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PUBLIC COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

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

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

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

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

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

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

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

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

Form **8868** (Rev. 1-2025)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**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

2024Open to Public
Inspection**A For the 2024 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 \$ **137,401,540.****H(a)** Is this a group returnfor 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 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 2024 (Part V, line 2a) 5 208
	6	Total number of volunteers (estimate if necessary) 6 14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 68,649,189. 130,860,655.
	9	Program service revenue (Part VIII, line 2g) 0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 886,041. 1,534,320.
	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) 69,535,230. 132,394,975.
	Expenses	13
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) 31,273,216. 35,350,832.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 2,066,777.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 29,679,256. 32,057,043.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 110,225,088. 109,267,610.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -40,689,858. 23,127,365.
	20	Total assets (Part X, line 16) 96,073,073. 114,309,166.
	21	Total liabilities (Part X, line 26) 28,229,489. 23,431,789.
	22	Net assets or fund balances. Subtract line 21 from line 20 67,843,584. 90,877,377.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	WALLACE D'SOUZA, CFAO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EVA MRUK	EVA MRUK	11/15/25		P00543254
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	PKF O'CONNOR DAVIES ADVISORY, LLC 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167	33-1374517	212-286-2600		

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)**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

☒**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ 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 ☒ 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 \$ 21,549,707. including grants of \$ 9,385,363.) (Revenue \$ 0.)
DATA FOR HEALTH PROGRAMS:

- UNDER CIVIL REGISTRATION AND VITAL STATISTICS (CRVS) VITAL STRATEGIES CONTINUED ITS WORK IN ENSURING THAT A GREATER NUMBER OF BIRTH AND DEATH RECORDS ARE COUNTED AS PART OF ITS PUBLIC HEALTH SYSTEMS IMPROVEMENT OBJECTIVE. ACROSS THE THREE FOCUS REGIONS OF AFRICA, ASIA AND LATIN AMERICA \$5,218,000 ANNUAL AND CUMULATIVE DEATH RECORDS WERE IMPROVED OR NEWLY COUNTED IN COUNTRIES RECEIVING INITIATIVE SUPPORT, UP FROM \$3,977,000 IN 2023. SIMILAR POSITIVE PROGRESS WAS ACHIEVED WITH BIRTH RECORDS WHICH INCREASED TO 6,339,000 IN 2024 FROM 5,425,000 IN 2023. 676 COMMON, CRITICAL PATH PROCESS MILESTONES WERE REPORTED IN THE 24 TWO-YEAR COUNTRY WORK PLANS. OF THESE, 56% (379) COMPLETED AND ACHIEVED

4b (Code:) (Expenses \$ 18,282,324. including grants of \$ 7,482,198.) (Revenue \$ 0.)
OPIOID OVERDOSE PREVENTION PROGRAM:

VITAL STRATEGIES CONTINUED ITS WORK AS PART OF THE OPIOID OVERDOSE PREVENTION PROGRAM IN 2024, HELPING TO IMPLEMENT 28 LEGISLATIVE, REGULATORY, ADMINISTRATIVE ACTION AND PROTOCOL CHANGES IN FOUR OF OUR SEVEN FOCUS STATES, DISTRIBUTED MORE THAN 1.8M NALOXONE KITS THROUGH STATE-RUN NALOXONE PORTALS, LAUNCHED NINE STATE AND NATIONAL MEDIA CAMPAIGNS AND DEVELOPED 12 TOOLKITS AND TECHNICAL GUIDANCE PRODUCTS SINCE INCEPTION. SPECIFIC 2024 ACHIEVEMENTS ACROSS OUR SEVEN FOCUS STATES ARE AS FOLLOWS:

- KENTUCKY:

- NALOXONE ACCESS - HELPED KENTUCKY LAUNCH THEIR NEW NALOXONE

4c (Code:) (Expenses \$ 17,116,985. including grants of \$ 6,675,363.) (Revenue \$ 0.)
TOBACCO CONTROL PROGRAMS:

VITAL STRATEGIES ACHIEVED THE FOLLOWING ACCOMPLISHMENTS AS PART OF THE INITIATIVE TO REDUCE TOBACCO USE IN 2024:

- IN 2024, THE VITAL STRATEGIES TOBACCO CONTROL DIVISION CONTRIBUTED TO POLICY DEVELOPMENT, CAPACITY BUILDING AND SUSTAINABILITY EFFORTS ACROSS THE 10 INITIATIVE PRIORITY COUNTRIES, AND SEVERAL NON-PRIORITY COUNTRIES. IN ADDITION, SIGNIFICANT WORK CONTINUED AND GREW UNDER THE GLOBAL IMPLEMENTATION PROGRAM, THE TOBACCO INDUSTRY INTERFERENCE GRANTS PROGRAM AND THE GLOBAL CESSATION PROGRAM.

- IN 2024, VITAL TCD LAUNCHED ALONGSIDE ROUNDS 35 AND 36 OF THE BI GRANTS PROGRAM. 251 APPLICATIONS WERE RECEIVED. THE TEAM NEGOTIATED AND

4d Other program services (Describe on Schedule O.)

(Expenses \$ 38,665,376. including grants of \$ 18,316,811.) (Revenue \$ 0.)

4e Total program service expenses 95,614,392.

Form 990 (2024)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 122	
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	208
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 <u>SINGAPORE, BRAZIL</u> 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 ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
b Enter the number of voting members included on line 1a, above, who are independent		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.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
WALLACE D'SOUZA - 212-500-5724
100 BROADWAY, 4TH FL, NEW YORK, NY 10005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSE LUIS CASTRO PRESIDENT & CEO THRU JUN 2024	38.00 2.00	X		X				276,639.	364,522.	14,136.
(2) WALLACE D'SOUZA, INTERIM CEO THRU SEP 2024, CFAO	40.00 0.00	X		X				390,373.	0.	47,069.
(3) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS	40.00 0.00				X			347,090.	0.	58,790.
(4) DANIEL KASS SVP ENVIRONMENTAL HEALTH	40.00 0.00				X			298,406.	0.	38,577.
(5) SANDRA MULLIN SVP PAC	40.00 0.00				X			291,956.	0.	28,037.
(6) PHILIP SETEL VP & DIRECTOR, CRVS	40.00 0.00					X		260,911.	0.	58,461.
(7) DANIEL SCHAEFER CTO	40.00 0.00					X		254,062.	0.	63,439.
(8) ANDREW RENDEIRO, SVP & CHIEF STRATEGY OFFICER (THRU AUG 2024)	40.00 0.00				X			293,857.	0.	12,163.
(9) QUAN GAN DIRECTOR, TOBACCO CONTROL	40.00 0.00				X			248,781.	0.	56,252.
(10) MILI CHOWFLA SVP, FINANCE & ADMINISTRATION	40.00 0.00					X		241,566.	0.	59,861.
(11) LAUREL WADE SVP, PARTNERSHIPS & DEVELOPMENT	40.00 0.00				X			245,351.	0.	55,662.
(12) STEPHEN HAMILL, VP & GLOBAL LEAD, PAC & STRATEGIC INITIATIVES	40.00 0.00					X		241,488.	0.	52,433.
(13) BARRETT PRINZ GENERAL COUNSEL	40.00 0.00				X			265,200.	0.	9,124.
(14) DALIAH HELLER VP, DRUG USE INITIATIVES	40.00 0.00					X		246,888.	0.	23,516.
(15) DR. MARY-ANN ETIEBET, PRES. & CEO (AS OF SEP 2024), TRUSTEE PRIOR	40.00 0.00	X		X				174,936.	0.	740.
(16) BRUCE MANDELL CHAIRPERSON	5.00 0.00	X		X				0.	0.	0.
(17) DR. MASAE KAWAMURA VICE CHAIR FOR PROGRAMS	3.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MERON MAKONNEN SECRETARY	3.00 0.00	X		X				0.	0.	0.
(19) MARC SZNAJDERMAN TREASURER	3.00 0.00	X		X				0.	0.	0.
(20) DAVID A. CAPUTO TRUSTEE	2.00 0.00	X						0.	0.	0.
(21) FRANK G. COLELLA TRUSTEE	2.00 0.00	X						0.	0.	0.
(22) SCOTT HALSTEAD TRUSTEE	2.00 0.00	X						0.	0.	0.
(23) DR. KELLY HENNING TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) PING HSIEH TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) RENATA REIS, PH.D. TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) ERIC ROSENBAUM TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								4,077,504.	364,522.	578,260.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,077,504.	364,522.	578,260.

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

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- 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*
- 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*
- 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*

	Yes	No
3		X
4	X	
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
COMMUNITY MEDIA TRUST, 23A BELOMTH ROAD, SUITE 08 SOUTH BLOCK, TANNERY PA, RONDEBOS	MASS MEDIA CAMPAIGN SERVICES	1,945,000.
THE GALLUP ORGANIZATION, 18TH FLOOR, THE SHARD, 32 LONDON BRIDGE ST., CLWYD, UNITED	OPINION RESEARCH SERVICES	1,585,810.
SAFEGUARD GLOBAL, SUITE 3-5 EDWDIN FODEN BUSINESS CENTRE, MOSS LANE, SANDBACH,	EMPLOYER OF RECORD SERVICES	1,157,342.
UNIVERSITY COLLEGE LONDON, GOWER STREET, LONDON, UNITED KINGDOM WC1E 6BT	STREAM TB TRIAL MANAGEMENT SERVICES	1,003,009.
MINE23 LLC 3300 NW 67 STREET, MIAMI, FL 33147	WEBSITE MANAGEMENT SERVICES	824,700.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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

[illegible]

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,150,522.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	125,710,133.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,540,885.			1540885.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b	5,006,565.				
	c Gain or (loss)	7c	-6,565.				
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				132394975.	0.	0.	1534320.

