOR HEALTHY CITIES	SOUTH ASIA	2	370.		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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

THE DIRECT MANAGEMENT OF FUNDS IS THE RESPONSIBILITY OF THE PROGRAM OFFICERS AND GRANTS MANAGER FOR THE RESPECTIVE CONTRACT OR AGREEMENT. ALL GRANTS MANAGERS REVIEW COMPLETION OF SCOPE OF WORK DELIVERABLES VIA EMAIL FOLLOW-UP 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: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: RESET ALCOHOL, DATA FOR HEALTH, DATA DRIVEN HEALTH POLICY, ENVIRONMENTAL HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, AND RESOLVE MEDIA CAMPAIGNS.

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: RESET ALCOHOL, DATA FOR HEALTH, DATA DRIVEN HEALTH POLICY, PARTNERSHIP FOR HEALTHY CITIES, AND TOBACCO CONTROL.

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DATA FOR HEALTH, MAYORS CHALLENGE REPLICATION, OVERDOSE PREVENTION (OPIOID), ROAD SAFETY, AND TOBACCO CONTROL

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: RESET ALCOHOL, DATA FOR

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.

HEALTH, ENVIRONMENTAL HEALTH, OBESITY PREVENTION & FOOD POLICY,

PARTNERSHIP FOR HEALTHY CITIES, AND ROAD SAFETY

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DATA FOR HEALTH, ENVIRONMENTAL HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, AND TOBACCO CONTROL

PART II, COLUMN (D):

(D) PURPOSE OF GRANT: COUNTRY HEALTH INFORMATION SYSTEMS AND DATA USE (CHISU), DATA FOR HEALTH, DATA DRIVEN HEALTH POLICY, ENVIRONMENTAL HEALTH, OTHER PROGRAMS, OVERDOSE PREVENTION (OPIOID), PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, STREAM TB, USAID BEBAS-TB, TOBACCO CONTROL, TOBACCO CONTROL NON MASS MEDIA, AND M&G GRANTS

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

(D) PURPOSE OF GRANT: RESET ALCOHOL, DATA FOR HEALTH - VITAL BRAZIL, DATA FOR HEALTH, INJURY PREVENTION AND PUBLIC HEALTH SYSTEMS - BRAZIL, MAYOR'S CHALLENGE, OBESITY PREVENTION & FOOD POLICY, OTHER PROGRAMS, PARTNERSHIP FOR HEALTHY CITIES, C4:FOOD POLICY PROGRAM, RESOLVE, ROAD SAFETY, RESOLVE MEDIA CAMPAIGNS, TOBACCO CONTROL, AND M&G GRANTS

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

(D) PURPOSE OF GRANT: RESET ALCOHOL, OBESITY PREVENTION & FOOD POLICY,

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.

AND PARTNERSHIP FOR HEALTHY CITIES

Multiple horizontal lines for supplemental information.

**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

2023

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
NORTH CAROLINA COMMUNITY FOUNDATION, INC. - 3737 GLENWOOD AVE - RALEIGH, NC 27612	58-1661700	501(C)(3)	1,527,717.	0.			OVERDOSE PREVENTION (OPIOID)
NONPROFIT ENTERPRISE AT WORK, INC. 1100 N MAIN ST ANN ARBOR, MI 48104	38-2825019	501(C)(3)	637,844.	0.			OVERDOSE PREVENTION (OPIOID)
LEGAL ACTION OF WISCONSIN 633 W WISCONSIN AVE MILWAUKEE, WI 53203	39-1077192	501(C)(3)	362,267.	0.			OVERDOSE PREVENTION (OPIOID)
DISABILITY RIGHTS NORTH CAROLINA 3724 NATIONAL DRIVE RALEIGH, NC 27612	56-1243369	501(C)(3)	330,000.	0.			OVERDOSE PREVENTION (OPIOID)
VOICES OF HOPE - LEXINGTON, INC. 450 OLD VINE STREET, SUITE 101 LEXINGTON, KY 40509	81-0821411	501(C)(3)	323,758.	0.			OVERDOSE PREVENTION (OPIOID)
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)	302,940.	0.			OVERDOSE PREVENTION (OPIOID)

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 72.
- 3 Enter total number of other organizations listed in the line 1 table 4.

