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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01039392

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
VITAL STRATEGIES, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 100 BROADWAY, 4TH FL

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10005

F Name and address of principal officer: MARY-ANN ETIEBET, MD
SAME AS C ABOVE

D Employer identification number
22-3419667

E Telephone number
212-500-5724

G Gross receipts $ 126,825,831.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.VITALSTRATEGIES.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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: AT VITAL STRATEGIES, WE'RE REIMAGINING PUBLIC HEALTH, WORKING FOR A WORLD WHERE EVERYONE,

2 Check this box ☐ 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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	223
6	Total number of volunteers (estimate if necessary)	6	14
7a	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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	130,860,655.	125,323,375.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,534,320.	1,502,456.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,394,975.	126,825,831.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,859,735.	48,977,582.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,350,832.	40,685,841.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,960,538.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,057,043.	35,544,538.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	109,267,610.	125,207,961.
19	Revenue less expenses. Subtract line 18 from line 12	23,127,365.	1,617,870.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	114,309,166.	116,734,952.
21	Total liabilities (Part X, line 26)	23,431,789.	23,422,790.
22	Net assets or fund balances. Subtract line 21 from line 20	90,877,377.	93,312,162.

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

MARY-ANN ETIEBET, MD, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
EVA MRUK	EVA MRUK	11/16/26	☐	P00543254

Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC — Firm's EIN 33-1374517

Firm's address 245 PARK AVENUE, 12TH FLOOR
NEW YORK, NY 10167 — Phone no. 212-286-2600

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
WE PARTNER WITH GOVERNMENTS, COMMUNITIES, AND ORGANIZATIONS TO PUT PROVEN SOLUTIONS INTO PRACTICE AND IMPROVE HEALTH AT THE POPULATION LEVEL - TODAY AND FOR THE FUTURE.

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 $ 27,035,156. including grants of $ 12,551,892.) (Revenue $ 0.)
DATA FOR HEALTH:

VITAL STRATEGIES CONTINUED ITS WORK AS PART OF THE DATA FOR HEALTH (D4H) INITIATIVE IN 2025 TO STRENGTHEN DATA ON BIRTHS, DEATHS, AND CANCER INCIDENCE IN LOW AND MIDDLE INCOME COUNTRIES SO THEIR GOVERNMENTS CAN DEVELOP ROBUST PUBLIC HEALTH STRATEGIES TO SAVE AND IMPROVE LIVES. THE FOLLOWING REPRESENTS A SELECTION OF OUR WORK IN 2025 ACROSS OUR FOUR PROGRAM AREAS:
CIVIL REGISTRATION AND VITAL STATISTICS PROGRAM CONTINUED ITS WORK IN ENSURING THAT A GREATER NUMBER OF BIRTH AND DEATH RECORDS ARE COUNTED AND CAUSES OF DEATH DETERMINED. SINCE THIS WORK BEGAN, DEATH REGISTRATION COMPLETENESS IN THE COUNTRIES IN WHICH THE PROGRAM WORKS

4b (Code:) (Expenses $ 24,134,834. including grants of $ 9,994,885.) (Revenue $ 0.)
OPIOID OVERDOSE PREVENTION PROGRAM:

VITAL STRATEGIES CONTINUED ITS WORK AS PART OF THE OPIOID OVERDOSE PREVENTION PROGRAM IN 2025, HELPING TO IMPLEMENT SYSTEM AND STRATEGY CHANGE IN THE 7 STATES IN WHICH WE WORK. THE FOLLOWING REPRESENTS A SELECTION OF OUR ACHIEVEMENTS IN 2025:
EXPANDING MEDICATION ACCESS BEHIND BARS: JAIL AND PRISON SYSTEMS SIGNIFICANTLY EXPANDED MEDICATION FOR OPIOID USE DISORDER (MOUD), INCLUDING CONTINUATION OF TREATMENT FOR PEOPLE ENTERING CUSTODY AND NEW INDUCTION PROGRAMS FOR THOSE NOT PREVIOUSLY IN TREATMENT. IN SOME STATES, THE NUMBER OF FACILITIES THAT NOW HAVE MEDICATION ACCESS PROGRAMS HAS MORE THAN DOUBLED OVER A TWO-YEAR PERIOD, AND MANY OF THE

4c (Code:) (Expenses $ 18,041,699. including grants of $ 7,250,897.) (Revenue $ 0.)
TOBACCO CONTROL:

VITAL STRATEGIES ACHIEVED THE FOLLOWING ACCOMPLISHMENTS AS PART OF THE INITIATIVE TO REDUCE TOBACCO USE IN 2025:
- THE TOBACCO CONTROL PROGRAM STRENGTHENED THE RESPONSE TO THE GLOBAL TOBACCO EPIDEMIC, CONTINUING TO SUPPORT THE ADVANCEMENT OF MPOWER, STRENGTHEN GOVERNMENT CAPACITIES TO IMPLEMENT TOBACCO CONTROL PROGRAMS, BUILD ENVIRONMENTS ON CESSATION PROGRAMS, AND LAUNCH CAMPAIGNS WITH GOVERNMENTS, STAKEHOLDERS AND THE PUBLIC ON MPOWER IMPLEMENTATION.
- THE TOBACCO CONTROL PROGRAM REACHED OVER 4 BILLION PEOPLE, CONTRIBUTED TO OVER 20 TOBACCO CONTROL PROGRAMS, ENGAGED 65,740 PEOPLE THROUGH 516 WORKSHOPS, AND PUBLISHED 152 RESEARCH PRODUCTS AND

4d Other program services (Describe on Schedule O.)
(Expenses $ 40,113,565. including grants of $ 19,179,908.) (Revenue $)

4e Total program service expenses 109,325,254.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	115		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 223			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country SINGAPORE, BRAZIL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14		
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	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MILI CHOWFLA - 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) DR. MARY-ANN ETIEBET	40.00									
PRESIDENT & CEO	0.00	X		X				586,118.	0.	70,707.
(2) ADAM KARPATI	40.00									
SVP PUBLIC HEALTH PROGRAMS	0.00				X			358,916.	0.	65,084.
(3) WALLACE D'SOUZA	40.00									
CFAO	0.00			X				375,898.	0.	47,180.
(4) DANIEL KASS	40.00									
SVP ENVIRONMENTAL HEALTH	0.00					X		310,354.	0.	38,066.
(5) PHILIP SETEL	40.00									
VP & DIRECTOR, CRVS	0.00					X		270,314.	0.	66,053.
(6) SANDRA MULLIN	40.00									
SVP PAC	0.00				X			302,221.	0.	32,345.
(7) DANIEL SCHAEFER	40.00									
CTO	0.00					X		262,130.	0.	71,903.
(8) QUAN GAN	40.00									
DIRECTOR, TOBACCO CONTROL	0.00					X		258,311.	0.	60,440.
(9) LAUREL WADE	40.00									
SVP, PARTNERSHIPS & DEVELOPMENT	0.00				X			255,779.	0.	61,753.
(10) BARRETT PRINZ	40.00									
GENERAL COUNSEL	0.00				X			274,482.	0.	12,891.
(11) DALIAH HELLER	40.00									
VP, DRUG USE INITIATIVES	0.00					X		255,315.	0.	28,107.
(12) BRUCE MANDELL	5.00									
CHAIRPERSON	0.00	X		X				0.	0.	0.
(13) DR. MASAE KAWAMURA	3.00									
VICE CHAIR FOR PROGRAMS	0.00	X		X				0.	0.	0.
(14) MERON MAKONNEN	3.00									
SECRETARY	0.00	X		X				0.	0.	0.
(15) MARC SZNAJDERMAN	3.00									
TREASURER	0.00	X		X				0.	0.	0.
(16) DAVID A. CAPUTO	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(17) ANDREA COHEN	2.00									
TRUSTEE	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	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(19) SCOTT HALSTEAD	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(20) DR. KELLY HENNING	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(21) PING HSIEH	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(22) UDAY MADASU	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(23) RENATA REIS, PH.D.	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(24) JACK SALVO	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(25) DR. NEIL W. SCHLUGER	2.00									
TRUSTEE	0.00	X						0.	0.	0.
1b Subtotal								3,509,838.	0.	554,529.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,509,838.	0.	554,529.