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	8,788,091.	8,788,091.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,275.	7,275.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	33,064,369.	33,064,369.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,152,860.	2,353,463.	652,497.	146,900.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	25,353,654.	18,991,493.	5,229,355.	1,132,806.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	964,502.	693,450.	206,692.	64,360.
9 Other employee benefits	4,013,862.	2,885,856.	860,168.	267,838.
10 Payroll taxes	1,865,954.	1,341,569.	399,873.	124,512.
11 Fees for services (nonemployees):				
a Management				
b Legal	71,069.	11,778.	59,276.	15.
c Accounting	176,695.	29,284.	147,378.	33.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	24,346.		24,346.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,836,108.	16,635,139.	1,032,759.	168,210.
12 Advertising and promotion	1,777,737.	1,777,737.		
13 Office expenses	318,071.	52,714.	265,297.	60.
14 Information technology	545,899.	90,472.	455,323.	104.
15 Royalties				
16 Occupancy	2,306,851.	1,890,543.	369,134.	47,174.
17 Travel	4,995,047.	4,646,986.	260,022.	88,039.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	421,289.	350,464.	63,486.	7,339.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	201,972.		201,972.	
23 Insurance	280,725.	2,870.	277,855.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ADMIN./PROGRAM COSTS	1,248,814.	981,873.	259,768.	7,173.
b SUBSCRIPTIONS AND FEES	1,216,747.	956,305.	253,452.	6,990.
c REPAIRS AND MAINTENANCE	244,030.	2,203.	241,827.	
d TRAINING AND RECRUITMEN	217,025.	13,814.	199,321.	3,890.
e All other expenses	174,618.	46,644.	126,640.	1,334.
25 Total functional expenses. Add lines 1 through 24e	109,267,610.	95,614,392.	11,586,441.	2,066,777.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	14,359,283.	1	19,686,231.
	2 Savings and temporary cash investments	13,282,825.	2	23,936,491.
	3 Pledges and grants receivable, net	34,916,666.	3	34,672,194.
	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	940,205.	9	909,705.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,615,631.		
	b Less: accumulated depreciation	10b 1,867,667.	10c	747,964.
	11 Investments - publicly traded securities	8,033,310.	11	10,653,016.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	355,675.	13	510,405.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	23,236,812.	15	23,193,160.
16 Total assets. Add lines 1 through 15 (must equal line 33)	96,073,073.	16	114,309,166.	
Liabilities	17 Accounts payable and accrued expenses	4,935,769.	17	1,888,321.
	18 Grants payable	234,302.	18	950,401.
	19 Deferred revenue	606,602.	19	100,694.
	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	22,452,816.	25	20,492,373.
	26 Total liabilities. Add lines 17 through 25	28,229,489.	26	23,431,789.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,004,392.	27	7,213,373.
	28 Net assets with donor restrictions	65,839,192.	28	83,664,004.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	67,843,584.	32	90,877,377.
	33 Total liabilities and net assets/fund balances	96,073,073.	33	114,309,166.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	132,394,975.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,267,610.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,127,365.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	67,843,584.
5	Net unrealized gains (losses) on investments	5	61,382.
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	-154,954.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	90,877,377.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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? _____		<input checked="" type="checkbox"/>
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 _____		

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

**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).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	180721926	108771648	103869249	68649189.	130860655	592872667
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	180721926	108771648	103869249	68649189.	130860655	592872667
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)						340611252
6 Public support. Subtract line 5 from line 4.						252261415

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	180721926	108771648	103869249	68649189.	130860655	592872667
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	491,764.	354,367.	599,789.	912,303.	1540885.	3899108.
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						596773420
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	42.27 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	44.07 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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 and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over 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			

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

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

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

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

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

Schedule A (Form 990) 2024

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

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

2024

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

VITAL STRATEGIES, INC.

Employer identification number (EIN)

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-.

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

Schedule C (Form 990) 2024

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		107176487.	
e Total exempt purpose expenditures (add lines 1c and 1d)		107176487.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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	208,153.	31,851.	4,287.	0.	244,291.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	0.	0.	0.	0.	

Schedule C (Form 990) 2024

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II

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

Form section for Conservation Easements, including questions 1-9 and a table for line 2d.

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.

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

	Yes	No
3a(i)		
3a(ii)		
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.	861,531.	486,849.
d Equipment		1,267,251.	1,006,136.	261,115.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				747,964.

Schedule D (Form 990) (Rev. 12-2024)

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	3,646,525.
(2) RIGHT-OF-USE ASSET	19,220,602.
(3) OTHER RECEIVABLES	326,033.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	23,193,160.

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	20,492,373.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	20,492,373.

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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	132,649,502.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	61,382.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	193,145.
e	Add lines 2a through 2d	2e	254,527.
3	Subtract line 2e from line 1	3	132,394,975.
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	132,394,975.

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	109,615,709.
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	404,813.
e	Add lines 2a through 2d	2e	404,813.
3	Subtract line 2e from line 1	3	109,210,896.
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	56,714.
c	Add lines 4a and 4b	4c	56,714.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	109,267,610.

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 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITY	193,145.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION LOSS	6,398.
INCREASE IN PROVISION FOR NON-REIMBURSABLE EXPENSES	360,000.
EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY	38,415.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	404,813.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PRIOR YEAR GRANTS	56,714.
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Part XIII Supplemental Information (continued)[illegible]

**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? ☒ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		6,146,255.
SOUTH ASIA	0	0	GRANTMAKING		2,802,665.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		11,464,512.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		78,519.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		5,019,526.
NORTH AMERICA	0	0	GRANTMAKING		1,506,805.
SOUTH AMERICA	0	0	GRANTMAKING		6,046,087.
SUB-SAHARAN AFRICA	1	19	PROGRAM SERVICES	COUNTRY HEALTH INFORMATION SYSTEMS AND DATA USE (CHISU), DATA FOR HEALTH, OBESITY	230,505.
3 a Subtotal	1	19			33,294,874.
b Total from continuation sheets to Part I	1	90			1,687,179.
c Totals (add lines 3a and 3b)	2	109			34,982,053.

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

Schedule F (Form 990) (Rev. 12-2024)

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	1	30	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, RESOLVE, ROAD	584,908.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	12	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, TOBACCO CONTROL	446,804.
NORTH AMERICA	0	18	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, MAYORS' CHALLENGE REPLICATION, OVERDOSE PREVENTION	182,757.
SOUTH AMERICA	0	20	PROGRAM SERVICES	RESET ALCOHOL, DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR	344,954.
SOUTH ASIA	0	9	PROGRAM SERVICES	DATA FOR HEALTH, ENVIRONMENTAL HEALTH, OBESITY PREVENTION & FOOD POLICY, ROAD	121,090.
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	TOBACCO CONTROL	6,666.
Totals	1	90			1,687,179.

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	RESET ALCOHOL, COUNTRY HEALTH INFORMATION SYSTEMS AND DATA USE (CHISU),	7782461.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL, DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP	3109632.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY, TOBACCO	2962101.	WIRE TRANSFER	0.		
		AFRICA	OBESITY PREVENTION & FOOD POLICY	1945000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH, RESOLVE, TOBACCO CONTROL, AND TOBACCO CONTROL NON MASS	1382967.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL, OBESITY PREVENTION & FOOD POLICY, AND PARTNERSHIP FOR	807,541.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	800,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	483,265.	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 **108**

3 Enter total number of other organizations or entities **109**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) (Rev. 12-2024)