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

Schedule I (Form 990) 2023

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
THE UNITED NATIONS POPULATION FUND 609 3RD AVENUE NEW YORK, NY 10158	58-2106707	501(C)(3)	286,524.	0.			DATA FOR HEALTH
REMEDY ALLIANCE, INC 2930 SHATTUCK AVE BERKELEY, CA 94705	87-3486445	501(C)(3)	277,463.	0.			OVERDOSE PREVENTION (OPIOID)
DREAM CORPS/DREAM.ORG 436 14TH ST., SUITE 920 OAKLAND, CA 94612	26-1140201	501(C)(3)	270,796.	0.			OVERDOSE PREVENTION (OPIOID)
NEWARK COMMUNITY STREET TEAM, INC. 915 S 16TH STREET NEWARK, NJ 07108	82-1719128	501(C)(3)	260,368.	0.			OVERDOSE PREVENTION (OPIOID)
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612	37-6000511	501(C)(3)	252,169.	0.			RESET ALCOHOL
BLACK LIVES MATTER PATERSON 427 CROOKS AVE APARTMENT B3 PATERSON, NJ 07503	85-1515179	501(C)(3)	252,042.	0.			OVERDOSE PREVENTION (OPIOID)
RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD, 2ND FLOOR EA PISCATAWAY, NJ 08854	22-6001086		250,001.	0.			OVERDOSE PREVENTION (OPIOID)
WELLNESS AIDS SERVICES, INC 311 E. COURT ST. FLINT, MI 48502	38-2674052		250,000.	0.			OVERDOSE PREVENTION (OPIOID)
CONNECTICUT HARM REDUCTION ALLIANCE - 28 GRAND ST. - HARTFORD, CT 06106	47-4312705		215,090.	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
HARM REDUCTION MICHIGAN 867 EAST 8TH STREET TRAVERSE CITY, MI 49686	81-2744973	501(C)(3)	206,438.	0.			OVERDOSE PREVENTION (OPIOID)
NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATION - 660 NORTH CAPITOL STREET NW, SUITE 400 - WASHINGTON, DC 20001	53-0241255	501(C)(3)	200,000.	0.			OVERDOSE PREVENTION (OPIOID)
DETROIT JUSTICE CENTER 1420 WASHINGTON BLVD. DETROIT, MI 48226	82-2295339	501(C)(3)	200,000.	0.			OVERDOSE PREVENTION (OPIOID)
KENTUCKY HARM REDUCTION COALITION 721 SOUTH BROOK ST LOUISVILLE, KY 40203	47-2915414	501(C)(3)	193,255.	0.			OVERDOSE PREVENTION (OPIOID)
BAD RIVER TRIBE 72682 MAPLE STREET (P.O. BOX 39) ODANAH, WI 54861-0039	39-1178897	STATE OF WI	191,607.	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)	190,979.	0.			DATA FOR HEALTH AND TOBACCO CONTROL NON MASS MEDIA
FEED LOUISVILLE 2005 DOUGLASS BLVD, FEED LOUISVILLE LOUISVILLE, KY 40205	87-4508530	501(C)(3)	178,220.	0.			OVERDOSE PREVENTION (OPIOID)
SAMAD'S HOUSE 2875 NORTH 23RD STREET MILWAUKEE, WI 53206	83-3780507	501(C)(3)	169,243.	0.			OVERDOSE PREVENTION (OPIOID)
KENTUCKY EQUAL JUSTICE CENTER 201 W. SHORT STREET LEXINGTON, KY 40507	61-0909545	501(C)(3)	163,000.	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
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501(C)(3)	155,644.	0.			OVERDOSE PREVENTION (OPIOID)
CLINTON HEALTH ACCESS INITIATIVE, INC - 383 DORCHESTER AVENUE - BOSTON, MA 02127	27-1414646	501(C)(3)	150,461.	0.			DATA FOR HEALTH
ANSWER DETROIT, A PROJECT OF THE WORKERS CENTER FOR RACIAL JUSTICE - 2243-2245 E. 71ST STREET - CHICAGO, IL 60649	45-4461853	501(C)(3)	148,900.	0.			OVERDOSE PREVENTION (OPIOID)
NEW MEXICO HARM REDUCTION COLLABORATIVE INC. - 812 LOMA VISTA DR NE - ALBUQUERQUE, NM 87106	86-1990328	501(C)(3)	143,427.	0.			OVERDOSE PREVENTION (OPIOID)
PENNSYLVANIA HARM REDUCTION NETWORK - 7201 FRANKFORD AVE #950 - PHILADELPHIA, PA 19135	18-9769228		130,157.	0.			OVERDOSE PREVENTION (OPIOID)
BROWN UNIVERSITY 69 BROWN STREET PROVIDENCE, RI 02906	05-0258809	501(C)(3)	124,000.	0.			OVERDOSE PREVENTION (OPIOID)
NEXT HARM REDUCTION 22 WEST 27TH STREET 5TH FLOOR NEW YORK, NY 10001	83-1333112	501(C)(3)	110,541.	0.			OVERDOSE PREVENTION (OPIOID)
SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION - 3011 W. GRAND BOULEVARD, SUITE 200 - DETROIT, MI 48202	38-1671500	501(C)(3)	108,774.	0.			OVERDOSE PREVENTION (OPIOID)
VOICES OF COMMUNITY ACTIVISTS & LEADERS (VOCAL-NY), INC. - 300 DOUGLASS ST - BROOKLYN, NY 11217	13-4094385	501(C)(3)	100,165.	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
CAMDEN AREA HEALTH EDUCATION CENTER, INC. - 514 COOPER STREET - CAMDEN, NJ 08102	22-2358827	501(C)(3)	100,001.	0.			OVERDOSE PREVENTION (OPIOID)
DOWNTOWN EVENING SOUP KITCHEN, INC. - PO BOX 1478 - NEW HAVEN, CT 06511	22-2985448	501(C)(3)	100,000.	0.			OVERDOSE PREVENTION (OPIOID)
PAN AMERICAN HEALTH ORGANIZATION - PAHO - 525 23RD ST NW - WASHINGTON, DC 20037	52-1804954	501(C)(3)	100,000.	0.			DATA FOR HEALTH
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - PO BOX 80872 - ALBUQUERQUE, NM 87198	39-2076744	501(C)(3)	95,070.	0.			OVERDOSE PREVENTION (OPIOID)
DONA ANA COUNTY 845 N. MOTEL BLVD. LAS CRUCES, NM 88007	85-6000281	STATE OF NM	93,004.	0.			OVERDOSE PREVENTION (OPIOID)
DEDICATED OUTREACH & PREVENTION EDUCATION (D.O.P.E.) SERVICES - 1258 ORTIZ STR. SE #308 - ALBUQUERQUE, NM 87108	82-2367310	501(C)(3)	89,628.	0.			OVERDOSE PREVENTION (OPIOID)
PA GROUNDHOGS 910 S FAIRHILL STREET PHILADELPHIA, PA 19147	51-0166741		86,998.	0.			OVERDOSE PREVENTION (OPIOID)
PROJECT SAFE 1940 E. LEHIGH AVE. PHILADELPHIA, PA 19125	91-1435394	501(C)(3)	83,705.	0.			OVERDOSE PREVENTION (OPIOID)
SAVAGE SISTERS RECOVERY, INC. 187 MEREDITH AVE BRYN MAWR, PA 19010	85-1404597	501(C)(3)	82,800.	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