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 108

		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, SUITE 3-5 EDWDIN FODEN BUSINESS CENTRE, MOSS LANE, SANDBACH,	EMPLOYER OF RECORD SERVICES	1,601,711.
FRONTLINE SOLUTIONS INTERNATIONAL LLC, 1032 15TH STREET NORTHWEST, UNIT 303,	BUSINESS CONSULTING AND SERVICES	1,416,446.
GHOST NOTE MEDIA, LLC, 2490 MARKET STREET, NORTHEAST, #119, WASHINGTON, DC 20018	ADVERTISING SERVICES	1,001,966.
PUSH MARKETING, INC., 1631 ALHAMBRA BOULEVARD, SUITE 110, SACRAMENTO, CA 95816	MARKETING SERVICES	816,350.
MAUVE CORPORATE SYSTEMS, 36 ROBINSON ROAD, #20-01 CITY HOUSE, , SINGAPORE 068877	EMPLOYER OF RECORD SERVICES	639,599.

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 49

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	81,474.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	125,241,901.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a-1f		125323375.			
Program Service Revenue		**Business Code**				
	2a					
	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)		1,502,456.			1502456.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a 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					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		126825831.	0.	0.	1502456.

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	13,708,450.	13,708,450.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	35,269,132.	35,269,132.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,443,374.	670,420.	1,075,235.	697,719.
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	30,038,112.	23,125,990.	6,241,081.	671,041.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,071,781.	807,423.	226,338.	38,020.
9 Other employee benefits	5,148,461.	3,801,178.	1,146,250.	201,033.
10 Payroll taxes	1,984,113.	1,436,151.	448,127.	99,835.
11 Fees for services (nonemployees):				
a Management				
b Legal	71,866.	11,242.	60,624.	
c Accounting	270,366.	42,294.	228,072.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,720.		28,720.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	18,090,937.	16,668,126.	1,321,553.	101,258.
12 Advertising and promotion	4,003,254.	4,003,254.		
13 Office expenses	311,944.	44,550.	267,394.	
14 Information technology	435,133.	68,068.	367,065.	
15 Royalties				
16 Occupancy	2,344,611.	1,650,520.	638,047.	56,044.
17 Travel	4,976,071.	4,872,170.	24,499.	79,402.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,166,008.	994,968.	167,036.	4,004.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	201,972.		201,972.	
23 Insurance	285,380.	23,062.	262,318.	
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 SUBSCRIPTIONS AND FEES	1,368,665.	1,084,819.	278,102.	5,744.
b ADMIN./PROGRAM COSTS	1,115,440.	884,110.	226,649.	4,681.
c REPAIRS AND MAINTENANCE	305,148.	3,061.	302,087.	
d PROJECT SUPPLIES/EQUIP.	285,790.	83,286.	200,774.	1,730.
e All other expenses	283,233.	72,980.	210,226.	27.
25 **Total functional expenses.** Add lines 1 through 24e	125,207,961.	109,325,254.	13,922,169.	1,960,538.
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	19,686,231.	1	17,878,378.
	2	Savings and temporary cash investments	23,936,491.	2	21,916,896.
	3	Pledges and grants receivable, net	34,672,194.	3	41,493,480.
	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	909,705.	9	996,982.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2,622,078.			
	b	Less: accumulated depreciation — 10b: 2,075,954.	747,964.	10c	546,124.
	11	Investments - publicly traded securities	10,653,016.	11	11,577,844.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	510,405.	13	761,624.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	23,193,160.	15	21,563,624.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	114,309,166.	16	116,734,952.
Liabilities	17	Accounts payable and accrued expenses	1,888,321.	17	1,957,175.
	18	Grants payable	950,401.	18	2,077,354.
	19	Deferred revenue	100,694.	19	945,538.
	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	20,492,373.	25	18,442,723.
	26	**Total liabilities.** Add lines 17 through 25	23,431,789.	26	23,422,790.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	7,213,373.	27	9,417,428.
	28	Net assets with donor restrictions	83,664,004.	28	83,894,734.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	90,877,377.	32	93,312,162.
	33	Total liabilities and net assets/fund balances	114,309,166.	33	116,734,952.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126,825,831.
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,207,961.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,617,870.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,877,377.
5	Net unrealized gains (losses) on investments	5	51,904.
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	765,011.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	93,312,162.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2025

Open to Public Inspection

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	108771648	103869249	68649189.	130860655	125323375	537474116
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	108771648	103869249	68649189.	130860655	125323375	537474116
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)						276328636
6 **Public support.** Subtract line 5 from line 4.						261145480

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	108771648	103869249	68649189.	130860655	125323375	537474116
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	354,367.	599,789.	912,303.	1540885.	1502456.	4909800.
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.)	1,645.					1,645.
11 **Total support.** Add lines 7 through 10						542385561

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 48.15 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 42.27 %

16a **33 1/3% support test - 2025.** 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 ☒

b **33 1/3% support test - 2024.** 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 ☐

17a **10% -facts-and-circumstances test - 2025.** 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 ☐

b **10% -facts-and-circumstances test - 2024.** 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 ☐

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 ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**	

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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
2021 AMOUNT: $ 1,645.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2025

Open to Public Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
VITAL STRATEGIES, INC.	22-3419667

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

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

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

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

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs 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-.

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	
c Total lobbying expenditures (add lines 1a and 1b)	0.	
d Other exempt purpose expenditures	123223738.	
e Total exempt purpose expenditures (add lines 1c and 1d)	123223738.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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.	

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

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? ☐ Yes ☐ 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) 2022	(b) 2023	(c) 2024	(d) 2025	(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	31,851.	4,287.	0.	0.	36,138.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	0.	0.	0.	0.	

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
VITAL STRATEGIES, INC.

Employer identification number
22-3419667

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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.

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
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	2d	

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

4 Number of states where property subject to conservation easement is located _____

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

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

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

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

(ii) Assets included in Form 990, Part X $ _____

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

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

b Assets included in Form 990, Part X $ _____

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.	996,768.	351,612.
d Equipment		1,273,698.	1,079,186.	194,512.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				546,124.

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	4,129,911.
(2) RIGHT-OF-USE ASSET	17,205,075.
(3) OTHER RECEIVABLES	228,638.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	21,563,624.

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	18,442,723.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	18,442,723.

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 ... X

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	127,047,530.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	51,904.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	169,795.		
e	Add lines 2a through 2d			2e	221,699.
3	Subtract line 2e from line 1			3	126,825,831.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	126,825,831.

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	124,612,745.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	124,612,745.
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	595,216.		
c	Add lines 4a and 4b			4c	595,216.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	125,207,961.