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)
		AFRICA	DATA FOR HEALTH	455,388.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	350,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	311,985.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	290,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	272,602.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	250,554.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	230,142.	WIRE TRANSFER	0.		
		EUROPE	STREAM TB AND TREAT TB	229,979.	WIRE TRANSFER	0.		
		AFRICA	RESET ALCOHOL	227,105.	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)
		AFRICA	DATA FOR HEALTH	213,411.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	204,966.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	201,980.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES AND ROAD SAFETY	165,220.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH AND TOBACCO CONTROL NON MASS MEDIA	163,380.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	150,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	OBESITY PREVENTION & FOOD POLICY	150,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL	145,074.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	137,328.	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)
		AFRICA	DATA FOR HEALTH	135,070.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	132,613.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	130,907.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	123,152.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	113,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	112,485.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	110,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	106,620.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	100,000.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	DATA FOR HEALTH	95,200.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL AND TOBACCO CONTROL NON MASS MEDIA	95,137.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	93,890.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	93,651.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	91,857.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	87,855.	WIRE TRANSFER	0.		
		NORTH AMERICA	DATA FOR HEALTH	87,500.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	87,322.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	86,639.	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	86,116.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	86,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	85,576.	WIRE TRANSFER	0.		
		SOUTH AMERICA	OBESITY PREVENTION & FOOD POLICY	85,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	84,287.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	83,705.	WIRE TRANSFER	0.		
		EUROPE	OBESITY PREVENTION & FOOD POLICY	83,267.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	82,563.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL AND PARTNERSHIP FOR HEALTHY CITIES	82,476.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	80,426.	WIRE TRANSFER	0.		
		AFRICA	OBESITY PREVENTION & FOOD POLICY	80,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	78,760.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	77,667.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL AND DATA FOR HEALTH	77,103.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	77,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	75,636.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	75,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	74,877.	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	74,803.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	74,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	74,470.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	73,724.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	72,970.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	72,023.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	71,779.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	71,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	70,168.	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)
		AFRICA	DATA FOR HEALTH	70,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	70,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	70,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	DATA DRIVEN HEALTH POLICY AND M&G GRANTS	69,658.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESET ALCOHOL	67,261.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROAD SAFETY	67,212.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	67,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	67,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	66,980.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESET ALCOHOL	66,578.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	65,970.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	65,297.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL	65,157.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	64,961.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	63,000.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	61,943.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	61,222.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	60,155.	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	60,077.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TOBACCO CONTROL NON MASS MEDIA	60,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	59,727.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	59,250.	WIRE TRANSFER	0.		
		EUROPE	DATA FOR HEALTH	59,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	58,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	DATA FOR HEALTH	57,660.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	57,240.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	55,920.	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	55,538.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	55,271.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	54,966.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	54,344.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	54,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	53,900.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	52,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	50,999.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	50,354.	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	50,173.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	50,000.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	49,960.	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	49,820.	WIRE TRANSFER	0.		
		EUROPE	OBESITY PREVENTION & FOOD POLICY	49,314.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	49,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	48,625.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	47,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	46,401.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	46,060.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	45,765.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	45,751.	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	45,091.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	45,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	45,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	45,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	44,811.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	43,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL AND TOBACCO CONTROL NON MASS MEDIA	42,375.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	40,999.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	40,846.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	40,302.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	40,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	40,000.	WIRE TRANSFER	0.		
		AFRICA	TOBACCO CONTROL NON MASS MEDIA	40,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	39,840.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	39,519.	WIRE TRANSFER	0.		
		AFRICA	OBESITY PREVENTION & FOOD POLICY	38,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	37,798.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	37,518.	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)
		AFRICA	RESET ALCOHOL	37,335.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	36,904.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	36,621.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	35,351.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESET ALCOHOL	34,350.	WIRE TRANSFER	0.		
		AFRICA	PARTNERSHIP FOR HEALTHY CITIES	33,836.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	33,300.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	32,631.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	32,591.	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	32,247.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	32,245.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	32,181.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	32,008.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	31,327.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	30,799.	WIRE TRANSFER	0.		
		AFRICA	RESET ALCOHOL	30,329.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	30,236.	WIRE TRANSFER	0.		
		EUROPE	TOBACCO CONTROL NON MASS MEDIA	30,000.	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)
		AFRICA	DATA FOR HEALTH	29,265.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	29,246.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	29,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	DATA FOR HEALTH	28,039.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	27,913.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	27,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	27,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	25,933.	WIRE TRANSFER	0.		
		EUROPE	RESET ALCOHOL	25,317.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	25,000.	WIRE TRANSFER	0.		
		EUROPE	OBESITY PREVENTION & FOOD POLICY	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	25,000.	WIRE TRANSFER	0.		
		EUROPE	M&G GRANTS	25,000.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	24,887.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	24,727.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	24,308.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP FOR HEALTHY CITIES	22,999.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	22,920.	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	22,695.	WIRE TRANSFER	0.		
		SOUTH ASIA	RESET ALCOHOL	22,499.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	21,844.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	21,076.	WIRE TRANSFER	0.		
		AFRICA	PARTNERSHIP FOR HEALTHY CITIES	20,967.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	20,878.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	20,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REGISTRATION EQUALITY	20,000.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	RESET ALCOHOL	19,927.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	19,718.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	19,409.	WIRE TRANSFER	0.		
		NORTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	18,506.	WIRE TRANSFER	0.		
		AFRICA	TOBACCO CONTROL NON MASS MEDIA	18,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	17,922.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	15,823.	WIRE TRANSFER	0.		
		AFRICA	PARTNERSHIP FOR HEALTHY CITIES	15,525.	WIRE TRANSFER	0.		
		AFRICA	TOBACCO CONTROL NON MASS MEDIA	15,487.	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)
		AFRICA	DATA FOR HEALTH	13,443.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	13,292.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	13,152.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	PARTNERSHIP FOR HEALTHY CITIES	12,937.	WIRE TRANSFER	0.		
		AFRICA	PARTNERSHIP FOR HEALTHY CITIES	12,799.	WIRE TRANSFER	0.		
		AFRICA	TOBACCO CONTROL NON MASS MEDIA	12,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	11,998.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	11,325.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESET ALCOHOL	10,150.	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	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP FOR HEALTHY CITIES	9,581.	WIRE TRANSFER	0.		
		EUROPE	PARTNERSHIP FOR HEALTHY CITIES	9,484.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	8,830.	WIRE TRANSFER	0.		
		SOUTH ASIA	TOBACCO CONTROL NON MASS MEDIA	8,800.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TOBACCO CONTROL NON MASS MEDIA	8,039.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TOBACCO CONTROL NON MASS MEDIA	8,036.	WIRE TRANSFER	0.		
		AFRICA	PARTNERSHIP FOR HEALTHY CITIES	7,538.	WIRE TRANSFER	0.		
		AFRICA	DATA FOR HEALTH	7,172.	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	PARTNERSHIP FOR HEALTHY CITIES	5,582.	WIRE TRANSFER	0.		
		NORTH AMERICA	PARTNERSHIP FOR HEALTHY CITIES	5,190.	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.
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Part III can be duplicated if additional space is needed.

[illegible]

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

Schedule F (Form 990) (Rev. 12-2024)

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 GRANTEEES, 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 GRANTEEES 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. GRANTEEES 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 GRANTEEES 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: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: COUNTRY HEALTH INFORMATION SYSTEMS AND DATA USE (CHISU), DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, ROAD SAFETY, TOBACCO CONTROL

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: RESET ALCOHOL, DATA FOR HEALTH, OBESITY PREVENTION & FOOD POLICY, RESOLVE, ROAD SAFETY, 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, TOBACCO CONTROL

REGION: SOUTH AMERICA

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

Part V Supplemental Information

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

HEALTH, OBESITY PREVENTION & FOOD POLICY, PARTNERSHIP FOR HEALTHY CITIES, ROAD SAFETY

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DATA FOR HEALTH, ENVIRONMENTAL HEALTH, OBESITY PREVENTION & FOOD POLICY, ROAD SAFETY, TOBACCO CONTROL

PART II, COLUMN (D):

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

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

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

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

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

**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? ☒ **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
LEGAL ACTION CENTER OF THE CITY OF NEW YORK, INC. - 225 VARICK STREET, 4TH FLOOR - NEW YORK, NY 10014	13-2756320	501 (C)(3)	516,060.	0.			OVERDOSE PREVENTION (OPIOID)
NEW JERSEY HARM REDUCTION COALITION - 156 PITNEY ROAD - ABSECON, NJ 08201	85-4099652	501 (C)(3)	438,607.	0.			OVERDOSE PREVENTION (OPIOID)
NEWARK COMMUNITY STREET TEAM, INC. 915 S 16TH STREET NEWARK, NJ 07112	82-1719128	501 (C)(3)	408,329.	0.			OVERDOSE PREVENTION (OPIOID)
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD, N4327-B BALTIMORE, MD 21211	52-0595110	501 (C)(3)	389,249.	0.			RESET ALCOHOL, DATA FOR HEALTH, AND OBESITY PREVENTION & FOOD POLICY
DREAM CORPS/DREAM.ORG 1630 SAN PABLO AVENUE OAKLAND, CA 94612	26-1140201	501 (C)(3)	380,000.	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)	277,360.	0.			OVERDOSE PREVENTION (OPIOID)

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **75.**
- 3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (Rev. 12-2024)