OPERATION IN MY BACK YARD 3356 AGATE ST PHILADELPHIA, PA 19134	82-5527661	501(C)(3)	82,750.	0.			OVERDOSE PREVENTION (OPIOID)
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	79,254.	0.			OBESITY PREVENTION & FOOD POLICY
THE CENTER FOR DISEASE DYNAMICS, ECONOMICS & POLICY, INC - 5636 CONNECTICUT AVE NW PO BOX 42735 - WASHINGTON, DC 20015	27-3235008	501(C)(3)	75,000.	0.			TOBACCO CONTROL
PROCEED, INC. (PUERTO RICAN ORGANIZATION FOR COMMUNITY EDUCATION AND ECONOMIC DE - 1126 DICKINSON STREET - ELIZABETH, NJ	22-2088378	501(C)(3)	75,000.	0.			OVERDOSE PREVENTION (OPIOID)
RUBY'S VISION 305 BROADWAY PATERSON, SUITE #2 PATERSON, NJ 07501	82-1921251	501(C)(3)	73,361.	0.			OVERDOSE PREVENTION (OPIOID)
REBALANCED-LIFE WELLNESS ASSOCIATION - 143 MARCIE DRIVE - BROOKLYN, WI 53521	82-4133284	501(C)(3)	72,369.	0.			OVERDOSE PREVENTION (OPIOID)
CHOSEN GENERATION COMMUNITY CORPORATION - 147 MONTGOMERY STREET - PATERSON, NJ 07501	51-0484547	501(C)(3)	72,000.	0.			OVERDOSE PREVENTION (OPIOID)
SHILO NJ A NJ NON-PROFIT CORPORATION - 3 SKILES AVE P.O.BOX 934 - PISCATAWAY, NJ 08855	87-1030570	501(C)(3)	71,250.	0.			OVERDOSE PREVENTION (OPIOID)
IMPERFECT VILLAGE 3006 GREENWOOD COURT MOUNT LAUREL MOUNT LAUREL, NJ 08054	86-3769089	501(C)(3)	69,687.	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
AVIGO HEALTH LLC 1717 PENNSYLVANIA AVE, NW STE 1025 WASHINGTON, DC 20006	81-4072941		69,201.	0.			DATA FOR HEALTH
SOLUTIONS RECOVERY, INC. 621 EVANS STREET OSHKOSH, WI 54901	39-2039973	501(C)(3)	64,286.	0.			OVERDOSE PREVENTION (OPIOID)
MONTCLAIR STATE UNIVERSITY FOUNDATION, INC. - 1 NORMAL AVE - MONTCLAIR, NJ 07043	22-6017209	501(C)(3)	60,000.	0.			OVERDOSE PREVENTION (OPIOID)
PENNSYLVANIA INSTITUTIONAL LAW PROJECT - 718 ARCH STREET - PHILADELPHIA, PA 19106	23-2811857		60,000.	0.			OVERDOSE PREVENTION (OPIOID)
END HEP C SF (EHCSF)- (SAN FRANCISCO PUBLIC HEALTH FOUNDATION) - 1 HALLIDIE PLZ STE 808 - SAN FRANCISCO, CA 94102	94-3117093	501(C)(3)	56,612.	0.			PARTNERSHIP FOR HEALTHY CITIES
RUTH ELLIS CENTER INC 77 VICTOR STREET, HIGHLAND PARK DETROIT, MI 48203	38-3501697	501(C)(3)	55,241.	0.			OVERDOSE PREVENTION (OPIOID)
HOLLER HARM REDUCTION 1685 NC 213 UNIT 4 MARSHALL, NC 28753	85-2949706	501(C)(3)	55,000.	0.			OVERDOSE PREVENTION (OPIOID)
STUDENTS FOR SENSIBLE DRUG POLICY 2370 CHAMPLAIN ST. NW SUITE 12 WASHINGTON D.C., WA 20009	52-2296291	501(C)(3)	50,625.	0.			OVERDOSE PREVENTION (OPIOID)
COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 333 WEST FORT STREET, SUITE 2010 - DETROIT, MI 48226	38-2530980	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
THE COLLEGE OF NEW JERSEY 2000 PENNINGTON ROAD NEW JERSEY, NJ 08628	22-2797398	501(C)(3)	47,722.	0.			OVERDOSE PREVENTION (OPIOID)
PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION - 4061 POWDER MILL ROAD, SUITE 350 - BELTSVILLE, MD 20705	94-2243283	501(C)(3)	46,787.	0.			OVERDOSE PREVENTION (OPIOID)
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, SUITE 403 NEW HAVEN, CT 06513	06-0646761	501(C)(3)	35,480.	0.			OVERDOSE PREVENTION (OPIOID)
CENTER FOR PUBLIC HEALTH LAW RESEARCH AT TEMPLE UNIVERSITY BEASLEY SCHOOL OF LAW - 1819 NORTH BROAD STREET, SUITE 300, BARRACK	23-1365971	501(C)(3)	34,332.	0.			OVERDOSE PREVENTION (OPIOID)
CORPORATE ACCOUNTABILITY 10 MILK ST. SUITE 610 BOSTON, MA 02108	41-1322686	501(C)(3)	30,013.	0.			TOBACCO CONTROL NON MASS MEDIA
UNC INJURY PREVENTION RESEARCH CENTER (IPRC) OPIOID DATA LAB - 104 AIRPORT DRIVE SUITE 2200 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	29,639.	0.			OVERDOSE PREVENTION (OPIOID)
CENTER FOR NEIGHBORHOOD TECHNOLOGY 17 N STATE ST, STE 1400 CHICAGO, IL 60602	36-2967283	501(C)(3)	25,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
WESTCARE WISCONSIN, INC. 335 W WRIGHT ST MILWAUKEE, WI 53209	45-4459342	501(C)(3)	25,000.	0.			OVERDOSE PREVENTION (OPIOID)
NEW JERSEY RESOURCE PROJECT 128 BARTLETT AVE WEST CREEK, NJ 08092	81-1914235	501(C)(3)	22,613.	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
PROJECT ON ORGANIZING, DEVELOPMENT, EDUCATION AND RESEARCH (PODER) - PO BOX 2086 - NEW YORK, NY 10013	27-1732776	501(C)(3)	18,008.	0.			TOBACCO CONTROL NON MASS MEDIA
QUINTILES (IQVIA) 4820 EMPEROR BOULEVARD DURHAM, NC 27703	56-1323952		15,899.	0.			STREAM TB
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES - 235 S. GRAND AVE, SUITE 800, FEDERAL REPORTING - LANSING, MI 48933	38-6000134	STATE OF MI	15,200.	0.			OVERDOSE PREVENTION (OPIOID)
BASIC HEALTH INTERNATIONAL, INC. 6425 LIVING PLACE SUITE 200 PITTSBURGH, PA 15206	20-3408717	501(C)(3)	12,800.	0.			DATA FOR HEALTH
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC - 1337 S CESAR E CHAVEZ DR - MILWAUKEE, WI 53204	39-1180475	501(C)(3)	12,595.	0.			OVERDOSE PREVENTION (OPIOID)
UNIVERSITY OF NORTH CAROLINA ADDICTION MEDICINE PROGRAM (UNC AMP) - 384 MEDICAL SCHOOL WING D, CB#7160 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	8,363.	0.			OVERDOSE PREVENTION (OPIOID)
NEW YORK UNIVERSITY (NYU GROSSMAN SCHOOL OF MEDICINE) - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)(3)	5,670.	0.			OBESITY PREVENTION & FOOD POLICY