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 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITY	169,795.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PRIOR YEAR GRANTS	88,262.
FOREIGN CURRENCY TRANSLATION GAIN	156,505.
DECREASE IN PROVISION FOR NON-REIMBURSABLE EXPENSES	268,639.
EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY	81,810.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	595,216.

Part XIII Supplemental Information *(continued)*

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SCHEDULE F (Form 990)
(Rev. December 2024)
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

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? ..... [X] **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
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		12,427,676.
SOUTH AMERICA	0	0	GRANTMAKING		7,806,236.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		5,893,119.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		4,577,213.
NORTH AMERICA	0	0	GRANTMAKING		1,542,736.
SOUTH ASIA	0	0	GRANTMAKING		2,935,716.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		86,436.
EAST ASIA AND THE PACIFIC	1	57	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, ENVIRONMENTAL HEALTH, OBESITY PREVENTION & FOOD	929,135.
3 a Subtotal	1	57			36,198,267.
b Total from continuation sheets to Part I	1	139			2,387,688.
c **Totals** (add lines 3a and 3b)	2	196			38,585,955.

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
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	25	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, OVERDOSE	769,102.
SOUTH AMERICA	0	31	PROGRAM SERVICES	DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES, ROAD	598,464.
SUB-SAHARAN AFRICA	1	53	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR	526,565.
NORTH AMERICA	0	21	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, MAYORS' CHALLENGE REPLICATION, OVERDOSE PREVENTION	325,209.
SOUTH ASIA	0	9	PROGRAM SERVICES	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, ROAD SAFETY, TOBACCO CONTROL, TOBACCO CONTROL	168,348.
Totals ▶	1	139			2,387,688.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD	8877716.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL, DCNTS - BRAZIL, DATA FOR HEALTH, REDUCE LEAD POISONING, OBESITY	4044577.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR	2444360.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OBESITY PREVENTION & FOOD POLICY	1600000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, RESOLVE, TOBACCO CONTROL, TOBACCO	1130471.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR	861,002.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	560,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	500,000.	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 121

3 Enter total number of other organizations or entities 115

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	399,105.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	352,426.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	316,853.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	268,384.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	265,404.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	259,890.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	255,697.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	250,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	250,000.	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	PARTNERSHIP FOR HEALTHY CITIES	243,401.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	225,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY	220,284.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESET ALCOHOL	209,339.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	200,000.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	198,020.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	197,648.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	189,675.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	185,944.	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	184,809.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	180,700.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL	178,468.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL, DATA FOR HEALTH, TOBACCO CONTROL NON MASS MEDIA	165,997.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	146,101.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	142,821.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	126,507.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	125,969.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	124,454.	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	TOBACCO CONTROL NON MASS MEDIA	121,480.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	115,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	112,700.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL, PARTNERSHIP FOR HEALTHY CITIES	108,561.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	103,982.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	102,758.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENVIRONMENTAL HEALTH	102,089.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	101,150.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL, TOBACCO CONTROL NON MASS MEDIA	101,127.	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	TOBACCO CONTROL NON MASS MEDIA	100,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	100,000.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	100,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	96,181.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	92,700.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	92,428.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	91,910.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	91,755.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	86,328.	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	OBESITY PREVENTION & FOOD POLICY	85,772.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	85,449.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESET ALCOHOL, OBESITY PREVENTION & FOOD POLICY, TOBACCO CONTROL NON MASS	85,355.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	84,545.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL, OVERDOSE PREVENTION (OPIOID)	84,148.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	80,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	80,461.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	79,975.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	77,999.	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	77,933.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESET ALCOHOL	77,159.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	77,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	75,479.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	75,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	74,832.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	73,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	72,686.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	72,602.	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	70,111.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	70,104.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	70,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	70,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	69,269.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	69,123.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	69,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	68,054.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	67,212.	WIRE TRANSFER	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	66,646.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	66,480.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	65,580.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	65,296.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	65,272.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	65,064.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	64,824.	WIRE TRANSFER	0.		
		SOUTH ASIA	DATA FOR HEALTH	63,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	63,000.	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	60,166.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	60,146.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	60,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	59,745.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	59,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	58,417.	WIRE TRANSFER	0.		
		EUROPE	OBESITY PREVENTION & FOOD POLICY	58,052.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	57,792.	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	57,740.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	57,696.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	55,965.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	55,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	55,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	54,600.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	53,707.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	53,410.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL	53,359.	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	53,177.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	52,772.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	52,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	51,738.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, TOBACCO CONTROL NON MASS MEDIA	51,419.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	51,281.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	50,468.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OBESITY PREVENTION & FOOD POLICY	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OBESITY PREVENTION & FOOD POLICY	50,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	49,423.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	49,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	48,896.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	47,630.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	45,009.	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	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	43,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	43,330.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	43,049.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	42,979.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	42,871.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL, TOBACCO CONTROL NON MASS MEDIA	42,602.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	42,406.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	41,848.	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	41,136.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	40,360.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	40,086.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	40,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	40,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TOBACCO CONTROL NON MASS MEDIA	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	39,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	39,645.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	39,100.	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)
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	37,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	37,500.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	36,930.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	36,504.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	36,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	36,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	35,325.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	35,000.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	33,900.	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)
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	33,560.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	33,504.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	33,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	DATA FOR HEALTH	32,340.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	32,151.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	31,900.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	31,339.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	30,741.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	30,480.	WIRE TRANSFER	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESET ALCOHOL	30,329.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	30,000.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	29,975.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	29,922.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	29,742.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	29,700.	WIRE TRANSFER	0.		
		SOUTH ASIA	DATA FOR HEALTH	29,354.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	29,184.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	29,161.	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	29,022.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	28,996.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	28,937.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	28,710.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	28,694.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	28,594.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	28,012.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	27,841.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	27,627.	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	27,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	26,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	25,073.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	25,000.	WIRE TRANSFER	0.		
		EUROPE	M&G GRANTS	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	24,992.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	24,547.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	23,875.	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	23,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	23,554.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	23,207.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	21,296.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	21,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	20,999.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	20,580.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	19,943.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	19,818.	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	RESET ALCOHOL	19,546.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	19,532.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ROAD SAFETY	19,202.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	18,005.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	18,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	18,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	17,494.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	16,900.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	16,000.	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	16,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR HEALTHY CITIES	15,757.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	15,522.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	15,124.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	14,988.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	14,874.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	13,932.	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	13,656.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	13,602.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	13,458.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	13,352.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	13,275.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	12,847.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESET ALCOHOL	12,734.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	12,650.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	12,363.	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	TOBACCO CONTROL NON MASS MEDIA	12,338.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	12,088.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL NON MASS MEDIA	12,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	11,948.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	10,549.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	9,239.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	9,094.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	9,001.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	8,937.	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	7,998.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	7,243.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	6,832.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESET ALCOHOL	5,757.	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)
DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES	SOUTH AMERICA	6	72,229.	WIRE TRANSFER	0.		
OBESITY PREVENTION & FOOD POLICY	EUROPE (INCLUDING ICELAND & GREENLAND)	2	58,022.	WIRE TRANSFER	0.		
DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES	SUB-SAHARAN AFRICA	2	4,672.	WIRE TRANSFER	0.		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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. BUDGETING AND REPORTING SOFTWARE, VENA, IS USED FOR DONOR REPORTS AND INTERNAL REPORTS TO STRENGTHEN BUDGETING AND REPORTING.