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
BAD RIVER TRIBE P.O. BOX 39 ODANAH, WI 54861-0039	39-1178897	STATE OF WI	254,968.	0.			OVERDOSE PREVENTION (OPIOID)
NEXT HARM REDUCTION 22 WEST 27TH STREET 5TH FLOOR NEW YORK, NY 10001	83-1333112	501 (C)(3)	242,000.	0.			OVERDOSE PREVENTION (OPIOID)
PORT CITY HARM REDUCTION 2102 WHITE ROAD WILMINGTON WILMINGTON, NC 28411	92-2883787	501 (C)(3)	225,888.	0.			OVERDOSE PREVENTION (OPIOID)
BLACK LIVES MATTER PATERSON 427 CROOKS AVE APARTMENT B3 PATERSON, NJ 07503	85-1515179	501 (C)(3)	221,814.	0.			OVERDOSE PREVENTION (OPIOID)
VOICES OF HOPE - LEXINGTON, INC. 450 OLD VINE STREET, SUITE 101 LEXINGTON, KY 40507	81-0821411	501 (C)(3)	220,029.	0.			OVERDOSE PREVENTION (OPIOID)
BIG CITIES HEALTH COALITION 6909 LAUREL AVE. #11442 TAKOMA PARK, MD 20912	88-1791197	501 (C)(3)	209,000.	0.			OVERDOSE PREVENTION (OPIOID)
THE UNITED NATIONS POPULATION FUND 609 3RD AVENUE NEW YORK, NY 10158	58-2106707	501 (C)(3)	203,476.	0.			DATA FOR HEALTH
KENTUCKY EQUAL JUSTICE CENTER 201 W. SHORT STREET LEXINGTON, KY 40507	61-0909545	501 (C)(3)	190,504.	0.			OVERDOSE PREVENTION (OPIOID)
REMEDY ALLIANCE, INC 2930 SHATTUCK AVE BERKELEY, CA 94705	87-3486445	501 (C)(3)	188,956.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO HARM REDUCTION COLLABORATIVE INC. - 812 LOMA VISTA DR NE - ALBUQUERQUE, NM 87106	86-1990328	501 (C)(3)	184,650.	0.			OVERDOSE PREVENTION (OPIOID)
KENTUCKY HARM REDUCTION COALITION 721 SOUTH BROOK ST LOUISVILLE, KY 40203	47-2915414	501 (C)(3)	184,000.	0.			OVERDOSE PREVENTION (OPIOID)
THE COUNCIL OF STATE GOVERNMENTS LTD. - 1776 AVENUE OF THE STATES - LEXINGTON, KY 40511	36-6000818	501 (C)(3)	176,667.	0.			OVERDOSE PREVENTION (OPIOID)
LEGAL ACTION OF WISCONSIN 633 W WISCONSIN AVE MILWAUKEE, WI 53203	39-1077192	501 (C)(3)	173,866.	0.			OVERDOSE PREVENTION (OPIOID)
VOICES OF COMMUNITY ACTIVISTS & LEADERS (VOCAL-NY), INC. - 300 DOUGLASS ST - BROOKLYN, NY 11217	13-4094385	501 (C)(3)	151,380.	0.			OVERDOSE PREVENTION (OPIOID)
PA GROUNDHOGS (FISCALLY SPONSORED BY INVESTIGATIVE REPORTERS & EDITORS) - 910 S FAIRHILL STREET - PHILADELPHIA, PA 19147	51-0166741	501 (C)(3)	140,497.	0.			OVERDOSE PREVENTION (OPIOID)
SAMAD'S HOUSE 2875 NORTH 23RD STREET MILWAUKEE, WI 53206	83-3780507	501 (C)(3)	132,104.	0.			OVERDOSE PREVENTION (OPIOID)
REBALANCED-LIFE WELLNESS ASSOCIATION - 143 MARCIE DRIVE - BROOKLYN, WI 53521	82-4133284	501 (C)(3)	130,369.	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)	127,128.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMDEN AREA HEALTH EDUCATION CENTER, INC. - 514 COOPER STREET - CAMDEN, NJ 08102	22-2358827	501 (C)(3)	112,500.	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)	112,499.	0.			OVERDOSE PREVENTION (OPIOID)
HOLLER HARM REDUCTION 1685 NC 213 UNIT 4 MARSHALL, NC 28753	85-2949706	501 (C)(3)	110,000.	0.			OVERDOSE PREVENTION (OPIOID)
IMPERFECT VILLAGE 3006 GREENWOOD COURT MOUNT LAUREL MOUNT LAUREL, NJ 08054	86-3769089	501 (C)(3)	107,221.	0.			OVERDOSE PREVENTION (OPIOID)
UNITED NATIONS DEVELOPMENT PROGRAMME THE (UNDP) - 405 EAST 42ND STREET - NEW YORK, NY 10017	13-2626199	501 (C)(3)	101,771.	0.			TOBACCO CONTROL NON MASS MEDIA
PENNSYLVANIA HARM REDUCTION NETWORK - 7201 FRANKFORD AVE #950 - PHILIDELPHIA, PA 19135	18-9769228	501 (C)(3)	101,487.	0.			OVERDOSE PREVENTION (OPIOID)
DISABILITY RIGHTS NORTH CAROLINA 3724 NATIONAL DRIVE RALEIGH, NC 27612	56-1243369	501 (C)(3)	100,000.	0.			OVERDOSE PREVENTION (OPIOID)
SEEDS OF NEW LEAF 215 W. BRECKINRIDGE ST. LOUISVILLE, KY 40203	85-1145682	501 (C)(3)	100,000.	0.			OVERDOSE PREVENTION (OPIOID)
YALE UNIVERSITY 25 SCIENCE PARK, 150 MUNSON STREET NEW HAVEN, CT 06520-8327	06-0646973	501 (C)(3)	100,000.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROKEN NO MORE 11819. N. DEERFIELD DR. DUNLAP, IL 61525	01-0974081	501 (C)(3)	99,140.	0.			OVERDOSE PREVENTION (OPIOID)
CHOSEN GENERATION COMMUNITY CORPORATION - 147 MONTGOMERY STREET - PATERSON, NJ 07501	51-0484547	501 (C)(3)	98,000.	0.			OVERDOSE PREVENTION (OPIOID)
KENTUCKY CENTER FOR ECONOMIC POLICY - 433 CHESTNUT STREET - BEREA, KY 40403	84-4979582	501 (C)(3)	97,344.	0.			OVERDOSE PREVENTION (OPIOID)
UNITED KATEHNUAKA LONGHOUSE 6813 US HIGHWAY 74 W ROWLAND, NC 28383	86-2402930	501 (C)(3)	93,375.	0.			OVERDOSE PREVENTION (OPIOID)
NEW YORK UNIVERSITY (NYU GROSSMAN SCHOOL OF MEDICINE) - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501 (C)(3)	84,006.	0.			OBESITY PREVENTION & FOOD POLICY
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501 (C)(3)	78,876.	0.			OBESITY PREVENTION & FOOD POLICY
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40508	61-6033693	501 (C)(3)	77,500.	0.			OVERDOSE PREVENTION (OPIOID)
CLINTON HEALTH ACCESS INITIATIVE, INC - 383 DORCHESTER AVENUE - BOSTON, MA 02127	27-1414646	501 (C)(3)	77,147.	0.			DATA FOR HEALTH
THE CENTER FOR DISEASE DYNAMICS, ECONOMICS & POLICY, INC - 5636 CONNECTICUT AVE NW - WASHINGTON, DC 20015	27-3235008	501 (C)(3)	75,000.	0.			TOBACCO CONTROL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DONA ANA COUNTY 845 N. MOTEL BLVD. LAS CRUCES, NM 88007	85-6000281	STATE OF NM	65,004.	0.			OVERDOSE PREVENTION (OPIOID)
CENTER FOR HEALTH CARE STRATEGIES 300 AMERICAN METRO BLVD. SUITE 125 HAMILTON TOWNSHIP, NJ 08619	22-3375015	501 (C)(3)	60,640.	0.			OVERDOSE PREVENTION (OPIOID)
PROJECT SAFE 1940 E. LEHIGH AVE. PHILADELPHIA, PA 19125	91-1435394	501 (C)(3)	60,048.	0.			OVERDOSE PREVENTION (OPIOID)
SANTA FE MOUNTAIN CENTER INC. PO BOX 449 TESUQUE, NM 87574	85-0272388	501 (C)(3)	58,750.	0.			OVERDOSE PREVENTION (OPIOID)
WELLNESS AIDS SERVICES, INC 311 E. COURT ST. FLINT, MI 48502	38-2674052	501 (C)(3)	56,735.	0.			OVERDOSE PREVENTION (OPIOID)
TRUSTEES OF BOSTON UNIVERSITY, BUMC - 881 COMMONWEALTH AVE. - BOSTON, MA 02215	04-2103547	501 (C)(3)	56,475.	0.			RESET ALCOHOL
DOWNTOWN EVENING SOUP KITCHEN, INC. - PO BOX 1478 - NEW HAVEN, CT 06511	22-2985448	501 (C)(3)	54,000.	0.			OVERDOSE PREVENTION (OPIOID)
PAN AMERICAN HEALTH ORGANIZATION - PAHO - 525 23RD ST NW - WASHINGTON, DC 20037	52-1804954		52,174.	0.			DATA FOR HEALTH
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC - 1337 S CESAR E CHAVEZ DR - MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	50,380.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 333 WEST FORT STREET - DETROIT, MI 48226	38-2530980	501 (C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)
HEALTH RESEARCH AND EDUCATIONAL TRUST OF NJ - 760 ALEXANDER ROAD - PRINCETON, NJ 08543	22-6064970	501 (C)(3)	50,000.	0.			OVERDOSE PREVENTION (OPIOID)
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458	501 (C)(3)	46,700.	0.			OBESITY PREVENTION & FOOD POLICY
MUSICIANS FOR OVERDOSE PREVENTION 139 LAST RESORT TERRACE BLACK MOUNTAIN, NC 28711	85-0734218	501 (C)(3)	46,000.	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)	42,230.	0.			OVERDOSE PREVENTION (OPIOID)
F.A.V.O.R. WESTERN PA 736 LINCOLN ST. BOLIVAR, PA 15923	84-3747792	501 (C)(3)	40,200.	0.			OVERDOSE PREVENTION (OPIOID)
PREGNANCY JUSTICE 575 8TH AVENUE, 7TH FLOOR NORTH NEW YORK, NY 10018	52-2282183	501 (C)(3)	40,000.	0.			OVERDOSE PREVENTION (OPIOID)
NORTH CAROLINA ASSOCIATION OF COUNTY COMMISSIONERS MEMBERS SERVICES FOUNDATION, - 323 WEST JONES STREET, SUITE 500 - RALEIGH,	93-3064617	501 (C)(3)	37,182.	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)	35,701.	0.			PARTNERSHIP FOR HEALTHY CITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - PO BOX 80872 - ALBUQUERQUE, NM 87198	39-2076744	501 (C)(3)	34,406.	0.			OVERDOSE PREVENTION (OPIOID)
CENTER FOR PUBLIC HEALTH LAW RESEARCH AT TEMPLE UNIVERSITY BEASLEY SCHOOL OF LAW - 1819 NORTH BROAD STREET, SUITE 300, BARRACK	23-1365971	501 (C)(3)	34,332.	0.			OVERDOSE PREVENTION (OPIOID)
THE STEADY COLLECTIVE PO BOX 9231 ASHEVILLE, NC 28815	81-2667872	501 (C)(3)	28,250.	0.			OVERDOSE PREVENTION (OPIOID)
VOLPE NATIONAL TRANSPORTATION CENTER - 55 BROADWAY - KENDALL SQUARE - CAMBRIDGE, MA 02142-1093	51-0607663	STATE OF MA	27,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
PENNSYLVANIA INSTITUTIONAL LAW PROJECT - 718 ARCH STREET - PHILADELPHIA, PA 19106	23-2811857	501 (C)(3)	25,156.	0.			OVERDOSE PREVENTION (OPIOID)
CENTER FOR NEIGHBORHOOD TECHNOLOGY 17 N STATE ST, STE 1400 CHICAGO, IL 60602	36-2967283	501 (C)(3)	25,000.	0.			PARTNERSHIP FOR HEALTHY CITIES
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
ALIANZA OF NEW MEXICO 1200 S RICHARDSON ROSWELL, NM 88203	85-0442263	501 (C)(3)	24,748.	0.			OVERDOSE PREVENTION (OPIOID)
KINGDOM COUNCIL CONSORTIUM 80 ARCH ST. PATERSON, NJ 07522	83-3573450	501 (C)(3)	22,371.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUBY'S VISION 305 BROADWAY PATERSON, SUITE #2 PATERSON, NJ 07501	82-1921251	501 (C)(3)	21,597.	0.			OVERDOSE PREVENTION (OPIOID)
BROWN UNIVERSITY 69 BROWN STREET PROVIDENCE, RI 02906	05-0258809	501 (C)(3)	20,662.	0.			OVERDOSE PREVENTION (OPIOID)
NEW JERSEY RESOURCE PROJECT 128 BARTLETT AVE WEST CREEK, NJ 08092	81-1914235	501 (C)(3)	16,959.	0.			OVERDOSE PREVENTION (OPIOID)
PROJECT ON ORGANIZING, DEVELOPMENT, EDUCATION AND RESEARCH (PODER) - PO BOX 2086 - NEW YORK, NY 10013	27-1732776	501 (C)(3)	13,089.	0.			TOBACCO CONTROL NON MASS MEDIA
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
SHILO NJ A NJ NON-PROFIT CORPORATION - 03 SKILES AVE P.O.BOX 934 - PISCATAWAY, NJ 08855	87-1030570	501 (C)(3)	12,500.	0.			OVERDOSE PREVENTION (OPIOID)
OPERATION IN MY BACK YARD 3356 AGATE ST PHILADELPHIA, PA 19134	82-5527661	501 (C)(3)	11,375.	0.			OVERDOSE PREVENTION (OPIOID)
SOLUTIONS RECOVERY, INC. 621 EVANS STREET OSHKOSH, WI 54901	39-2039973	501 (C)(3)	10,714.	0.			OVERDOSE PREVENTION (OPIOID)
UNIVERSITY OF NORTH CAROLINA ADDICTION MEDICINE PROGRAM (UNC AMP) - 384 MEDICAL SCHOOL WING D, CB#7160 - CHAPEL HILL, NC 27599	56-6001393	501 (C)(3)	10,155.	0.			OVERDOSE PREVENTION (OPIOID)

