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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning and ending****B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type  
See Specific Instructions**C Name of organization****INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, INC****Doing Business As****Number and street (or P O box if mail is not delivered to street address) Room/suite**  
**61 BROADWAY 1720****City or town, state or country, and ZIP + 4**  
**NEW YORK, NY 10006****F Name and address of principal officer: MARK D. FUSSELL  
SAME AS C ABOVE****D Employer identification number****22-3419667****E Telephone number****212-500-5724****G Gross receipts \$ 19,430,971.****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c) Group exemption number ▶****I Tax-exempt status:** ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ N/A**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1995 **M State of legal domicile** NJ**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>IUATLD, INC. IS A FULLY REGISTERED NON-PROFIT, PUBLIC CHARITY ORGANIZATION BASED IN</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>2</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>5,279.</b>	<b>19,419,094.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>88.</b>	<b>11,877.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,367.</b>	<b>19,430,971.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>17,761,636.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,040,011.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>170.</b>	<b>560,767.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>170.</b>	<b>19,362,414.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>5,197.</b>	<b>68,557.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>22,649.</b>	<b>1,784,765.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>22,649.</b>	<b>1,693,559.</b>

**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** *Mark D. Fussell***Date** 8-16-10**MARK D. FUSSELL, DIRECTOR****Type or print name and title****Paid Preparer's Use Only****Preparer's signature** *David M. Higgins***Date**

8-13-10

**Check if self-employed** ☐**Preparer's identifying number (see instructions)****Firm's name (or yours if self-employed), address, and ZIP + 4****O'CONNOR DAVIES MUNNS & DOBBINS LLP  
1 BARKER AVENUE  
WHITE PLAINS, NY 10601****EIN ▶****Phone no ▶ 914-421-5600**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

THE UNION BRINGS INNOVATION, EXPERTISE, SOLUTIONS AND SUPPORT TO  
ADDRESS HEALTH CHALLENGES IN LOW AND MIDDLE INCOME POPULATIONS.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 16,134,750. including grants of \$ 16,134,750. ) (Revenue \$ )  
TOBACCO CONTROL:

IUATLD, INC. WAS THE RECIPIENT OF OVER \$16 MILLION IN GRANT FUNDING FROM THE WORLD LUNG FOUNDATION FOR SUPPORT OF THE UNION'S PARTICIPATION IN THE HIGHLY SUCCESSFUL BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE. THROUGH ITS REGIONAL OFFICES IN EUROPE, LATIN AMERICA, SOUTH-EAST ASIA, THE MIDDLE EAST AND ASIA PACIFIC, THE UNION USES THESE GRANT FUNDS TO EFFECTIVELY WORK WITH GOVERNMENTS IN 14 OF THE WORLD'S TOP TOBACCO-USING COUNTRIES TO DEVELOP STRONGER TOBACCO CONTROL POLICIES AND LAWS. THE UNION IS THE CO-MANAGER OF THE BI GRANTS PROGRAM, AND SINCE 2007, HAS ISSUED GRANTS TO 73 TOBACCO CONTROL ORGANIZATIONS AND GOVERNMENTS IN 27 COUNTRIES. THE UNION HAS ALSO LAUNCHED A SERIES OF TECHNICAL AND MANAGEMENT COURSES DESIGNED SPECIFICALLY TO BUILD THE

4b (Code: ) (Expenses \$ 1,500,000. including grants of \$ 1,500,000. ) (Revenue \$ )  
STRATEGIC HEALTH INFORMATION AND OPERATIONAL RESEARCH:

IUATLD, INC. WAS THE RECIPIENT OF A \$1,500,000 GRANT FROM AN ANONYMOUS DONOR TO SUPPORT THE UNION'S CENTRE FOR STRATEGIC HEALTH INFORMATION AND OPERATIONAL RESEARCH. THIS DONATION SUPPORTED THE ENHANCEMENT OF OPERATIONAL RESEARCH CAPACITY IN LOW- AND MIDDLE-INCOME COUNTRIES IN THE FIELD OF HIV/AIDS AND TB AS WELL AS KEY NON-COMMUNICABLE DISEASES SUCH AS ASTHMA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS AND HYPERTENSION. MANY OF THE TARGETED COUNTRIES FOR THIS INITIATIVE, PARTICULARLY IN AFRICA, ARE OVERBURDENED WITH SERIOUS COMMUNICABLE DISEASE EPIDEMICS AND GROWING EPIDEMICS OF NON-COMMUNICABLE DISEASES. MANY HAVE WEAK HEALTH INFORMATION SYSTEMS AND CANNOT MONITOR DISEASE BURDEN. IN ADDITION, OPERATIONAL RESEARCH

4c (Code: ) (Expenses \$ 796,281. including grants of \$ 126,886. ) (Revenue \$ )  
TREAT TB RESEARCH ACTIVITIES:

IUATLD, INC. SERVED AS THE COORDINATING HUB FOR THE TREAT TB (TECHNOLOGY, RESEARCH, EDUCATION AND TECHNICAL ASSISTANCE FOR TUBERCULOSIS) INTERNATIONAL RESEARCH INITIATIVE SUPPORTED THROUGH A MULTI-YEAR COOPERATIVE AGREEMENT GRANT FROM THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) TO THE UNION. AS THE CENTER FOR COORDINATION OF PROJECTS AND ACTIVITIES UNDER THE UNION-LED MULTI-PARTNER INITIATIVE, IUATLD, INC. PLAYED A MAJOR ROLE IN THE PLANNING OF TECHNICAL ACTIVITIES, RESEARCH COORDINATION, COMMUNICATIONS, AND PROJECT ADMINISTRATION. TREAT TB RESEARCH ACTIVITIES HAVE BEEN DESIGNED TO ASSIST LOW AND MIDDLE INCOME COUNTRIES TO ADOPT NEW AND IMPROVED DIAGNOSTIC TOOLS FOR TB, TO MORE EFFECTIVELY

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

(Expenses \$ 666,668. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 19,097,699.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21; 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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>Yes</b>	<b>No</b>
		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> 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>		<b>X</b>
<b>19</b> 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>		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>		X
<b>23</b> 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>	<b>23</b>	X	
<b>24a</b> 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 25</i>	<b>24a</b>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>		X
<b>b</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>	<b>25b</b>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>		X
<b>32</b> 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>	<b>32</b>		X
<b>33</b> 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>	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35</b>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>		X
<b>37</b> 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>	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	12	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	9	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	3	
<b>b</b> Enter the number of voting members that are independent	2	
<b>2</b> 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?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9</b> 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 in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?		X
<b>14</b> Does the organization have a written document retention and destruction policy?		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► IL, NJ, NY

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☒ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
JESSICA KEYER - 212-500-5738  
61 BROADWAY, SUITE 1720, NEW YORK, NY 10006

Form 990 (2009)

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

## 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. Use Schedule J-2 if additional space is needed.

- 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. See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.[illegible]



**INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, INC**

Form 990 (2009)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Total</b>								359,816.	0.	55,732.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 8

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
SYLVIANE RATTE 4 RUE LE BRUN, PARIS, FRANCE 75013	INTL TOBACCO CONTROL CONSULTING SVCS	135,822.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1

**INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, INC**

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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	796,281.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18622813.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
<b>h Total.</b> Add lines 1a-1f				19419094.			
<b>Program Service Revenue</b>	<b>2 a</b> _____			<b>Business Code</b>			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)				11,877.		11,877.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
				(i) Real	(ii) Personal		
	<b>6 a</b> Gross Rents						
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
				(i) Securities	(ii) Other		
	<b>7 a</b> Gross amount from sales of assets other than inventory						
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	<b>a</b> _____						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>a</b> _____						
	<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>a</b> _____							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11 a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue</b> See instructions				19430971.	0.	0.	11,877.

**INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, INC**

Form 990 (2009)

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**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) but are not required to complete columns (B), (C), and (D).**

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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	17,761,636.	17,761,636.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	415,548.	357,227.	58,321.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	497,890.	430,823.	67,067.	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,595.	9,545.	2,050.	
<b>9</b> Other employee benefits	53,351.	43,918.	9,433.	
<b>10</b> Payroll taxes	61,627.	50,732.	10,895.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	11,035.	7,862.	3,173.	
<b>c</b> Accounting	14,500.	10,331.	4,169.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	238,030.	220,417.	17,613.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	30,218.	22,032.	8,186.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	195,278.	126,906.	68,372.	
<b>17</b> Travel	36,223.	32,844.	3,379.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	13,566.	13,402.	164.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	669.	669.		
<b>23</b> Insurance	6,314.		6,314.	
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> <u>EQUIP RENTAL &amp; REPAIR</u>	5,255.	5,241.	14.	
<b>b</b> <u>STAFF DEVLPMNT &amp; RECRUIT</u>	4,652.	268.	4,384.	
<b>c</b> <u>EQUIPMENT PURCHASES</u>	3,377.	3,129.	248.	
<b>d</b> <u>HONORARIUMS</u>	1,650.	717.	933.	
<b>e</b> _____				
<b>f</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24f	19,362,414.	19,097,699.	264,715.	0.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, INC

Form 990 (2009)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	1,414,838.
	2 Savings and temporary cash investments	22,649.	2	150,902.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	2,944.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	57,977.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	2,008.		
	10b Less: accumulated depreciation	669.	0.	10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	156,765.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	22,649.	16	1,784,765.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	58,809.
	18 Grants payable		18	1,634,750.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0.	26	1,693,559.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	22,649.	27	83,192.
	28 Temporarily restricted net assets		28	8,014.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	22,649.	33	91,206.
34 <b>Total liabilities and net assets/fund balances</b>	22,649.	34	1,784,765.	