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

PART I, LINE 3:
EXPENDITURES ARE RECOGNIZED UNDER THE ACCRUAL BASIS OF ACCOUNTING.

PART I, LINE 3, COLUMN (E):
REGION: EAST ASIA AND THE PACIFIC
(E) SPECIFIC TYPES OF SERVICES IN REGION: RESET ALCOHOL, DATA FOR HEALTH, ENVIRONMENTAL HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES, RESOLVE, ROAD SAFETY, RESOLVE MEDIA CAMPAIGNS, TOBACCO CONTROL

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)
(E) SPECIFIC TYPES OF SERVICES IN REGION: RESET ALCOHOL, DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, OVERDOSE PREVENTION (OPIOID), PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, TOBACCO CONTROL

REGION: SOUTH AMERICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY

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.

REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: RESET ALCOHOL, DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, RESOLVE MEDIA CAMPAIGNS, TOBACCO CONTROL

REGION: NORTH AMERICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: RESET ALCOHOL, DATA FOR HEALTH, MAYORS' CHALLENGE REPLICATION, OVERDOSE PREVENTION (OPIOID), PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, REDUCE TOBACCO USE - STOP WATCHDOG, TOBACCO CONTROL

REGION: SOUTH ASIA
(E) SPECIFIC TYPES OF SERVICES IN REGION: DATA FOR HEALTH, ENVIRONMENTAL HEALTH, ROAD SAFETY, TOBACCO CONTROL, TOBACCO CONTROL NON MASS MEDIA

PART II, COLUMN (D):
(D) PURPOSE OF GRANT: DATA FOR HEALTH, ENVIRONMENTAL HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, USAID BEBAS-TB, TOBACCO CONTROL, TOBACCO CONTROL NON MASS MEDIA, M&G GRANTS

(D) PURPOSE OF GRANT: RESET ALCOHOL, DCNTS - BRAZIL, DATA FOR HEALTH, REDUCE LEAD POISONING, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, TOBACCO CONTROL, M&G GRANTS

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

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

(D) PURPOSE OF GRANT: RESET ALCOHOL, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES

(D) PURPOSE OF GRANT: RESET ALCOHOL, OBESITY PREVENTION & FOOD POLICY, TOBACCO CONTROL NON MASS MEDIA

SCHEDULE I
(Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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
AMERICANS FOR INDIAN OPPORTUNITY 1001 MARQUETTE, NW ALBUQUERQUE, NM 87102	52-0900964	501(C)(3)	1,702,903.	0.			OVERDOSE PREVENTION (OPIOID)
WISCONSIN ASSOCIATION OF LOCAL HEALTH DEPARTMENTS AND BOARD - 563 CARTER COURT, SUITE B - KIMBERLY, WI 54136	39-1705099		1,339,466.	0.			OVERDOSE PREVENTION (OPIOID)
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40508	61-6033693	501(C)(3)	934,336.	0.			OVERDOSE PREVENTION (OPIOID)
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD, N4327-B BALTIMORE, MD 21211	52-0595110	501(C)(3)	499,594.	0.			RESET ALCOHOL, OBESITY PREVENTION & FOOD POLICY
WOMEN IN LEADERSHIP NEW MEXICO, INC - 300 CENTRAL AVE SW - ALBUQUERQUE, NM 87102	92-1138829	501(C)(3)	497,516.	0.			OVERDOSE PREVENTION (OPIOID)
DREAM CORPS/DREAM.ORG 1630 SAN PABLO AVENUE OAKLAND, CA 94612	26-1140201	501(C)(3)	460,354.	0.			OVERDOSE PREVENTION (OPIOID)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 91.

3 Enter total number of other organizations listed in the line 1 table ..... 9.

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
LEGAL ACTION CENTER OF THE CITY OF NEW YORK, INC. - 225 VARICK STREET, 4TH FLOOR - NEW YORK, NY 10014	13-2756320	501(C)(3)	292,000.	0.			OVERDOSE PREVENTION (OPIOID)
BAD RIVER TRIBE P.O. BOX 39, ODANAH, WI 54861	39-1178897	STATE OF WI	274,968.	0.			OVERDOSE PREVENTION (OPIOID)
SATORI HOUSE RECOVERY INC. N368 US HWY 51 DEFOREST, WI 53532	84-4420897	501(C)(3)	264,258.	0.			OVERDOSE PREVENTION (OPIOID)
OUR COMMUNITY LTD/ DBA THE COMMUNITY - PO BOX 100392 - MILWAUKEE, WI 53210	47-2343697	501(C)(3)	251,499.	0.			OVERDOSE PREVENTION (OPIOID)
BLACK LIVES MATTER PATERSON 427 CROOKS AVE APARTMENT B3 PATERSON, NJ 07503	85-1515179	501(C)(3)	228,750.	0.			OVERDOSE PREVENTION (OPIOID)
LEGAL ACTION OF WISCONSIN 633 W WISCONSIN AVE MILWAUKEE, WI 53203	39-1077192	501(C)(3)	227,847.	0.			OVERDOSE PREVENTION (OPIOID)
NEWARK COMMUNITY STREET TEAM, INC. 915 S 16TH STREET NEWARK, NJ 07112	82-1719128	501(C)(3)	226,468.	0.			OVERDOSE PREVENTION (OPIOID)
MOUNTAIN AREA HEALTH EDUCATION CENTER - 121 HENDERSONVILLE ROAD - ASHEVILLE, NC 28803	56-1071426	501(C)(3)	216,716.	0.			OVERDOSE PREVENTION (OPIOID)
UNITED KATEHNUAKA LONGHOUSE 6813 US HIGHWAY 74 W ROWLAND, NC 28383	86-2402930	501(C)(3)	208,789.	0.			OVERDOSE PREVENTION (OPIOID)

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
NEW JERSEY HARM REDUCTION COALITION - 156 PITNEY ROAD - ABSECON, NJ 08201	85-4099652	501(C)(3)	200,000.	0.			OVERDOSE PREVENTION (OPIOID)
NORTH CAROLINA ASSOCIATION OF COUNTY COMMISSIONERS MEMBERS SERVICES FOUNDATION, - 323 WEST JONES STREET - RALEIGH, NC 27603	93-3064617	501(C)(3)	186,174.	0.			OVERDOSE PREVENTION (OPIOID)
SAMAD'S HOUSE 2875 NORTH 23RD STREET MILWAUKEE, WI 53206	83-3780507	501(C)(3)	171,609.	0.			OVERDOSE PREVENTION (OPIOID)
PORT CITY HARM REDUCTION 2102 WHITE ROAD WILMINGTON WILMINGTON, NC 28411	92-2883787	501(C)(3)	169,181.	0.			OVERDOSE PREVENTION (OPIOID)
BIG CITIES HEALTH COALITION 6909 LAUREL AVE. #11442 TAKOMA PARK, MD 20912	88-1791197	501(C)(3)	168,062.	0.			OVERDOSE PREVENTION (OPIOID)
KENTUCKY EQUAL JUSTICE CENTER 201 W. SHORT STREET LEXINGTON, KY 40507	61-0909545	501(C)(3)	155,678.	0.			OVERDOSE PREVENTION (OPIOID)
CENTER FOR HEALTH CARE STRATEGIES 300 AMERICAN METRO BLVD HAMILTON TOWNSHIP, NJ 08619	22-3375015	501(C)(3)	151,283.	0.			OVERDOSE PREVENTION (OPIOID)
ALIANZA OF NEW MEXICO 1200 S RICHARDSON ROSWELL, NM 88203	85-0442263	501(C)(3)	136,309.	0.			OVERDOSE PREVENTION (OPIOID)
NEW MEXICO HARM REDUCTION COLLABORATIVE INC. - 812 LOMA VISTA DR NE - ALBUQUERQUE, NM 87106	86-1990328	501(C)(3)	134,730.	0.			OVERDOSE PREVENTION (OPIOID)