Schedule I (Form 990)

[illegible]

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OVERDOSE PREVENTION AND OTHER PROGRAMMATIC GRANTS	1	7,275.	0.		

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

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

THE DIRECT MANAGEMENT OF FUNDS IS THE RESPONSIBILITY OF THE PROGRAM OFFICERS AND GRANTS MANAGER FOR THE RESPECTIVE CONTRACT OR AGREEMENT. ALL PROGRAM OFFICERS AND GRANTS MANAGERS REVIEW COMPLETION OF SCOPE OF WORK DELIVERABLES VIA EMAIL FOLLOW-UP AND SCHEDULED CHECK-IN PHONE CALLS AT KEY PROJECT INTERVALS PRIOR TO SIGNING OFF ON SUBMITTED INVOICES. FOR GRANTEEES, 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 GRANTEEES ARE SELECTED IN PARTNERSHIP WITH CITY

Part IV Supplemental Information

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. GRANTEEES 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 GRANTEEES 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSE LUIS CASTRO PRESIDENT & CEO THRU JUN 2024	(i)	143,483.	0.	133,156.	6,060.	7,797.	290,496.	0.
	(ii)	195,167.	0.	169,355.	0.	279.	364,801.	0.
(2) WALLACE D'SOUZA, INTERIM CEO THRU SEP 2024, CFAO	(i)	367,373.	0.	23,000.	13,800.	33,269.	437,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ADAM KARPATI SVP PUBLIC HEALTH PROGRAMS	(i)	328,106.	0.	18,984.	13,800.	44,990.	405,880.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL KASS SVP ENVIRONMENTAL HEALTH	(i)	275,406.	0.	23,000.	12,128.	26,449.	336,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SANDRA MULLIN SVP PAC	(i)	272,956.	0.	19,000.	11,764.	16,273.	319,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PHILIP SETEL VP & DIRECTOR, CRVS	(i)	260,911.	0.	0.	10,906.	47,555.	319,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL SCHAEFER CTO	(i)	254,062.	0.	0.	10,824.	52,615.	317,501.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW RENDEIRO, SVP & CHIEF STRATEGY OFFICER (THRU AUG 2024)	(i)	201,733.	0.	92,124.	8,206.	3,957.	306,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) QUAN GAN DIRECTOR, TOBACCO CONTROL	(i)	248,781.	0.	0.	10,355.	45,897.	305,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MILI CHOWFLA SVP, FINANCE & ADMINISTRATION	(i)	241,566.	0.	0.	9,754.	50,107.	301,427.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LAUREL WADE SVP, PARTNERSHIPS & DEVELOPMENT	(i)	245,351.	0.	0.	10,200.	45,462.	301,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEPHEN HAMILL, VP & GLOBAL LEAD, PAC & STRATEGIC INITIATIVES	(i)	241,488.	0.	0.	9,981.	42,452.	293,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BARRETT PRINZ GENERAL COUNSEL	(i)	265,200.	0.	0.	7,956.	1,168.	274,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DALIAH HELLER VP, DRUG USE INITIATIVES	(i)	246,888.	0.	0.	7,866.	15,650.	270,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DR. MARY-ANN ETIEBET, PRES. & CEO (AS OF SEP 2024), TRUSTEE PRIOR	(i)	174,936.	0.	0.	0.	740.	175,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

**ANDREW RENDEIRO, SCP & CHIEF STRATEGY OFFICER, RECEIVED A SEVERANCE PAYMENT
IN THE AMOUNT OF \$92,124 IN 2024.**

**JOSE LUIS CASTRO, PRESIDENT & CEO (THRU JUNE 2024), RECEIVED A SEVERANCE
PAYMENT FROM A RELATED ORGANIZATION, FONDS DE DOTATION VITAL STRATEGIES, IN
THE AMOUNT OF \$169,355 IN 2024.**