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	1	61,825.	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/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

2023

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		

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

Schedule J (Form 990) 2023

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.	12,120.	16,538.	330,991.	0.
	(ii)	284,755.	0.	0.	0.	0.	284,755.	0.
(2) WALLACE D'SOUZA CFAO	(i)	327,992.	0.	21,630.	13,200.	39,937.	402,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS	(i)	324,050.	0.	18,984.	13,200.	41,776.	398,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL KASS SVP ENVIRONMENTAL HEALTH	(i)	269,991.	0.	22,500.	11,890.	26,878.	331,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SANDRA MULLIN SVP PAC	(i)	267,191.	0.	19,000.	11,533.	16,217.	313,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PHILIP SETEL VP & DIRECTOR, CRVS	(i)	253,222.	0.	0.	10,537.	46,296.	310,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL SCHAEFER CTO	(i)	246,312.	0.	0.	10,458.	51,144.	307,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) QUAN GAN DIRECTOR, TOBACCO CONTROL	(i)	246,311.	0.	0.	10,152.	41,699.	298,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHEN HAMILL VP, PAC	(i)	235,726.	0.	0.	9,643.	38,856.	284,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANDREW RENDEIRO SVP & CHIEF STRATEGY OFFICER	(i)	265,870.	0.	0.	10,838.	6,997.	283,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DALIAH HELLER VP, DRUG USE INITIATIVES	(i)	240,488.	0.	0.	9,291.	24,482.	274,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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.