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
PHILLY VOICE 100 S. BROAD STREET PHILADELPHIA, PA 19110	93-4336987	501(C)(3)	131,131.	0.			OVERDOSE PREVENTION (OPIOID)
MUSICIANS FOR OVERDOSE PREVENTION 139 LAST RESORT TERRACE BLACK MOUNTAIN, NC 28711	85-0734218	501(C)(3)	129,587.	0.			OVERDOSE PREVENTION (OPIOID)
HEALTH RESEARCH AND EDUCATIONAL TRUST OF NJ - 760 ALEXANDER ROAD - PRINCETON, NJ 08543	22-6064970	501(C)(3)	125,000.	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)	125,000.	0.			OVERDOSE PREVENTION (OPIOID)
THE COLLEGE OF NEW JERSEY 2000 PENNINGTON ROAD, ASB 201 EWING, NJ 08618	22-2797398	STATE OF NJ	122,297.	0.			OVERDOSE PREVENTION (OPIOID)
BROKEN NO MORE 11819. N. DEERFIELD DR. DUNLAP, IL 61525	01-0974081	501(C)(3)	120,645.	0.			OVERDOSE PREVENTION (OPIOID)
VOICES OF COMMUNITY ACTIVISTS & LEADERS (VOCAL-NY), INC. - 300 DOUGLASS ST - BROOKLYN, NY 11217	13-4094385	501(C)(3)	117,133.	0.			OVERDOSE PREVENTION (OPIOID)
NEXT HARM REDUCTION 22 WEST 27TH STREET 5TH FLOOR NEW YORK, NY 10001	83-1333112	501(C)(3)	110,024.	0.			OVERDOSE PREVENTION (OPIOID)
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - PO BOX 80872 - ALBUQUERQUE, NM 87198	39-2076744	501(C)(3)	109,602.	0.			OVERDOSE PREVENTION (OPIOID)

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
REBALANCED-LIFE WELLNESS ASSOCIATION - 811 CHARLES COURT - OREGON, WI 53575	82-4133284	501(C)(3)	103,994.	0.			OVERDOSE PREVENTION (OPIOID)
RUBY'S VISION 305 BROADWAY PATERSON, SUITE #2 PATERSON, NJ 07501	82-1921251	501(C)(3)	102,800.	0.			OVERDOSE PREVENTION (OPIOID)
KENTUCKY CENTER FOR ECONOMIC POLICY - 433 CHESTNUT STREET - BEREA, KY 40403	84-4979582	501(C)(3)	102,575.	0.			OVERDOSE PREVENTION (OPIOID)
SANTA FE MOUNTAIN CENTER INC. PO BOX 449 TESUQUE, NM 87574	85-0272388	501(C)(3)	102,247.	0.			OVERDOSE PREVENTION (OPIOID)
SAFESCENENJ 600 HWY 34 #110 MATAWAN, NJ 07747	99-4607900	501(C)(3)	101,010.	0.			OVERDOSE PREVENTION (OPIOID)
PREVENTION POINT PHILADELPHIA 166 WEST LEHIGH AVENUE, LOWER LEVEL (P.O. BOX 60990) - PHILADELPHIA, PA 1913	23-2663699	501(C)(3)	100,000.	0.			OVERDOSE PREVENTION (OPIOID)
THE KIND COLLECTIVE 158 REED AVE. TRENTON, NJ 08610	92-3991181	501(C)(3)	98,000.	0.			OVERDOSE PREVENTION (OPIOID)
ALBUQUERQUE PUNK SAFETY INITIATIVE 812 LOMA VISTA DR NE ALBUQUERQUE, NM 87106	93-2513826	501(C)(3)	97,320.	0.			OVERDOSE PREVENTION (OPIOID)
BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION, UNIVERSITY OF NEVADA, RENO - 1664 N. VIRGINIA STREET - RENO, NV 89557	88-6000024	501(C)(3)	95,954.	0.			OBESITY PREVENTION & FOOD POLICY

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
KENTUCKY HARM REDUCTION COALITION 721 SOUTH BROOK ST LOUISVILLE, KY 40203	47-2915414	501(C)(3)	95,500.	0.			OVERDOSE PREVENTION (OPIOID)
CAYA CLINIC, INC 4785 HAYES RD STE 201 MADISON, WI 53704	93-3224967	501(C)(3)	94,473.	0.			OVERDOSE PREVENTION (OPIOID)
REMEDY ALLIANCE, INC 2930 SHATTUCK AVE BERKELEY, CA 94705	87-3486445	501(C)(3)	94,444.	0.			OVERDOSE PREVENTION (OPIOID)
PROJECT HOPE FOUNDATION 1220 19TH ST NW SUIT 800 WASHINGTON, DC 20036	53-0242962	501(C)(3)	90,000.	0.			OVERDOSE PREVENTION (OPIOID)
HOLLER HARM REDUCTION 1685 NC 213 UNIT 4 MARSHALL, NC 28753	85-2949706	501(C)(3)	89,615.	0.			OVERDOSE PREVENTION (OPIOID)
PROCEED, INC. (PUERTO RICAN ORGANIZATION FOR COMMUNITY EDUCATION AND ECONOMIC DE - 1126 DICKINSON STREET - ELIZABETH, NJ	22-2088378	501(C)(3)	88,916.	0.			OVERDOSE PREVENTION (OPIOID)
THE COUNCIL OF STATE GOVERNMENTS LTD. - 1776 AVENUE OF THE STATES - LEXINGTON, KY 40511	36-6000818	501(C)(3)	88,333.	0.			OVERDOSE PREVENTION (OPIOID)
IMPERFECT VILLAGE 3006 GREENWOOD COURT MOUNT LAUREL MOUNT LAUREL, NJ 08054	86-3769089	501(C)(3)	87,986.	0.			OVERDOSE PREVENTION (OPIOID)
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	80,661.	0.			OBESITY PREVENTION & FOOD POLICY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PHILADELPHIA 1401 JOHN F KENNEDY BLVD. SUITE 138 PHILADELPHIA, PA 19102	23-6003047	STATE OF PA	79,346.	0.			OVERDOSE PREVENTION (OPIOID), PARTNERSHIP FOR HEALTHY CITIES
SEEDS OF NEW LEAF 215 W. BRECKINRIDGE ST. LOUISVILLE, KY 40203	85-1145682	501(C)(3)	78,154.	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)	77,200.	0.			PARTNERSHIP FOR HEALTHY CITIES
KINGDOM COUNCIL CONSORTIUM 80 ARCH ST. PATERSON, NJ 07522	83-3573450	501(C)(3)	77,113.	0.			OVERDOSE PREVENTION (OPIOID)
UNC INJURY PREVENTION RESEARCH CENTER (IPRC) OPIOID DATA LAB - 725 MARTIN LUTHER KING JR. BLVD. - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	76,418.	0.			OVERDOSE PREVENTION (OPIOID)
DOWNTOWN EVENING SOUP KITCHEN, INC. - PO BOX 1478 - NEW HAVEN, CT 06511	22-2985448	501(C)(3)	73,923.	0.			OVERDOSE PREVENTION (OPIOID)
NC SURVIVORS UNION 1116 GROVE STREET GREENSBORO, NC 27403	83-2129340	501(C)(3)	69,294.	0.			OVERDOSE PREVENTION (OPIOID)
VOICES OF HOPE - LEXINGTON, INC. 450 OLD VINE STREET, SUITE 101 LEXINGTON, KY 40507	81-0821411	501(C)(3)	67,761.	0.			OVERDOSE PREVENTION (OPIOID)
BROWN UNIVERSITY 69 BROWN STREET PROVIDENCE, RI 02906	05-0258809	501(C)(3)	61,986.	0.			OVERDOSE PREVENTION (OPIOID)