**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:

INSTITUTIONALIZATION, AND 27% (180) WERE DEFERRED TO THE NEXT PHASE. SUCCESSES WERE ALSO ACHIEVED ACROSS MULTIPLE INTERVENTIONS. LEGAL AND REGULATORY REVIEWS WERE COMPLETED AND RECOMMENDATIONS PRODUCED IN BOLIVIA, ETHIOPIA, INDIA RAJASTHAN, AND KENYA, WHILE RECOMMENDATIONS FROM REVIEWS COMPLETED IN THE PREVIOUS PHASE WERE PRODUCED FOR INDONESIA WHILE THE LEGAL REVIEW PROCESS IS ONGOING IN MOZAMBIQUE AND MOROCCO. RESEARCH ON THE BARRIERS AND FACILITATORS TO FEMALE DEATH REGISTRATION WAS CARRIED OUT IN BANGLADESH, INDIA, THE SOLOMONS ISLANDS AND TANZANIA, AND RESEARCH ON THE EXPERIENCES OF GENDER DIVERSE PEOPLE WITH CHANGING GENDER MARKER ON LEGAL IDENTITY DOCUMENTS IN BULGARIA, ECUADOR AND PERU (THROUGH GGP AWARDS). SEVEN OF THE 23 COUNTRIES WERE SUPPORTED WITH SPECIFIC TECHNICAL ASSISTANCE AND DOCUMENT REVIEWS FROM A GENDER EQUITY PERSPECTIVE AND REPRESENTATIVES FROM EIGHT COUNTRIES PARTICIPATED IN THE GENDER EQUITY MENTORING PROGRAM. THREE COUNTRIES (RWANDA, THE SOLOMON ISLANDS, AND TANZANIA) HAVE COMPLETED ALL BUSINESS PROCESS MAPPING AND IMPROVEMENT MILESTONES FOR BIRTH AND DEATH REGISTRATION, MCCD, VA, AND VITAL STATISTICS PRODUCTION. CAMBODIA AND VIETNAM HAVE ALSO IMPROVED BUSINESS PROCESSES FOR BIRTH AND DEATH REGISTRATION, MCCD, AND ICD MORTALITY CODING. LASTLY, NINE COUNTRIES HAVE INSTITUTIONALIZED PRE-SERVICE REQUIREMENTS TO TEACH CORRECT CERTIFICATION PRACTICES IN MEDICAL SCHOOLS ACROSS THE COUNTRY, MOROCCO AND SRI LANKA HAVE ACHIEVED INSTITUTIONALIZATION AND SCALE UP AND REQUIRE NO FURTHER SUPPORT.

- OVER THE PAST YEAR, DATA IMPACT PROGRAM HAD A NUMBER OF SUCCESSES: 53 POLICY BRIEFS WERE DEVELOPED IN 11 COUNTRIES RESULTED IN 8 INFORMING A CHANGE IN POLICY OR PRACTICE THROUGH PASSING OR IMPLEMENTING A POLICY RECOMMENDATION OR ARE IN THE PROCESS OF BEING ADVANCED FOR ENACTMENT. 68 PROJECTS ACROSS FOUR COUNTRIES WERE PRESENTED OR PUBLISHED AFTER PARTICIPANTS COMPLETED A SCIENTIFIC COMMUNICATIONS TRAINING. EXAMPLES OF POLICY SUCCESSES ACROSS THE 25 FOCUS COUNTRIES INCLUDE FREE CONTRACEPTION, IMPROVED ACCESS FOR INDIGENOUS POPULATIONS TO REDUCE INFANT MORTALITY IN BOLIVIA; PROTOTYPE DEVELOPMENT OF A TOOL FOR COLLECTING DISABILITY INDICATORS AND THE PILOTING OF THE DATA COLLECTION SYSTEM FOR DISABILITY INDICATORS IN CAMBODIA; AND REGIONAL HEALTH BUREAU FOR ADDIS ABABA INCLUDED A PROTOCOL FOR PRE-HOSPITAL CARE FOR VICTIMS OF ROAD CRASHES, ESTABLISHED A COORDINATION CENTER FOR EMERGENCY RESPONSE AND INCLUDED PRE-HOSPITAL CARE IN THEIR PLAN OF ACTION. ADDITIONAL SUCCESS WERE ACHIEVED IN THE INSTITUTIONALIZATION OF TECHNICAL AREAS. IN BANGLADESH A DATA ANALYTIC UNIT WAS ESTABLISHED WITH DEFINED TORS AND SOPS WITH IMPLEMENTATION OF THE SOP. NATIONAL HIS STAFF IN SOLOMON ISLANDS DELIVERED DATA ANALYTICS AND USE TRAINING TO PROVINCIAL STAFF AFTER ATTENDING TRAININGS PROVIDED BY THE DIP. MOREOVER, IN ETHIOPIA, AN SOP FOR PRODUCING VITAL STATISTICS AND A GUIDE ON VITAL STATISTICS DATA QUALITY SELF-ASSESSMENTS PRODUCED AND THE TECHNICAL GUIDANCE FOR STRENGTHENING THE VITAL STATISTICS PRODUCTION PROCESS IMPLEMENTED. LASTLY, IN PHILIPPINES, RECOMMENDATIONS ON THE HPCPB COMPETENCIES WERE INCORPORATED INTO THE HPDPB LEARNING AND

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization <p style="text-align: center;">VITAL STRATEGIES, INC.</p>	Employer identification number <p style="text-align: center;">22-3419667</p>
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DEVELOPMENT NEEDS ASSESSMENT (LDNA). THE LDNA WILL BE USED TO GUIDE TRAINING ACTIVITIES AND PERSONNEL HIRING FOR THE HPDPB FOR 2025-2026.

- THE GLOBAL GRANTS PROGRAM (GGP) EXPANDED THE REACH OF D4H TO FIVE NEW COUNTRIES AS PART OF ITS NINTH FUNDING ROUND IN WHICH 13 PROJECTS WERE APPROVED AT A CUMULATIVE VALUE OF \$1.3M. THIS LATEST FUNDING ROUND WAS AIMED AT ADVANCING GENDER EQUITY INITIATIVES. OVERALL, 2024 INCLUDED WORK ON 23 ACTIVE PROJECTS VALUED AT JUST OVER \$4.0M WITH EIGHT OF THESE PROJECTS BEING CLOSED OUT FROM PREVIOUS FUNDING ROUNDS. NOTABLE ACCOMPLISHMENTS DURING THE YEAR INCLUDE THE HOLDING OF A GLOBAL GENDER EQUITY CONVENING WITH ROUND 9 COUNTRY TEAMS AND D4H GLOBAL PARTNERS, PROMOTION OF CROSS-COUNTRY COLLABORATIONS THROUGH A GENDER EQUITY COMMUNITY OF PRACTICE, SUPPORTING TWO REGIONAL PARTNERSHIPS WITH AFRICA CDC AND SPC AND PILOTING HIGH RISK/VALUE WORK, (EX. WORKING WITH THE OFFICE OF THE CHIEF OF POLICE IN LAGOS STATE, NIGERIA TO ASSESS AND ADDRESS FEMICIDE).
- CANCER REGISTRY PROGRAM HAS PARTNERED WITH EIGHT DATA FOR HEALTH FOCUS COUNTRIES DURING 2024: CAMBODIA, MOZAMBIQUE, RWANDA, SRI LANKA, TANZANIA, UGANDA, VIETNAM, AND ZIMBABWE. FIVE COUNTRIES PUBLISHED INCIDENCE OR SURVIVAL ESTIMATES FOR THE FIRST TIME, FOUR STRENGTHENED CENTRAL COORDINATION THROUGH STRATEGIC PLANS OR NATIONAL ADVISORY COMMITTEES, AND FIVE BEGAN TRANSITIONING TO DHIS2 OR CLOUD-BASED SYSTEMS TO IMPROVE DATA QUALITY AND TIMELINESS. SEVERAL FOCUS COUNTRY ACHIEVEMENTS WERE ACHIEVED DURING THE YEAR. FOR EXAMPLE, IN CAMBODIA, WE SUPPORTED CASE REGISTRATION FROM MAJOR FACILITIES, HELD DATA ANALYSIS AND REPORT WRITING TRAINING AND MET WITH THE MINISTER OF HEALTH TO ADVOCATE FOR POPULATION-BASED CANCER RESEARCH. THE PROGRAM ALSO SUPPORTED MOZAMBIQUE IN STRENGTHENING CANCER GOVERNANCE THROUGH THE ESTABLISHMENT OF A NATIONAL CANCER REGISTRY ADVISORY COMMITTEE, WHICH WILL CONVENE STAKEHOLDERS FROM ACROSS SECTORS AND PROVIDE STRATEGIC GUIDANCE FOR ALIGNING CANCER REGISTRATION WITH NATIONAL PRIORITIES. ADDITIONALLY IN RWANDA, KIGALI REGISTRY STAFF LED A CANCER REGISTRY METHODS AND PRINCIPLES, CANREG5, AND DHIS2 TRAINING FOR 14 PARTICIPANTS, INCLUDING FOCAL POINTS WHO ARE RESPONSIBLE FOR COLLECTING DATA IN MAJOR HOSPITALS AND INPUTTING IT INTO DHIS2 AS WELL AS INTERNATIONAL ATTENDEES, WITH A ONE DAY FOCUSING ON DHIS2 INTEGRATION. LASTLY, WORK ACROSS FOCUS COUNTRIES CONTINUED VIA THE ESTABLISHED COLLABORATION WITH IARC. IN FALL 2024, IARC HOSTED TWO GLOBAL CANCER REGISTRY TRAININGS IN LYON, FRANCE. THE FIRST, IN PARTNERSHIP WITH AFCRN, TRAINED 24 PARTICIPANTS IN CANREG5 SOFTWARE, FOCUSING ON DATA MANAGEMENT AND DATA QUALITY CONTROL. THE SECOND, UNDER THE GICR, TRAINED 28 PARTICIPANTS FROM SIX REGIONAL HUBS TO BECOME CANREG5 TRAINERS.