Multiple horizontal lines for providing 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

2023

Open to Public
Inspection

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

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

PRACTICES TO ADVANCE PUBLIC HEALTH.

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

ORGANIZATION AND A TRUSTED PARTNER OF GOVERNMENTS AND CIVIL SOCIETY
ORGANIZATIONS AROUND THE WORLD.

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

- IN 2023, THE UNION/VITAL TCD STOP TEAM SUCCESSFULLY REBRANDED THE
STOP GRANTS PROGRAM AS THE TOBACCO INDUSTRY INTERFERENCE (TII) GRANTS
PROGRAM. THE FIRST OPEN CALL FOR PROPOSALS WAS LAUNCHED ALONGSIDE
ROUNDS 33/34 OF THE BI GRANTS PROGRAM. THE TEAM RECEIVED 116
APPLICATIONS AND FINALIZED 19 NEW GRANTS IN 2023. THE UNION/VITAL TCD
TEAM ALSO COLLABORATED WITH BI PARTNERS THROUGHOUT THE YEAR TO PRODUCE
AND ADAPT A VARIETY OF STOP OUTPUTS, INCLUDING ADAPTING REPORTS,
CONTRIBUTING TO TOBACCO TACTICS PAGES, AND TRANSLATING AND DISTRIBUTING
INFORMATION TO COUNTRY TEAMS. THE TEAM EXPANDED MONITORING EFFORTS,
ESTABLISHING A BI PARTNER-WIDE MONITORING SYSTEM, AND UTILIZED
MONITORING TO FACILITATE ACTIONS TO COUNTER INDUSTRY ACTIVITY AT THE
COUNTRY LEVEL.

- THE GLOBAL IMPLEMENTATION PROGRAM EXPANDED SUPPORT TO 12 NEW
JURISDICTIONS IN 2023, BRINGING THE TOTAL TO 24 CITIES/DISTRICTS ACROSS
FIVE COUNTRIES. COLLECTIVELY THE CITIES AND DISTRICTS HELD 34
COORDINATION MEETINGS, ISSUED 42 DIRECTIVES, TRAINED 3,000
STAKEHOLDERS, DISTRIBUTED 24,000 NO SMOKING SIGNS AND INSPECTED 20,000

VENUES AND RETAILERS. THE TOBACCO CONTROL IMPLEMENTATION HUB RECEIVED

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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OVER 13,000 VIEWS, BRINGING THE TOTAL TO 46,000 VIEWS FROM 152 COUNTRIES SINCE ITS LAUNCH IN 2021. TWO WEBINARS WERE HELD SHARING BEST PRACTICES WITH 300 PARTICIPANTS.

- IN 2023, THE CESSATION PROGRAM LAUNCHED WITH PRIORITY COUNTRY SITUATIONAL ASSESSMENTS, A LITERATURE REVIEW ON BEST CESSATION PRACTICES, AND AN EXPERT PANEL MEETING EARLY IN THE YEAR TO PREPARE THE PROGRAM WITH A FORMAL LAUNCH. THE CESSATION PROGRAM COORDINATED CLOSELY WITH WHO PARTNERS TO ALIGN CESSATION WORK AND INITIATED PLANS TO DEVELOP GUIDANCE MATERIALS, WHICH WILL BE COMPLETED IN 2024. ADDITIONALLY, THE CESSATION PROGRAM IDENTIFIED THREE CONSULTANTS TO SUPPORT VITAL STRATEGIES COUNTRY TEAMS AND PARTNERS BY PROVIDING TECHNICAL ASSISTANCE AND BOLSTERING THE SUSTAINABLE DEVELOPMENT OF EACH COUNTRY'S CESSATION SERVICES. TO FURTHER SUPPORT SUSTAINABLE DEVELOPMENT OF SERVICES, VITAL STRATEGIES STARTED WORKING WITH UNDP TO DEVELOP INVESTMENT CASES FOR FOUR COUNTRIES, VIETNAM, MEXICO, INDONESIA, AND PHILIPPINES, TO BE USED TO ADVOCATE FOR CESSATION FUNDING AND SUPPORT. THROUGHOUT THE YEAR VITAL STRATEGIES SUPPORTED SIX COUNTRIES TO DEVELOP CESSATION GRANT PROPOSALS IN INDIA, CHINA, INDONESIA, VIETNAM, MEXICO AND UKRAINE. FINALLY, THE CESSATION PROGRAM FORMALLY LAUNCHED IN LATE AUGUST 2023 WITH ROUND 34 OF THE BI GRANTS PROGRAM. THIS GRANT ROUND WAS OPEN TO THE 10 BI PRIORITY COUNTRIES, FOCUSED ON LONGER TERM GRANTS (12-24 MONTHS) WITH BUDGETS UP TO 400K USD, PROPOSALS WERE ACCEPTED FROM PAKISTAN AND INDIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: UNDERTAKEN IN 22 OF 25 COUNTRIES. TWELVE COUNTRIES RECEIVED BUDGET ADVOCACY SUPPORT DURING THE YEAR INCLUDING SUPPORT FOR COSTING AND RESOURCE ALLOCATION IN BANGLADESH AND FOR LAYING THE GROUNDWORK FOR A