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
NATIONAL ASSOCIATION OF CRIMINAL DEFENSE LAWYERS - 1660 L STREET NW, 10TH FLOOR - WASHINGTON, DC 20036	74-1916260		56,251.	0.			OVERDOSE PREVENTION (OPIOID)
NONPROFIT ENTERPRISE AT WORK, INC. (NEW) (THE FIDUCIARY) - 1100 N MAIN ST - ANN ARBOR, MI 48104	38-2825019	501(C)(3)	51,777.	0.			OVERDOSE PREVENTION (OPIOID)
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC - 1032 SOUTH 16TH STREET - MILWAUKEE, WI 53204	39-1180475	501(C)(3)	50,380.	0.			OVERDOSE PREVENTION (OPIOID)
SAVAGE SISTERS RECOVERY, INC. 187 MEREDITH AVE BRYN MAWR, PA 19010	85-1404597	501(C)(3)	49,514.	0.			OVERDOSE PREVENTION (OPIOID)
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(C)(3)	46,700.	0.			OBESITY PREVENTION & FOOD POLICY
NEW MEXICO APPLESEED 901 RIO GRANDE BLVD NW SUITE G156A ALBUQUERQUE, NM 87104	20-4985257	501(C)(3)	46,667.	0.			OVERDOSE PREVENTION (OPIOID)
TRUSTEES OF BOSTON UNIVERSITY, BUMC - 881 COMMONWEALTH AVE. - BOSTON, MA 02215	04-2103547	501(C)(3)	45,180.	0.			RESET ALCOHOL
CONNECT THE DOTS 1617 JFK BOULEVARD 20TH FL PHILADELPHIA, PA 19103	84-2165397		45,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
WISCONSIN POLICY FORUM 633 W WISCONSIN AVE MILWAUKEE, WI 53203	39-0806182	501(C)(3)	44,617.	0.			OVERDOSE PREVENTION (OPIOID)

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)	43,991.	0.			TOBACCO CONTROL NON MASS MEDIA
NEW YORK UNIVERSITY (NYU GROSSMAN SCHOOL OF MEDICINE) - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)(3)	43,556.	0.			OBESITY PREVENTION & FOOD POLICY
CLARITY MOVEMENT CO. PO BOX 2051 LA MESA, CA 91943	46-5764116		41,843.	0.			PARTNERSHIP FOR HEALTHY CITIES
POINTS OF DISTRIBUTION 105 112TH STREET S PMB 297 TACOMA, WA 98444	80-0285340	501(C)(3)	38,932.	0.			OVERDOSE PREVENTION (OPIOID)
APPALACHIAN COMMUNITY FUND 1405 E MAGNOLIA AVE KNOXVILLE, TN 37917	62-1316019	501(C)(3)	33,936.	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)	31,458.	0.			OVERDOSE PREVENTION (OPIOID)
PROJECT SAFE 1940 E. LEHIGH AVE. PHILADELPHIA, PA 19125	91-1435394	501(C)(3)	30,024.	0.			OVERDOSE PREVENTION (OPIOID)
COMMUNITY ADVOCATES FOR RESOURCES AND EMPOWERMENT INC - 545 S 3RD STREET, SUITE 300 - LOUISVILLE, KY 40202	61-1356594	501(C)(3)	29,000.	0.			OVERDOSE PREVENTION (OPIOID)
PREGNANCY JUSTICE 575 8TH AVENUE, 7TH FLOOR NORTH NEW YORK, NY 10018	52-2282183	501(C)(3)	28,954.	0.			OVERDOSE PREVENTION (OPIOID)

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
CHOSEN GENERATION COMMUNITY CORPORATION - 147 MONTGOMERY STREET - PATERSON, NJ 07501	51-0484547	501(C)(3)	25,449.	0.			OVERDOSE PREVENTION (OPIOID)
CAMDEN AREA HEALTH EDUCATION CENTER, INC. - 514 COOPER STREET - CAMDEN, NJ 08102	22-2358827	501(C)(3)	25,000.	0.			OVERDOSE PREVENTION (OPIOID)
CENTER FOR INDEPENDENCE OF THE DISABLED, NY - 1010 AVENUE OF THE AMERICAS, SUITE 301 - NEW YORK, NY 10018	13-2984549	501(C)(3)	25,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
ILLINOIS PUBLIC HEALTH INSTITUTE 310 S PEORIA ST. SUITE 404 CHICAGO, IL 60607	26-2757523	501(C)(3)	25,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
LATINO COMMISSION ON AIDS 24 W 25TH ST, 9TH FL NEW YORK, NY 10010	13-3629466	501(C)(3)	25,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
MONTCLAIR STATE UNIVERSITY FOUNDATION, INC. - 1 NORMAL AVE - MONTCLAIR, NJ 07043	22-6017209	501(C)(3)	25,000.	0.			OVERDOSE PREVENTION (OPIOID)
PINNACLE COMMUNITY DEV CORP/DBA TOGETHER FOR RESILIENT YOUTH - 5836 FAYETTEVILE STREET - DURHAM, NC 27713	20-4459428	501(C)(3)	24,900.	0.			OVERDOSE PREVENTION (OPIOID)
DONA ANA COUNTY 845 N. MOTEL BLVD. LAS CRUCES, NM 88007	85-6000281		23,552.	0.			OVERDOSE PREVENTION (OPIOID)
THE STEADY COLLECTIVE PO BOX 9231 ASHEVILLE, NC 28815	81-2667872	501(C)(3)	20,355.	0.			OVERDOSE PREVENTION (OPIOID)

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 ULRICH AND RUTH FRANK FOUNDATION FOR INTERNATIONAL HEALTH - 22715 GROUSE ST. BETHEL, MN 55005 - BETHEL, MN 55005	23-2571610	501(C)(3)	17,945.	0.			TOBACCO CONTROL NON MASS MEDIA
YOUNG PEOPLE IN RECOVERY 1415 PARK AVENUE WEST DENVER, CO 80205	46-4109067	501(C)(3)	17,915.	0.			OVERDOSE PREVENTION (OPIOID)
YALE UNIVERSITY 25 SCIENCE PARK, 150 MUNSON STREET NEW HAVEN, CT 06520	06-0646973	501(C)(3)	17,484.	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)	16,885.	0.			TOBACCO CONTROL NON MASS MEDIA
CHARLES B. WANG COMMUNITY HEALTH CENTER, INC. - 268 CANAL STREET - NEW YORK, NY 10013	13-2739694	501(C)(3)	15,500.	0.			PARTNERSHIP FOR HEALTHY CITIES
DETROIT JUSTICE CENTER 1420 WASHINGTON BLVD. DETROIT, MI 48206	82-2295339	501(C)(3)	15,000.	0.			OVERDOSE PREVENTION (OPIOID)
VOLPE NATIONAL TRANSPORTATION CENTER - 55 BROADWAY - KENDALL SQUARE - CAMBRIDGE, MA 02142	51-0607663		13,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
PARENTS AGAINST VAPING E-CIGARETTES - 105 W 86TH STREET, #360 - NEW YORK, NY 10024	85-0494480	501(C)(3)	12,500.	0.			PARTNERSHIP FOR HEALTHY CITIES
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, INC. - 1217 1ST STREET NW - ALBUQUERQUE, NM 87102	85-0368993	501(C)(3)	9,800.	0.			OVERDOSE PREVENTION (OPIOID)