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

WEBSITE AND ORDERING PORTAL AT FINDNALOXONENOWKY, INCLUDING RELEASE OF A NEW ANIMATED TRAINING VIDEO

- ANTI-CRIMINALIZATION - KENTUCKY C4-FUNDED DEFENSIVE LOBBYING PROJECT ACHIEVED CHANGES TO HB5 TO SOMEWHAT MITIGATE HARMFUL IMPACT AND IS WORKING WITH COURTS TO ESTABLISH MONITORING PLAN TO HELP CONVEY IMPACT OF HB5.
- MICHIGAN:
 - OPIOID SETTLEMENTS - MICHIGAN ASSOCIATION OF COUNTIES ENGAGED WITH 61 OF THE 83 COUNTIES AND COMPLETED 244 TECHNICAL ASSISTANCE REQUESTS OVER TWO YEARS
 - COMMUNITY MOBILIZATION - HELD PROJECT OVERVIEW AND FUTURE PLANNING CONVENINGS IN HARRISBURG PA WITH 70+ ATTENDEES

Name of the organization <p style="text-align: center;">VITAL STRATEGIES, INC.</p>	Employer identification number <p style="text-align: center;">22-3419667</p>
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- NEW JERSEY:

- COMMUNITY CRISIS RESPONSE - VITAL PROJECTS IN NEW JERSEY CONTINUE TO ACHIEVE MILESTONES IN EXPANSION AND SUSTAINABILITY THROUGH AWARD OF STATE FUNDING. THIS INCLUDES OUR GRANTEES BEING APPROVED FOR PILOT FUNDING FOR NEW COMMUNITY ALTERNATIVE RESPONSE MODELS AND APPROVED AS HARM REDUCTION CENTERS UNDER NEW STATE LAW.
- ANTI-CRIMINALIZATION - MAJOR LEGISLATION SIGNED IN NEW JERSEY TO REMOVE DRUG CHECKING ITEMS FROM PARAPHERNALIA CRIMINALIZATION LAWS, AND TO AUTHORIZE AND PROVIDE FUNDING FOR COMMUNITY-LED CRISIS RESPONSE PILOT PROGRAMS

- NEW MEXICO:

- OPIOID SETTLEMENTS - VITAL WAS INVITED TO PLAY A KEY ROLE IN CREATING SETTLEMENT SPENDING STRATEGY FOR NEW MEXICO'S MOST POPULOUS COUNTY AND CITY. A ROBUST COMMUNITY ENGAGEMENT PLAN, AND THOROUGH DATA LANDSCAPING, INFORMED RECOMMENDATIONS TO BE FINALIZED IN NOVEMBER
- DRUG CHECKING - STATE DRUG CHECKING PROGRAM IN NEW MEXICO WAS LAUNCHED AND OPERATING AT THREE OF FOUR PLANNED SITES AND ALREADY ENABLING PUBLIC HEALTH ALERTS AND RESPONSES

- NORTH CAROLINA:

- MOUD ACCESS - EXPERT CONSULTANTS ENGAGED BY VITAL STRATEGIES IN NORTH CAROLINA ARE MAKING IMPORTANT STRIDES TOWARDS ENCOURAGING PROGRAM ADOPTION, HELPING TO SECURE FUNDING, AND PLANNING FOR DATA COLLECTION TO HELP BUILD UP JAILS-BASED MOUD ACCESS IN THE STATE. PROGRESS WAS MADE IN SIX COUNTIES, INCLUDING ADVANCING PLANS FOR JAIL-BASED DOSING IN ROWAN COUNTY AND FINALIZING CONTRACTS FOR PEER SUPPORT IN HARNETT COUNTY. THEY ALSO ASSISTED IN PREPARING FUNDING PROPOSALS FOR MOUD PROGRAMS IN MECKLENBURG AND CALDWELL COUNTIES.
- DRUG CHECKING - UNIVERSITY OF NORTH CAROLINA'S OPIOID DATA LAB CONTINUED TO SCALE THEIR WORK BY DEVELOPING A DATA DASHBOARD FOR THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROVIDE REAL TIME ANALYSIS OF TESTED SUBSTANCES. ADDITIONALLY, FIVE DATASETS WERE CREATED, AND A CHEMICAL DICTIONARY IS IN PROGRESS TO AID SUBSTANCE IDENTIFICATION. A 24-HOUR RESPONSE TIME WAS ESTABLISHED FOR COMMUNITY DATA REQUESTS, AND A NATIONWIDE RANDOMIZED DRUG MESSAGING TRIAL WAS CONDUCTED ACROSS SEVEN HARM REDUCTION SITES. EFFORTS TO OVERHAUL THE DATA REPORTING PIPELINE INCLUDE LAUNCHING A TEAM WEBSITE WITH NEWSLETTERS, USER-FRIENDLY DATA ACCESS, AND A PROTOTYPE FOR PROGRAM SUMMARIES SET FOR EARLY 2025.

- PENNSYLVANIA:

- DRUG CHECKING - SUBGRANTEE PA GROUNDHOGS CONTINUED THEIR COMMUNITY-BASED DRUG CHECKING WORK AND SECURED ADDITIONAL FUNDING SOURCES TO CONTINUE OPERATIONS
- COMMUNITY MOBILIZATION - HELD PROJECT OVERVIEW AND FUTURE PLANNING CONVENINGS IN IN DETROIT REGION WITH 80+ ATTENDEES ACROSS SECTORS

- WISCONSIN:

- DRUG CHECKING - VITAL STRATEGIES AND REMEDY ALLIANCE PLANNING AND TECHNICAL ASSISTANCE HELPED DANE COUNTY PREPARE FOR THE LAUNCH OF A COMMUNITY DRUG CHECKING PROGRAM
- COMMUNITY MOBILIZATION - VITAL STRATEGIES CONVENED A THREE-DAY POLICY WORKSHOP IN MILWAUKEE, WISCONSIN FROM SEPTEMBER 16-18, 2024 FOCUSED ON STRATEGIC PLANNING FOR HARM REDUCTION AND OVERDOSE PREVENTION IN WISCONSIN AND FACILITATED BY THE WISCONSIN INSTITUTE FOR PUBLIC POLICY AND SERVICE. THE PRIMARY OBJECTIVES OF THE WORKSHOP WERE TO IDENTIFY A SET OF SPECIFIC PRIORITY POLICY ISSUES RELATED TO OVERDOSE PREVENTION AND HARM REDUCTION EFFORTS, DEVELOP ACTIONABLE NEXT

Name of the organization <p style="text-align: center;">VITAL STRATEGIES, INC.</p>	Employer identification number <p style="text-align: center;">22-3419667</p>
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STEPS TO ADVANCE REFORMS OF POLICY PRIORITIES, AND ESTABLISH A MECHANISM FOR ONGOING COLLABORATION FOR STAKEHOLDERS.

ADDITIONALLY, VITAL WORKED ACROSS TWO OR MORE STATES TO COMPLETE THE FOLLOWING ACTIVITIES IN 2024:

- COMMUNITY-BASED RACE EQUITY GRANTS, SUPPORTING ENGAGEMENT AND SERVICES BY BIPOC-LED ORGANIZATIONS FOR LOCAL HEALTH INITIATIVES, ARE NOW ACTIVE IN PENNSYLVANIA, KENTUCKY, NEW JERSEY AND ARE PLANNED TO BE LAUNCHED IN NORTH CAROLINA
- OPIOID SETTLEMENTS COLLABORATED WITH JOHNS HOPKINS TEAM TO LAUNCH THE OSPRI TOOL FOR OPIOID SETTLEMENT INDICATORS, WHICH WE CONTINUE TO UPDATE AND IMPROVE
- HARM REDUCTION SERVICES - LAUNCHED OPCINFO WEBSITE WITH BROWN UNIVERSITY; NOW INCLUDES RECORDED VIRTUAL TOUR OF AN OVERDOSE PREVENTION CENTER AND LIBRARY OF PHOTOS FOR MEDIA
- ANTI-CRIMINALIZATION - WORKING WITH BROKEN NO MORE TO ELEVATE MEDIA ENGAGEMENT OPPORTUNITIES FOR PARENTS WHO HAVE LOST A CHILD TO OVERDOSE AND WHO WANT TO BECOME INVOLVED IN ADVOCACY AGAINST PUNITIVE POLICIES, WITH PRESS ENGAGEMENT AND VIDEO PRODUCTION.
- MOUD ACCESS - COLLABORATED WITH AMERICAN SOCIETY OF ADDICTION MEDICINE ON LEGAL EXPLAINER AND STATE-BY-STATE REVIEW OF LEGAL LANDSCAPE RELATING TO STIMULANT MEDICATION TREATMENT

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SIGNED 66 GRANTS IN 14 COUNTRIES.

