, ,)				293	9 3, 1	4607715
•	Form	990-T	Ex	empt Organization		siness Income der section 6033(n	OMB No 1545-0687
			For cale	ndar year 2017 or other tax year begin		•	• •	017	<u> </u>
	Depart	ment of the Treasury		► Go to www.irs.gov/Form990				·	
		Revenue Service	▶Do	not enter SSN numbers on this form a				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
2018	A _	Check box if address changed		Name of organization (Check bo	x if na	me changed and see instruction	s)		oyer identification number oyees' trust, see instructions)
20	B Exe	mpt under section_		VITAL PROJECTS FUND	, IN	C			
J.O	X	501(C)(3/)	Print	Number, street, and room or suite no	faPO	box, see instructions		13-3	711340
١. 🕶	П	408(e) 220(e)	or	C/O ROBERT B. MENSCI	HEL		STE 1602		ated business activity codes
47.		408A 530(a)	ihhe	375 PARK AVENUE				(See in	nstructions)
7		529(a)		City or town, state or province, country	y, and 2	ZIP or foreign postal code			
يعب		k value of all assets	1	NEW YORK, NY 10152				5230	00
, z	at e	end of year	F Gro	up exemption number (See instructi	ions)	>			
POSTMARK DATE	32	23,610,986.		eck organization type > X 501) trust	401(a)	trust Other trust
3	H De			rimary unrelated business activity					<u> </u>
	I Du			corporation a subsidiary in an affili					Yes X No
)É	If			identifying number of the parent coi			J		
				ACDERMOTT WILL & EMERY			e number ▶ 21	2-547	-5400
				or Business Income		(A) Income	(B) Expen		(C) Net
		Gross receipts or					· · · · · · · · · · · · · · · · · · ·		
		Less returns and allowa		c Balance ▶	1c				
	2			ule A, line 7)	2				
	3			2 from line 1c	3				
	4 a	•		ittach Schedule D)	4a	-79.			-79.
	b			Part II, line 17) (attach Form 4797)	4b				
	c	• , ,		trusts	4c				
	5			ps and S corporations (attach statement)	5	-545.	ATCH 1		-545.
	6		-		6				
	7			come (Schedule E)	7				
	8			nts from controlled organizations (Schedule F)	8				
	9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9			· · ·	
	10			ncome (Schedule I)	10				
	11	Advertising incon	ne (Sched	dule J)	11				
	12	Other income (Se	ee instruc	ctions, attach schedule)	12	545.	ATCH 2		545.
	13	Total. Combine li	nes 3 thr	ough 12	13	-79.			-79.
	Par	t II Deductio	ns Not	Taken Elsewhere (See instr	ruction	ons for limitations on o	eductions.) (E	Except f	or contributions,
				be directly connected with t				•	·
	14			directors, and trustees (Schedule K)				14	
	15	Salaries and wage	es			· ETTECEIVE	D l	15	
	16						بي إي	. 16	
	17	Bad debts				1.115.	221	17	
	18	Interest (attach se	chedule)			18 MAY 23 2	nio ''	18	
	19	raxes and license	5			1881		19	250.
-	20	Charitable contril	butions (S	See instructions for limitation rules)		. LOCOEN	· k+ 1 · · · · · · · · · ·	20	
	21	Depreciation (atta	ach Form	4562)			<u></u>		
•	22	Less depreciation	n claimed	l on Schedule A and elsewhere on re	eturn	22a		22b	
,	23	Depletion						23	
ì	24	Contributions to	deferred	compensation plans				. 24	
•	25			s					
•	26	Excess exempt ex	xpenses (Schedule I)				. 26	
•	27			Schedule J)					
	28			schedule)					
• 2	29			es 14 through 28					250.
	30			ole income before net operating					-329.
Ó	31			ion (limited to the amount on line 30					
-	32	Unrelated busine	ss taxabl	e income before specific deduction	n Sub	tract line 31 from line 30 .		32	-329.
	33			rally \$1,000, but see line 33 instruc					1,000.
	34			ble income. Subtract line 33 fr					
		enter the smaller	of zero or	r line 32 <u></u>	<u> </u>	<u></u>		3 <u>4</u>	-329.