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
HENRY FORD HEALTH SYSTEM HENRY FORD HEALTH SYSTEM, DEVELOPMENT OFFICE - DETROIT, MI 48202	38-1357020	501(C)(3)	8,490.	0.			OVERDOSE PREVENTION (OPIOID)
SOUTH JERSEY AGAINST AIDS, INC (DBA SOUTH JERSEY AIDS ALLIANCE) - 19 S. PRESBYTERIAN AVENUE - ATLANTIC CITY, NJ 08401	22-2686586	501(C)(3)	7,000.	0.			OVERDOSE PREVENTION (OPIOID)
PENNSYLVANIA HARM REDUCTION NETWORK (CARLA SOFRONSKI) - 7201 FRANKFORD AVE #950 - PHILIDELPHIA, PA 19135	18-9769228	501(C)(3)	5,743.	0.			OVERDOSE PREVENTION (OPIOID)
NEW JERSEY RESOURCE PROJECT 128 BARTLETT AVE WEST CREEK, NJ 08092	81-1914235	501(C)(3)	5,653.	0.			OVERDOSE PREVENTION (OPIOID)

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

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

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

PART I, LINE 2:
VITAL STRATEGIES 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 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,

Part IV Supplemental Information

STATE 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)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization

VITAL STRATEGIES, INC.

Employer identification number

22-3419667

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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) DR. MARY-ANN ETIEBET	(i)	586,118.	0.	0.	14,000.	56,707.	656,825.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ADAM KARPATI	(i)	339,932.	0.	18,984.	12,781.	52,303.	424,000.	0.
SVP PUBLIC HEALTH PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WALLACE D'SOUZA	(i)	352,398.	0.	23,500.	14,000.	33,180.	423,078.	0.
CFAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL KASS	(i)	286,854.	0.	23,500.	12,552.	25,514.	348,420.	0.
SVP ENVIRONMENTAL HEALTH	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PHILIP SETEL	(i)	270,314.	0.	0.	10,759.	55,294.	336,367.	0.
VP & DIRECTOR, CRVS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SANDRA MULLIN	(i)	283,221.	0.	19,000.	12,175.	20,170.	334,566.	0.
SVP PAC	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL SCHAEFER	(i)	262,130.	0.	0.	11,203.	60,700.	334,033.	0.
CTO	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) QUAN GAN	(i)	258,311.	0.	0.	10,717.	49,723.	318,751.	0.
DIRECTOR, TOBACCO CONTROL	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAUREL WADE	(i)	255,779.	0.	0.	10,557.	51,196.	317,532.	0.
SVP, PARTNERSHIPS & DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BARRETT PRINZ	(i)	274,482.	0.	0.	10,979.	1,912.	287,373.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DALIAH HELLER	(i)	255,315.	0.	0.	10,284.	17,823.	283,422.	0.
VP, DRUG USE INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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:
EVERYWHERE IS PROTECTED BY EQUITABLE AND EFFECTIVE PUBLIC HEALTH SYSTEMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
HAS INCREASED STEADILY, RISING FROM APPROXIMATELY 26% IN 2016 TO 54% BY 2025 WHILE BIRTH REGISTRATION COMPLETENESS HAS IMPROVED FROM 25% TO OVER 40% ACROSS THE SAME PERIOD. COUNTRIES ALSO MADE SIGNIFICANT PROGRESS IN IMPROVING THE QUALITY OF CAUSE-OF-DEATH INFORMATION; FOURTEEN COUNTRIES HAVE ACHIEVED INSTITUTIONALIZATION AND FULL-SCALE USE OF THE WORLD HEALTH ORGANIZATION (WHO) STANDARD MEDICAL CERTIFICATE OF CAUSE OF DEATH (MCCD) FORM IN THEIR HEALTH SYSTEMS.

THROUGHOUT THE YEAR, DATA IMPACT TRAINED 1,689 PARTICIPANTS TO STRENGTHEN SKILLS IN DATA ANALYSIS AND USE; PRODUCED 214 ANALYTICAL REPORTS THAT HAVE TRANSFORMED HEALTH AND MORTALITY DATA INTO ACTIONABLE EVIDENCE-BASED INSIGHTS; AND CREATED 6 DASHBOARDS AND OTHER DIGITAL APPLICATIONS THAT HAVE IMPROVED THE ANALYSIS OF HEALTH AND VITAL STATISTICS DATA WHICH ENABLED GOVERNMENTS TO MAKE FASTER, MORE INFORMED PUBLIC HEALTH DECISIONS. ADDITIONALLY, 40 NEW OR IMPROVED GUIDELINES OR SYSTEMS HAVE TRANSLATED HEALTH INFORMATION AND CRVS DATA INTO ACTION.

THE GLOBAL GRANTS PROGRAM (GGP) WELCOMED 24 PROJECTS IN ITS TENTH FUNDING ROUND TOTALING $2M, INCLUDING EIGHT FOCUSED ON THE DIGITAL DEVELOPMENT OF CRVS AND DATA USE SYSTEMS TO DRIVE PUBLIC HEALTH DECISION-MAKING. ADDITIONALLY, ALL PROJECTS ENACTED DURING THE EIGHTH AND NINTH FUNDING ROUNDS COMPLETED ALL PROGRAMMATIC ACTIVITIES.

ACROSS EIGHT COUNTRIES, CANCER REGISTRY OVERALL HELPED STRENGTHEN 17 POPULATION-BASED CANCER REGISTRIES (PBCRS). MOREOVER, FOUR COUNTRIES PRODUCED FIRST-EVER CANCER REGISTRY REPORTS, SIX POLICY BRIEFS WERE DEVELOPED, AND THE PROGRAM HAS HAD 4,715 TRAINING PARTICIPATIONS THROUGH E-LEARNINGS, TRAININGS AND MENTORSHIPS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
LARGEST FACILITIES IN EACH STATE HAVE LAUNCHED PROGRAMS.

GROWING COMMUNITY-BASED DRUG CHECKING: NEW AND EXPANDING DRUG CHECKING PROGRAMS, INCLUDING MAIL-BASED SERVICES AND STATEWIDE INITIATIVES, GAVE STATE AND LOCAL HEALTH OFFICIALS AND PEOPLE WHO USE DRUGS BETTER INFORMATION ABOUT SUBSTANCE CONTENTS, SUPPORTED BY A NEWLY LAUNCHED NATIONAL IMPLEMENTATION WORKBOOK, OPERATIONAL FUNDING FOR NEW PROGRAMS, AND TECHNICAL ADVISING TO STATES.