- IN 2024, THE VITAL TCD STOP TEAM SUCCESSFULLY EXECUTED THE THIRD ROUND OF THE TOBACCO INDUSTRY INTERFERENCE (TII) GRANTS PROGRAM, WITH A CALL FOR PROPOSALS OPEN ALONGSIDE ROUND 35 OF THE BI GRANTS PROGRAM. THE TEAM RECEIVED 84 APPLICATIONS AND FINALIZED NINE GRANTS IN 2024. THROUGHOUT THE YEAR, TII SUB-GRANTEES EXECUTED SEVERAL ACTIONS TO EXPOSE AND COUNTER TI ACTIVITIES AROUND THE WORLD INCLUDING DOCUMENTING INDUSTRY ALLIES' ACTIVITIES, EFFECTIVELY COUNTER TI ATTEMPTS TO UNDERMINE TOBACCO CONTROL POLICY, AND PROVIDING COUNTER MESSAGING FOR TOBACCO HARM REDUCTION ARGUMENTS. TCD STOP TEAMS IN INDONESIA, MEXICO, PAKISTAN, PHILIPPINES AND VIETNAM COLLABORATED WITH PARTNERS TO DISSEMINATE STOP WHISTLEBLOWER CONTENT EXPOSING HOW PMI MANIPULATED SCIENCE AND POLITICAL ENVIRONMENTS TO CREATE A JAPANESE IQOS MARKET. IN VIETNAM, THE MATERIALS WERE USED AS PART OF A COMPREHENSIVE APPROACH TO COUNTER PMI LOBBYING TO INTRODUCE HEATED TOBACCO PRODUCTS (HTPS) TO THE MARKET, WHICH ADDED TO THE EVIDENCE CONSIDERED BY THE NATIONAL ASSEMBLY WHEN IT ISSUED A BAN ON HTPS AND ELECTRONIC CIGARETTES.
- THE GLOBAL IMPLEMENTATION PROGRAM SUPPORTED 25 CITIES/DISTRICTS ACROSS FIVE COUNTRIES IN 2024. COLLECTIVELY THE CITIES AND DISTRICTS HELD 185 COORDINATION AND STAKEHOLDER MEETINGS, ISSUED 239 DIRECTIVES AND NOTICES, TRAINED 1,923 ENFORCEMENT AGENTS, AND INSPECTED 54,892 VENUES AND RETAILERS. THE TOBACCO CONTROL IMPLEMENTATION HUB RECEIVED OVER 2,200 VIEWS, BRINGING THE TOTAL TO 48,000 VIEWS FROM 152 COUNTRIES SINCE ITS LAUNCH IN 2021. TWO WEBINARS WERE HELD SHARING BEST PRACTICES WITH OVER 700 PARTICIPANTS. AN ENFORCEMENT AUDIT TOOL WAS PILOTTED IN FOUR STATES IN INDIA.
- IN 2024, VITAL STRATEGIES TOBACCO CONTROL DIVISION SIGNED ITS FIRST GRANTS UNDER THE CESSATION PROGRAM AND BY THE END OF THE YEAR HAD ACTIVE GRANTS IN CAMBODIA, CHINA, INDIA (3), INDONESIA, AND THE PHILIPPINES. THE CESSATION PROGRAM ALSO PROVIDED SUPPORT TO GRANTS WITH CESSATION OBJECTIVES IN PAKISTAN AND UKRAINE UNDER THE BI PROGRAM. THROUGHOUT THE YEAR, THE VITAL TEAM WORKED CLOSELY WITH WHO PARTNERS. A JOINT PUBLICATION ON CESSATION ECOSYSTEMS IS UNDERWAY AND JOINT WHO

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MISSIONS TO MEXICO AND CHINA WERE COMPLETED IN 2024. THE PROGRAM HELD A WEBINAR FOCUSING ON THREE POPULATION-LEVEL APPROACHES TO CESSATION TO BUILD CAPACITY AMONG VITAL STRATEGIES AND WHO STAFF. VITAL STRATEGIES AND PARTNER UNDP PROGRESSED FOUR INVESTMENT CASES FOCUSED ON CESSATION FUNDING AND SUPPORT IN INDONESIA, MEXICO, THE PHILIPPINES, AND VIETNAM.

- VITAL STRATEGIES TOBACCO CONTROL TEAM PROVIDED TECHNICAL MEDIA COMMUNICATION SUPPORT TO 9 COUNTRIES, LEADING TO DIGITAL AND TRADITIONAL MEDIA CAMPAIGNS TO SUPPORT BEHAVIOR AND POLICY CHANGES.

- VITAL STRATEGIES COMMUNICATION RESEARCHERS WORKED WITH GOVERNMENTS TO SUPPORT THE TOBACCO INDUSTRY'S ONLINE MARKETING MONITORING ACTIVITIES AND REPORTS IN CHINA, MEXICO, INDIA, AND INDONESIA.

- VITAL STRATEGIES CONTINUED ITS STOP TOBACCO WORK TO PRODUCE REPORTS ON INSTANCES OF INDUSTRY INTERFERENCE IN TOBACCO CONTROL POLICIES.

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

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

EXPENSES \$ 38,665,376. INCLUDING GRANTS OF \$ 18,316,811. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

DURING 2024, THE ORGANIZATION AMENDED ITS BYLAWS TO (I) REVISE BOARD SIZE AND TRUSTEE TERM LIMITS, (II) ELIMINATE THE MANAGEMENT PERFORMANCE COMMITTEE AND MERGE THE GOVERNANCE AND NOMINATING COMMITTEES, AND (III) UPDATE OFFICER POSITIONS AND ELECTION PROCEDURES. THESE CHANGES WERE MADE TO IMPROVE CLARITY, GOVERNANCE EFFICIENCY, AND ALIGNMENT WITH THE CURRENT OPERATIONAL STRUCTURE.

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

VITAL STRATEGIES USES AN OUTSIDE ACCOUNTANT TO PREPARE ITS FORM 990. AFTER THE FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY MANAGEMENT. FOLLOWING THAT REVIEW, A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL. THE OUTSIDE ACCOUNTANT PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE IN A FORMAL MEETING, DURING WHICH COMMITTEE MEMBERS HAVE THE OPPORTUNITY TO ASK QUESTIONS AND DISCUSS THE RETURN IN DETAIL. ONCE THE AUDIT COMMITTEE APPROVES THE RETURN, THE FORM 990 IS DISTRIBUTED TO THE BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL. ONCE THE RETURN IS APPROVED BY THE BOARD OF TRUSTEES, IT IS FILED ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE.

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

VITAL STRATEGIES HAS A CONFLICT OF INTEREST POLICY WHICH ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, EMPLOYEES, INTERNS, AND VOLUNTEERS MUST REVIEW UPON JOINING THE ORGANIZATION. VITAL STRATEGIES ANNUALLY MONITORS AND ENFORCES THE POLICY VIA A CONFLICT OF INTEREST DISCLOSURE FORM, WHICH ALL SUCH PERSONS MUST COMPLETE TO IDENTIFY ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES WHICH THEY BELIEVE COULD CONTRIBUTE TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST. MEMBERS OF THE BOARD OF TRUSTEES AND PRESIDENT AND CEO'S FORMS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD. IF THE PRESIDENT AND CEO AND THE EXECUTIVE COMMITTEE ARE UNABLE TO ESTABLISH WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS REFERRED TO THE AUDIT COMMITTEE. EMPLOYEES, INTERNS AND VOLUNTEERS SUBMIT THEIR FORM TO THE HR DEPARTMENT AND ADDITIONAL REVIEW BY THE LEGAL DEPARTMENT MAY BE NEEDED; ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS REPORTED TO THE PRESIDENT AND CEO AND IF THE PRESIDENT AND CEO ARE UNABLE TO DETERMINE IF A CONFLICT OF INTEREST EXISTS, THE MATTER IS REFERRED TO THE AUDIT COMMITTEE. IF AN ACTUAL CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL(S) INVOLVED ARE NOT

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

THIS PROCESS LAST OCCURRED IN 2024.

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	13,008,909.
MANAGEMENT AND GENERAL EXPENSES	487,363.
FUNDRAISING EXPENSES	142,447.
TOTAL EXPENSES	13,638,719.

PROGRAM ACTIVITIES AND SERVICES:

PROGRAM SERVICE EXPENSES	3,385,824.
MANAGEMENT AND GENERAL EXPENSES	124,157.
FUNDRAISING EXPENSES	22,228.
TOTAL EXPENSES	3,532,209.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	192,572.
MANAGEMENT AND GENERAL EXPENSES	408,561.
FUNDRAISING EXPENSES	3,185.
TOTAL EXPENSES	604,318.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	47,834.
MANAGEMENT AND GENERAL EXPENSES	12,678.
FUNDRAISING EXPENSES	350.
TOTAL EXPENSES	60,862.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	17,836,108.

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

FOREIGN CURRENCY EXCHANGE LOSS	-6,398.
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INCREASE IN PROVISION FOR NON-REIMBURSABLE EXPENSES		-360,000.	
CHANGE IN NET ASSETS OF SUBSIDIARY INCLUDED IN CONSOLIDATED F.S. STATEMENTS		154,730.	
REFUND OF PRIOR YEAR GRANTS		56,714.	
TOTAL TO FORM 990, PART XI, LINE 9		-154,954.	

FORM 990, PART XI, LINE 2C:
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(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.

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

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

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

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) FONDS DE DOTATION VITAL STRATEGIES	B	2,962,101.	COST
(2) VITAL STRATEGIES INDIA SERVICES PL	R	4,209,953.	COST
(3) VITAL STRATEGIES INDIA SERVICES PL	M	4,127,957.	COST
(4)			
(5)			
(6)			

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.

[illegible]

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