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SUSTAINABLE ICD CODING UNIT IN VIET NAM. EIGHT COUNTRIES INCLUDED CIVIL SOCIETY ORGANIZATION (CSO) ADVOCACY IN THEIR TWO-YEAR WORKPLANS, WITH WORK UNDERWAY IN THREE COUNTRIES (PHILIPPINES, UGANDA, AND ZAMBIA). LASTLY, 24 COUNTRIES PLANNED 111 SEPARATE CRVS BUSINESS PROCESSES, AND CREATED NEW OR IMPROVED BUSINESS PROCESS MAPS FOR THEM. OF THESE, MAPPING OF AT LEAST AS-IS PROCESS MAPS HAD BEEN COMPLETED IN 81% OF COUNTRIES. TWENTY-FOUR COUNTRIES (INCLUDING THREE STATES IN INDIA AND FOUR CHINESE PROVINCES) HAVE EITHER ADOPTED OR ADOPTED AND INSTITUTIONALIZED THE USE OF THE WHO STANDARD MEDICAL CERTIFICATE OF CAUSE OF DEATH (MCCD) FORM, WHILE 82% (129) OF 158 PLANNED CRITICAL MILESTONES IN ICD CODING WERE COMPLETED AND INSTITUTIONALIZED, OR ON TRACK FOR COMPLETION BY THE END OF THE PROJECT YEAR.

- OVER THE PAST YEAR, DATA IMPACT HAD A NUMBER OF SUCCESSES: TWO POLICY BRIEFS ON TELEMEDICINE AND UNIVERSAL HEALTH COVERAGE ARE LEADING TO POLICY CHANGES IN CAMEROON; IN MUMBAI, GBV SERVICES WERE EXPANDED TO 30 MATERNITY HOMES AS A RESULT OF ANALYSIS OF DATA FROM ONE STOP "DILAASA" CENTERS IN THE CITY; SEVERAL D2P-GENERATED POLICY BRIEFS HAVE LED TO POLICY CHANGES IN SRI LANKA SUCH AS ADDRESSING CHILDHOOD MENTAL HEALTH AND FILARIASIS; THE D2P CURRICULUM WAS ADAPTED FOR SHANGHAI, CHINA LEADING TO EIGHT POLICY BRIEFS PRESENTED TO POLICYMAKERS IN MINGHANG AND JING'AN DISTRICTS ON THE TOPICS OF CHILD OBESITY, HIV SELF-TEST RESULTS, CANCER SCREENING PROGRAMS, SUBSIDIZED INFLUENZA VACCINATION IN SCHOOLS, STROKE RISK SCREENING, AND INJURY PREVENTION FOR SENIORS; TERMS OF REFERENCE AND STANDARD OPERATING PROCEDURES WERE DEVELOPED FOR THE ADVANCED DATA ANALYTICS UNIT THAT WAS ESTABLISHED IN BANGLADESH IN PHASE 4; THE 2019 CAUSE OF DEATH REPORT IN BOLIVIA WAS DISSEMINATED TO THE MINISTRY OF HEALTH AND SPORTS; A LOCAL ADAPTATION OF D2P HAS BEEN IMPLEMENTED AND INSTITUTIONALIZED IN THE PHILIPPINES; A

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GENDER STATISTICS REPORT WAS DISSEMINATED IN SENEGAL.

- THE GLOBAL GRANTS PROGRAM (GGP) EXPANDED THE REACH OF D4H TO 9 NEW COUNTRIES AND APPROVED AN ADDITIONAL 22 PROJECTS OVER THE FUNDING ROUNDS (7 + 8) AT A CUMULATIVE VALUE OF \$2.9M. IN BOTH ROUNDS, GGP INCREASED D4H PARTNER INVOLVEMENT IN NON-FOCUS COUNTRY WORK WITH THE CDCF MANAGING MORE PROJECTS IN ROUNDS 7 AND 8 THAN IN PREVIOUS ROUNDS. GGP ALSO BEGAN THE TRANSITION PROCESS WITH COLOMBIA AND PHILIPPINES, SUPPORTING CRVS AND DI PROJECTS IN BOTH COUNTRIES AND SUPPORTED TWO REGIONAL PARTNERSHIPS WITH AFRICA CDC AND SPC. LASTLY, GGP PROMOTED CROSS-COUNTRY COLLABORATIONS/SHARING OF EXPERIENCE BETWEEN COUNTRIES THROUGH COMMUNITIES OF PRACTICE AND TECHNICAL EXCHANGE VISITS AND PILOTED HIGH RISK/HIGH VALUE WORK IN A VARIETY OF SETTINGS, FOR EXAMPLE CAPITALIZING ON A LAW CHANGE THAT LIBERALIZED ABORTION CARE IN LIBERIA TO ASSESS AND IMPROVE DATA SYSTEMS AND GENERATION ABOUT ABORTION SERVICES.