V 17-4.2F

For Paperwork Reduction Act Notice, see instructions. 7X2740 2,000 HS 154 1515

Form **990-T** (2017)

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50	Enter th	e amount of line 49 you want	Credited to 2018 estimated	tax 🕨		Refunded	▶	50	·	5,2	225
Pa	rt V	Statements Rega	rding Certain Activi	ties and Other li	nformation (see instructi	ons)			
51	At any	time during the 2017	calendar year, did the o	organization have an	interest in or	a signature	or	other	authority	Yes	No
	over a	financial account (bar	ik, securities, or other) in	n a foreign country?	If YES, the	organization	may	/ have	to file		
	FinCEN	Form 114, Report of	Foreign Bank and Fina	ncial Accounts If Y	ES, enter the	name of th	e f	oreign	country]	
	here 🕨	•									Х
52	During	the tax year, did the orga	nization receive a distributio	n from, or was it the g	rantor of, or trai	nsferor to, a fo	reig	n trust?			X
	If YES,	see instructions for other f	orms the organization may h	ave to file			·				
53	Enter t	he amount of tax-exempt	interest received or accrued	during the tax year	\$						

Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

Sign May the IRS discuss this return Here with the preparer shown below Title (see instructions)? X

	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid	JOSEPH BULGER	d-J.B-e	5 19 1 18	self-employed	P01366942
Preparer Use Only	Firm's name ► ERNST & YOUNG	U.S. LLP		Firm's EIN ▶34	1-6565596
	Firm's address ▶ 77 WATER STRE	ET, 9TH FL, NEW YORK, N	Y 10005	Phone no 21	12-440-0800
					F 000 T (00

5,225.

47

Form 990-T (2017)					_		Page
Schedule A - Cost of Goods Sold. En	ter method	of inventory valuation	►N/A				
1 Inventory at beginning of year . 1		6 Inventory	at end of yea	ır	_6		
2 Purchases 2		7 Cost of	goods sol	d. Subtract line			
3 Cost of labor		6 from 1	line 5 Ent	ter here and in			
4a Additional section 263A costs		Part I, line	2		7		
(attach schedule) 4a				section 263A (w	ith re	spect to	es No
b Other costs (attach schedule) . 4b		property	produced	or acquired for	resale	e) apply	
5 Total. Add lines 1 through 4b . 5		to the orga	anization?.			<u></u> . [_	_ X
Schedule C - Rent Income (From Real P	roperty an	d Personal Property	Leased W	ith Real Proper	ty)		
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
2. Rent receiv	ved or accrued	<u>. </u>					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	om real and personal property ge of rent for personal property f the rent is based on profit or	or personal property exceeds in columns 2(a) and 2(b) (attach sche					
(1)							
(2)							
(3)							
(4)		- , ,					
Total	Total			(b) Total daduction			
(c) Total income. Add totals of columns 2(a) and 2((b) Total deduction Enter here and on			
here and on page 1, Part I, line 6, column (A)				Part I, line 6, colum	nn (B)	<u> </u>	
Schedule E - Unrelated Debt-Financed I	ncome (see	instructions)N/A					
		2. Gross income from or	3. L	Deductions directly con debt-finance			to
Description of debt-financed property		allocable to debt-financed property		nt line depreciation ch schedule)	(b) Other deduction	
(1)						· -	
(2)							
(3)					•		
(4)		<u> </u>					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjustion of or alloca debt-financed (attach schedule)	ble to property	6. Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable deduc nn 6 x total of c 3(a) and 3(b))	olumns
(1)		%					
(2)		%					
(3)		%					
(4)		%					
Totals		_	Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter Part	here and on p I, line 7, colum	page 1, nn (B)