DRIVING PUBLIC AWARENESS THROUGH MEDIA: A FLAGSHIP NALOXONE-ACCESS MEDIA CAMPAIGN GENERATED MORE THAN 32 MILLION IMPRESSIONS AND MEASURABLY INCREASED NALOXONE CARRYING AND CONFIDENCE IN ITS USE; A COMPANION MESSAGING PLAYBOOK HELPED PUBLIC HEALTH OFFICIALS BETTER COMMUNICATE ABOUT OVERDOSE, HOMELESSNESS, AND COMMUNITY SAFETY. SEVERAL CITIES HAVE EMBRACED MATERIALS FROM THIS MULTI-STATE CAMPAIGN AND ADOPTED THEM FOR USE IN THEIR OWN LOCALLY LAUNCHED CAMPAIGNS.

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

ADVANCING OPIOID SETTLEMENT FUND STEWARDSHIP: TECHNICAL ASSISTANCE, RESOURCE LIBRARIES, AND PEER-LEARNING NETWORKS HELPED STATE AND COUNTY LEADERS TRANSPARENTLY PLAN AND ALLOCATE OPIOID SETTLEMENT DOLLARS, INCLUDING MATCHING-FUND GRANT PROGRAMS THAT LEVERAGED LOCAL DOLLARS FOR EVIDENCE-BASED LOCAL PROGRAMS. PROGRAMMING ON THIS TOPIC INCLUDES A PEER-LEARNING COLLABORATIVE FOR COUNTIES AND FOR STATES' ASSOCIATIONS OF COUNTIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMUNICATIONS OUTPUTS.
- UNDER THE TOBACCO CONTROL GRANTS PROGRAMS, VITAL STRATEGIES PROVIDED A COMBINED 76 SUBGRANTS ACROSS 27 COUNTRIES.
- THE TOBACCO CONTROL PROGRAM'S TECHNICAL AND FINANCIAL ASSISTANCE SUPPORTED STRENGTHENING COMPREHENSIVE TOBACCO CONTROL MEASURES ALIGNED WITH WHO FCTC GUIDELINES IN THREE COUNTRIES, IMPROVED SPECIFIC IMPLEMENTATION OF WHO FCTC ARTICLE 6 IN SIX COUNTRIES, AND INSTITUTIONALIZED TOBACCO CONTROL SUSTAINABILITY INSTRUMENTS IN THREE COUNTRIES.
- THE GLOBAL IMPLEMENTATION PROGRAM SUPPORTED COMPLIANCE BUILDING FOR TOBACCO CONTROL REGULATIONS IN 25 CITIES AND DISTRICTS IN FIVE COUNTRIES. THE PROGRAM ALSO SAW IMPORTANT MILESTONES IN IMPROVED SUSTAINABILITY AND STRENGTHENING OF ENFORCEMENT MECHANISMS THROUGH ESTABLISHING COORDINATION MECHANISMS OR TASK FORCES IN ALL FIVE COUNTRIES. THE TOBACCO CONTROL IMPLEMENTATION HUB WEB RESOURCE RECEIVED OVER 13,983 VIEWS IN 2025, BRINGING THE TOTAL TO 64,478 FROM 161 COUNTRIES SINCE ITS LAUNCH IN 2021.
- THE TOBACCO CESSATION PROGRAM SUPPORTED SUBGRANTS IN 17 COUNTRIES TO STRENGTHEN CESSATION SERVICES AND SUSTAINABLE PROGRAMMING.
- VITAL STRATEGIES PROVIDED TECHNICAL MEDIA COMMUNICATION SUPPORT TO NINE COUNTRIES, LEADING TO 61 DIGITAL AND TRADITIONAL MEDIA CAMPAIGNS TO SUPPORT BEHAVIOR CHANGES AND TOBACCO CONTROL EFFORTS. THESE EFFORTS WERE COVERED IN MORE THAN 1,718 MEDIA STORIES.
- IN 2025, THE TOBACCO ATLAS PUBLISHED BY VITAL STRATEGIES HAD 35,000 ACTIVE USERS AND EARNED 219 MEDIA MENTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:
VITAL STRATEGIES ENGAGES AN OUTSIDE ACCOUNTANT TO PREPARE ITS FORM 990. MANAGEMENT REVIEWS THE COMPLETED RETURN AND THEN PRESENTS IT FOR REVIEW AND APPROVAL AT A FORMAL MEETING ATTENDED BY THE ENTIRE AUDIT COMMITTEE AND THE OUTSIDE ACCOUNTANTS. DURING THE MEETING, COMMITTEE MEMBERS HAVE THE OPPORTUNITY TO ASK QUESTIONS AND DISCUSS THE RETURN IN DETAIL WITH MANAGEMENT AND THE ACCOUNTANTS. FOLLOWING AUDIT COMMITTEE APPROVAL, THE RETURN IS DISTRIBUTED TO THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL BEFORE BEING 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

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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 15:
THE EXECUTIVE COMMITTEE OF THE BOARD, CONSISTING OF INDEPENDENT BOARD MEMBERS, CONDUCTS A PERIODIC REVIEW AND APPROVAL OF THE COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE COMMITTEE ASSESSES THE REASONABLENESS OF THE COMPENSATION THROUGH THE ENGAGEMENT OF AN EXTERNAL FIRM WHO REVIEWS THE COMPENSATION IN COMPARISON TO OTHER ORGANIZATIONS. THE COMMITTEE RECOMMENDS THE TOTAL COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO THE BOARD FOR APPROVAL. THE DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED.

A BENCHMARKING STUDY IS CONDUCTED EVERY EIGHTEEN 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 2025.

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	9,986,167.
MANAGEMENT AND GENERAL EXPENSES	59,042.
FUNDRAISING EXPENSES	38,449.
TOTAL EXPENSES	10,083,658.

PROGRAM ACTIVITIES AND SERVICES:

PROGRAM SERVICE EXPENSES	6,223,505.
MANAGEMENT AND GENERAL EXPENSES	267,153.
FUNDRAISING EXPENSES	51,027.
TOTAL EXPENSES	6,541,685.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	362,276.
MANAGEMENT AND GENERAL EXPENSES	970,702.
FUNDRAISING EXPENSES	11,273.
TOTAL EXPENSES	1,344,251.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	96,178.

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MANAGEMENT AND GENERAL EXPENSES	24,656.
FUNDRAISING EXPENSES	509.
TOTAL EXPENSES	121,343.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	18,090,937.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY EXCHANGE GAIN	156,505.
DECREASE IN PROVISION FOR NON-REIMBURSABLE EXPENSES	268,639.
CHANGE IN NET ASSETS OF SUBSIDIARY INCLUDED IN CONSOLIDATED F.S. STATEMENTS	251,605.
REFUND OF PRIOR YEAR GRANTS	88,262.
TOTAL TO FORM 990, PART XI, LINE 9	765,011.

SCHEDULE R (Form 990)
(Rev. January 2025)
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

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	(g) Section 512(b)(13) controlled entity? 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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	4,692,126.	1,326,729.	99.99%	X	

SEE PART VII FOR CONTINUATIONS

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

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

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		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)	VITAL STRATEGIES INDIA SERVICES PL	R	4,723,162.	COST
(2)	VITAL STRATEGIES INDIA SERVICES PL	M	4,522,331.	COST
(3)				
(4)				
(5)				
(6)				

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

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

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

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