- CANCER REGISTRY HAS MADE MANY STRIDES IN ITS TARGETED FOCUS COUNTRIES IN 2023. IN THE ASIA REGION, VITAL HELPED ESTABLISHED THE FIRST-EVER NATIONAL LEVEL TECHNICAL WORKING GROUP POPULATION-BASED CANCER REGISTRATION IN CAMBODIA, DISSEMINATED IN GLOBOCAN 2022 CANCER INCIDENCE DATA FROM COLOMBO PBCR IN SRI LANKA AND DISSEMINATED THE FIRST-EVER ANNUAL POPULATION-BASED CANCER REGISTRY INCIDENCE REPORT IN VIETNAM. ACHIEVEMENTS WERE ALSO MADE IN THE AFRICA REGION. DURING 2023, THE TEAM FROM THE IARC-GICR ABIDJAN COLLABORATING CENTER SUPPORTED FRANCOPHONE COUNTRIES WITH TRAINING IN BASIC AND INTERMEDIATE CANCER REGISTRATION AND USE OF CANREG5. OVER THE LAST YEAR, THEY TRAINED 52 REGISTRARS (31 MALES; 21 FEMALES) IN CANCER REGISTRY METHODS, PROVIDING MUCH NEEDED CAPACITY STRENGTHENING, PARTICULARLY IN STAGING. IN

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ZIMBABWE WE SUPPORTED TRAINING ON DHIS 2 ONCOLOGY MODULE IN MOZAMBIQUE, PUBLISHED THE FIRST-EVER CHILDHOOD AND ADULT SURVIVAL ESTIMATES IN RWANDA AND FINALIZED RETROSPECTIVE CASE COLLECTION UP TO 2020 IN ZIMBABWE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
LAUNCHED A DASHBOARD FOR TRACKING AND REPORTING ON OPIOID SETTLEMENT SPENDING BY COUNTIES; AND PUBLISHED A TOOLKIT WITH RESOURCES FOR IMPLEMENTATION AND MONITORING OF OPIOID SETTLEMENT SPENDING AT COUNTY LEVEL

- SUPPORTED BY WORK CONDUCTED BY VITAL EMBEDDED STAFF, MICHIGAN FINALIZED NEW ADMINISTRATIVE RULES REMOVING BARRIERS TO BUPRENORPHINE ACCESS AND IMPLEMENTING PATIENT PROTECTIONS

PENNSYLVANIA:
- PENNSYLVANIA DOC CREATES ASSISTANT MAT COORDINATOR POSITION, SECURING SUSTAINABLE STATE FUNDING FOR A ROLE THAT BEGAN AS A VITAL EMBEDDED STAFF PROJECT

- PENNSYLVANIA DEPARTMENT OF HEALTH SECURED ADDITIONAL FUNDING TO RE-LAUNCH FOR AN ADDITIONAL THREE MONTHS A NALOXONE ACCESS MEDIA CAMPAIGN ORIGINALLY DEVELOPED FOR THEM BY VITAL STRATEGIES

ADDITIONAL ACCOMPLISHMENTS WERE ACHIEVED IN THE NEW STATES ENGAGED AS PART OF PHASE 2 OF THE BLOOMBERG FAMILY FOUNDATION OPIOID OVERDOSE PREVENTION PROGRAM IN 2023

KENTUCKY:
- IN PARTNERSHIP WITH JOHNS HOPKINS UNIVERSITY, COMPLETED BASELINE

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SURVEY OF HOSPITALS IN KENTUCKY WITH 100% RESPONSE RATE FROM EMERGENCY DEPARTMENTS STATEWIDE TO DEVELOP KNOWLEDGE THAT WILL INFORM FUTURE WORK

NEW JERSEY:

- AWARDED FIVE GRANTS TO COMMUNITY-LED ORGANIZATIONS IN NEW JERSEY FOR COMMUNITY ENGAGEMENT, HARM REDUCTION AND STIGMA REDUCTION WORK.
- SUPPORTED MONTCLAIR STATE UNIVERSITY TO DESIGN AND LAUNCH A FIRST OF ITS KIND GRADUATE CERTIFICATE IN HARM REDUCTION CURRICULUM FOR ITS SOCIAL WORK PROGRAM
- NEW JERSEY DEPARTMENT OF HEALTH, WITH VITAL STRATEGIES TECHNICAL ASSISTANCE, COMPLETED NEW INTERIM RULES FOR APPROVAL OF HARM REDUCTION CENTERS AND RELEASED STATE FUNDING FOR NEW EXPANSION OF SYRINGE ACCESS SERVICES. SEVERAL VITAL STRATEGIES COMMUNITY GRANTEEES HAVE SINCE BEEN APPROVED OR HAVE PENDING APPLICATIONS TO RECEIVE THIS NEW STATE DESIGNATION AND FUNDING SUPPORT

NEW MEXICO:

- NEW MEXICO DEPARTMENT OF HEALTH LAUNCHED AN ONLINE PORTAL TO CENTRALIZE NALOXONE ORDERING AND IMPROVE NALOXONE DISTRIBUTION EFFORTS ACROSS THE STATE

NORTH CAROLINA:

- AWARDED EIGHT GRANTS ACROSS NORTH CAROLINA TO PROMOTE SYRINGE AND NALOXONE ACCESS THROUGH USE OF OPIOID SETTLEMENT FUNDS, WITH COMMITMENTS FROM COUNTIES TO MATCH FUNDING
- SUPPORTED STUDENT FELLOWSHIP PROGRAM IN NORTH CAROLINA TO PROMOTE ENGAGEMENT WITH DRUG POLICY EDUCATION AND ADVOCACY

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LASTLY, VITAL WORKED ACROSS TWO OR MORE STATES TO COMPLETE THE

FOLLOWING ACTIVITIES IN 2023:

- SUPPORTED NATIONAL ASSOCIATION OF COUNTIES TO ESTABLISH THE OPIOID SOLUTIONS LEADERSHIP NETWORK, INCLUDING 30 COUNTY LEADERS FROM ACROSS THE SEVEN VITAL FOCUS STATES TO PARTICIPATE IN TWO VIRTUAL AND TWO IN-PERSON CONVENINGS (IN NORTH CAROLINA AND IN MILWAUKEE) TO SUPPORT SETTLEMENT FUNDS PLANNING

- PUBLISHED FACT SHEETS FOR ALL 50 STATES AND D.C. ON SETTLEMENT FUNDING PROCESSES, TO ENCOURAGE AND EMPOWER COMMUNITY ADVOCATE INVOLVEMENT IN THESE PROCESSES

- THROUGH "DIY EVENT" BOXES WE EXPANDED REACH AND VISIBILITY OF SUPPORT HARM REDUCTION CAMPAIGN BY PROVIDING ASSETS FOR LOCAL TABLING EVENTS AROUND OVERDOSE PREVENTION AWARENESS DAY, FILLING 300 ORDERS TO MORE THAN 20 STATES

- WORKED WITH RADIO PERSONALITIES TO REACH BLACK AUDIENCES WITH HARM REDUCTION AND NALOXONE ACCESSIBILITY MESSAGES AIRED ON MILWAUKEE STATIONS; PLANNING IS UNDERWAY FOR SIMILAR WORK IN PHILADELPHIA

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

OTHER PROGRAMS INCLUDE ROAD SAFETY, PARTNERSHIP FOR HEALTHY CITIES, OBESITY PREVENTION & FOOD POLICY, RESET ALCOHOL, AND MORE.

EXPENSES \$ 40,664,992. INCLUDING GRANTS OF \$ 20,108,577. 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,

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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 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 ARE 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

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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 DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED.

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 2023.

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	10,444,529.
MANAGEMENT AND GENERAL EXPENSES	918,827.
FUNDRAISING EXPENSES	21,228.
TOTAL EXPENSES	11,384,584.

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PROGRAM ACTIVITIES AND SERVICES:

PROGRAM SERVICE EXPENSES	3,056,658.
MANAGEMENT AND GENERAL EXPENSES	216,719.
FUNDRAISING EXPENSES	7,481.
TOTAL EXPENSES	3,280,858.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	218,207.
MANAGEMENT AND GENERAL EXPENSES	485,697.
FUNDRAISING EXPENSES	3,818.
TOTAL EXPENSES	707,722.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	55,318.
MANAGEMENT AND GENERAL EXPENSES	13,560.
FUNDRAISING EXPENSES	43.
TOTAL EXPENSES	68,921.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	15,442,085.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY EXCHANGE LOSS	-390.
INCREASE IN PROVISION FOR NON-REIMBURSABLE EXPENSES	-425,146.
FORGIVENESS OF GRANTS PAYABLE FROM FUNDER	2,900,000.
FORGIVENESS OF DUE FROM THE UNION	-760,000.
FORGIVENESS OF GRANT ACTIVITY FROM THE UNION	-2,845,567.

CHANGE IN NET ASSETS OF SUBSIDIARY INCLUDED IN CONSOLIDATED

F.S. STATEMENTS	111,235.
REFUND OF PRIOR YEAR GRANTS	227,448.

Name of the organization VITAL STRATEGIES, INC.	Employer identification number 22-3419667
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TOTAL TO FORM 990, PART XI, LINE 9	-792,420.
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FORM 990, PART XI, LINE 2C:

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

2023

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, 4TH FL RECTANGLE NO 1, BEHIND SAKET, SHERATON HOTEL, COMM COMPLEX, D4	INTERNATIONAL PUBLIC HEALTH	INDIA	VITAL STRATEGIES, INC.	C CORP	3,562,555.	997,181.	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	3,283,060.	COST
(2) VITAL STRATEGIES INDIA SERVICES PL	R	3,310,458.	COST
(3) VITAL STRATEGIES INDIA SERVICES PL	M	3,274,362.	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
4TH FL RECTANGLE NO 1, BEHIND SAKET, SHERATON HOTEL, COMM COMPLEX, D4 SAKET
NEW DELHI, DELHI, INDIA 110017

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. VITAL STRATEGIES, INC.	Taxpayer identification number (TIN) 22-3419667
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 BROADWAY, 4TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10005	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **WALLACE D' SOUZA**
100 BROADWAY, 4TH FL - NEW YORK, NY 10005

Telephone No. **212-500-5724** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.