Form **990-T** (2017)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	intes, royantes			ntrolled Or			itions (se	e instruction	5115)	N/A
Name of controlled organization	2. Employer identification number		I I			of specified ints made 5. Part of column included in the coorganization's ground included in the coorganization.		d in the contr	olling	6. Deductions directly connected with income in column 5
(1)					ļ					
(2)										
(3)										<u> </u>
(4)		1			<u> </u>					<u> </u>
Nonexempt Controlled Organiz	zations						N=4	0.454		4 5 4 4 4 4
7. Taxable Income	8. Net unrelated in (loss) (see instruc	ì		Total of specifi ayments made		inch	Part of colum- uded in the conization's gro	ontrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)									<u> </u>	
(4)				·			d columns 5			dd columns 6 and 11
Totals		tion 501(c	 :)(7),	(9), or (17	▶ ′) Orga	Par	er here and or t I, line 8, coli n (see ins	umn (A)	Pa	ter here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	rincome		3. Dedu directly co (attach sc	nnected			et-asides i schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)			+							
(3)			+			—- <u>i</u>				
(4)	Enter here and		 							
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, c	olumn (A)	er Th	an Advert	isina In	come	(see instr	uctions) N		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	ses / with n of	4. Net inco from unrela or business 2 minus co If a gain, o cols 5 thr	me (loss) ited trade i (column ilumn 3) compute	5 Gr from is no	oss income activity that t unrelated ess income	me 6 Expenses hat attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			_	1			,	1		
(2)			_	<u> </u>			·	1		
(3)	1								-	
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising Ir	come (see instr	uctions)								
Part I Income From Per			onsol	idated Ba	sis N/A					
1 Name of periodical	2. Gross advertising income	3. Direct advertising	zt .	4. Advergain or (lo 2 minus of a gain, co cols 5 thi	rtising ss) (col col 3) If ompute	5. Circulation 6. Readership income costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										
(3) (4)										
Totals (carry to Part II, line (5))										Form 990-T (2017

Total. Enter here and on page 1, Part II, line 14.....

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4 Advertising 7. Excess readership gain or (loss) (col costs (column 6 2. Gross 3. Direct 5. Circulation 6 Readership 2 minus col 3) If minus column 5, but 1. Name of periodical advertising advertising costs income costs not more than column 4) a gain, compute cols 5 through 7 ıncome (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) N/A 4 Compensation attributable to unrelated business time devoted to business 1. Name 2 Title (1) % (2) ATTACHMENT 3 (3) % (4) %

Form **990-T** (2017)

	ATTACHMENT 1
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
SEE SCHEDULE ATTACHED	-545.
INCOME (LOSS) FROM PARTNERSHIPS	

	ATTACHMENT 2
PART I - LINE 12 - OTHER INCOME	
SEE SCHEDULE ATTACHED	545.
PART I - LINE 12 - OTHER INCOME	545.

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ROBERT B. MENSCHEL 375 PARK AVENUE SUITE 1602 NEW YORK, NY 10152	CHAIRMAN/TREASURER/DIRECTOR	0	0.
RICHARD L. MENSCHEL 375 PARK AVENUE SUITE 1602 NEW YORK, NY 10152	DIRECTOR	0	0.
DAVID F. MENSCHEL 375 PARK AVENUE SUITE 1602 NEW YORK, NY 10152	PRESIDENT/DIRECTOR	0	0.
LAUREN E. MENSCHEL 375 PARK AVENUE SUITE 1602 NEW YORK, NY 10152	SECRETARY/DIRECTOR	0	0.
RONAY MENSCHEL 375 PARK AVENUE SUITE 1602 NEW YORK, NY 10152	DIRECTOR	0	0.
MARIANNE SAMMARCO 375 PARK AVENUE SUITE 1602 NEW YORK, NY 10152	ASSISTANT SECRETARY	0	0.
JAY RIVLIN 340 MADISON AVENUE NEW YORK, NY 10173	DIRECTOR	0	0.
TOTAL COMPENSATION			0.

VITAL PROJECTS FUND, INC ATTACHMENT TO FORM 990-T AND FORM CT-13 FYE 12/31/2017

EIN: 13-3711340

LINE 40 : CAPITAL GAINS FROM PARTNERSHIPS

SEC 1231 GAINS THRU WHITEHALL PARALLEL GLOBAL REAL ESTATE L P 2001	15/20%	EIN 74-3002161	(79)	
		TOTAL CAPITAL GAIN 2016 CAPITAL LOSS CARRYOVER FROM 2016 TOTAL TO FORM 990-T, LINE 40	-	(79)
LINE 5 . INCOME (LOSS) FROM PARTNERSHIPS				
ORDINARY INCOME THRU				
WHITEHALL PARALLEL REAL ESTATE LIMITED PARTNERSHIP XIII		EIN 75-2849160	(1)	
WHITEHALL PARALLEL GLOBAL REAL ESTATE LP 2001		EIN 74-3002161	(216)	
RRE INCOME/LOSS THRU				
WHITEHALL PARALLEL GLOBAL REAL ESTATE LP 2001		EIN 74-3002161	(335)	
WALLET MEDITARABLE DEGRACE COTATE ET LOGI		214 74-3002101	(333)	
CANCELLATION OF DEBT				
WHITEHALL PARALLEL REAL ESTATE LIMITED PARTNERSHIP XIII		EIN. 75-2849160	5	
WHITEHALL PARALLEL GLOBAL REAL ESTATE LP 2001		EIN. 74-3002161	2	
			-	
OTHER INCOME (LOSS) - 11F				
WHITEHALL PARALLEL REAL ESTATE LIMITED PARTNERSHIP XIII		EIN 75-2849160		
WHITEHALL PARALLEL GLOBAL REAL ESTATE L P 2001		EIN 74-3002161		
		22/11/19002302		
		TOTAL TO FORM 990-T, LINE 5		(545)
ATAIC 40 COTHED TAIGOUSE				
LINE 12 : OTHER INCOME				
ADD-BACK CURRENT YEAR SUSPENDED PASSIVE LOSS		TOTAL TO SORU 000 T LINE 40	545	
		TOTAL TO FORM 990-T, LINE 12		545
		TOTAL INCOME, LINE 13	-	(79)
			_	
LINE 19 : TAXES AND LICENSES				
TAXES PAID.				
NYS ARTICLE 13			(250)	
		TOTAL TO FORM 990-T, LINE 19		(250)
			_	
		TOTAL DEDUCTIONS, LINE 29	=	(250)
		TOTAL UBTI	_	(329)
		BEFORE SPECIFIC DEDUCTION	_	(3-5)

VITAL PROJECTS FUND, INC.

EIN: 13-3711340 FYE 12/31/2017

FORM 990-T

SCHEDULE OF NET OPERATING LOSS:

SCHEDULE OF MET OF	EIGHT EUSS.				
	CURRENT YEAR OPERATING GAINS	CURRENT YEAR OPERATING LOSSES	NOL UTILIZED	NET C/Y NOL	TOTAL CARRYFORWARD NOL
FYE 12/31/2015	0	(5,033)	0	(5,033)	(5,033)
FYE 12/31/2016	0	(1,786)	0	(1,786)	(6,819)
FYE 12/31/2017	0	(329)	0	(329)	(7.148)

SCHEDULE OF SUSPENDED PAL:

					CURRENT YEAR	TOTAL SUSPENDED
		CURRENT YEAR	CURRENT YEAR	PASSIVE LOSSES	NET PASSIVE	PASSIVE LOSSES
_	FYE	PASSIVE GAINS	PASSIVE LOSSES	UTILIZED	LOSSES	CARRYFORWARD
	12/31/2013	344	(8,043)	0	(7,699)	(7,699)
	12/31/2014	300	(13,260)	0	(12,960)	(20,659)
	12/31/2015	29,295	(44,077)	0	(14,782)	(35,441)
	12/31/2016	14	(17,015)	0	(17,001)	(52,442)
	12/31/2017	7	(552)	0	(545)	(52,987)