Form 990 (2009)

INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, INC

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**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 in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, 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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

## INTERNATIONAL UNION AGAINST

Schedule A (Form 990 or 990-EZ) 2009 **TUBERCULOSIS AND LUNG DISEASE, INC** 22-3419667 Page 2**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	154,134.	138,551.	16,049.	5,279.	19419094.	19733107.
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 <b>Total.</b> Add lines 1 through 3	154,134.	138,551.	16,049.	5,279.	19419094.	19733107.
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)						1105041.
6 <b>Public support.</b> Subtract line 5 from line 4						18628066.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	154,134.	138,551.	16,049.	5,279.	19419094.	19733107.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,687.	964.	231.	88.	11,877.	14,847.
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 IV.)						
11 <b>Total support.</b> Add lines 7 through 10						19747954.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.33	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	28.78	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> 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 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐



**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
InspectionName of the organization **INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, 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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered "Yes" to 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 XIV 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?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 year end balance held as

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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				
d Equipment				
e Other		2,008.	669.	1,339.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,339.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
DUE FROM AFFILIATE - IUATLD, INC. (PARIS)	156,765.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	
	156,765.

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, INC

Schedule D (Form 990) 2009

22-3419667 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,430,971.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,362,414.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	68,557.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	68,557.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	19,430,971.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	19,430,971.
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 XIV.)	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	19,430,971.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	19,362,414.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	19,362,414.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	19,362,414.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: IUATLD, INC. RECOGNIZES THE EFFECT OF INCOME TAX**

POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING

SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE IUATLD, INC. HAD NO

UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT

RECOGNITION. IUATLD, INC. IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE

TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2006.

Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

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

► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

# 2009

**Open to Public Inspection**

Name of the organization

INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, INC

Employer identification number

22-3419667

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

- 1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3** Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	17,639,300.
Totals	0	0			17,639,300.

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

**Schedule F (Form 990) 2009**





**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: IUATLD, INC. 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. THIS SYSTEM FEATURES A STANDARDIZED GRANTS FUNDING AGREEMENT AND REPORTING FORMAT. VARIOUS IUATLD, INC. STAFF ARE INVOLVED IN THE SYSTEM ESTABLISHED TO ISSUE AND MONITOR GRANT FUNDS. THIS INCLUDES THE FINANCE AND OPERATIONS OFFICER, WHO OVERSEES THE PROCESS TO ISSUE GRANT FUNDING AGREEMENTS, AND THE RESEARCH AND EVALUATION COORDINATOR WHO OVERSEES DAY TO DAY MANAGEMENT OF INFORMATION RELATED TO RECIPIENT PROGRESS AND REPORTS.

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

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: \$16,134,750 TO SUPPORT TOBACCO CONTROL - BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE AND \$1,500,000 TO SUPPORT THE STRATEGIC HEALTH INFORMATION AND OPERATIONAL RESEARCH CENTER.

REGION: EUROPE

(D) PURPOSE OF GRANT: TO PROVIDE IMPACT EVALUATION AND TO DEVELOP A HEALTH SYSTEMS MODELING CONCEPT FOR THE TREAT TB INITIATIVE.



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENCOMPASS, LLC 10500 ALLOWAY DRIVE POTOMAC, MD 20854	52-2228651	N/A	45,900.	0. N/A		N/A	TO DEVELOP MARKETING MATERIALS AND PROVIDE KNOWLEDGE MANAGEMENT TO THE TREAT TB INITIATIVE.
BEA ENTERPRISES, INC. 17 LAKE POTAMAC COURT POTOMAC, MD 20854	52-1472580	N/A	76,436.	0. N/A		N/A	TO DEVELOP, MAINTAIN AND HOST THE TREAT TB WEBSITE.

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

▶ **2** .

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

Schedule I (Form 990) 2009

(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 non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: IUATLD, INC. 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. THIS SYSTEM FEATURES A STANDARDIZED GRANTS FUNDING AGREEMENT AND REPORTING FORMAT. VARIOUS IUATLD, INC. STAFF ARE INVOLVED IN THE SYSTEM ESTABLISHED TO ISSUE AND MONITOR GRANT FUNDS. THIS INCLUDES THE FINANCE AND OPERATIONS OFFICER, WHO OVERSEES THE PROCESS TO ISSUE GRANT FUNDING AGREEMENTS, AND THE RESEARCH AND EVALUATION COORDINATOR WHO OVERSEES DAY TO DAY MANAGEMENT OF INFORMATION RELATED TO RECIPIENT PROGRESS

**Part IV** Supplemental Information

AND REPORTS.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
InspectionName of the organization **INTERNATIONAL UNION AGAINST  
TUBERCULOSIS AND LUNG DISEASE, 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 in 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 (e.g., 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 officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" 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 in 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) and 501(c)(4) organizations must complete lines 5-9.****5** For persons listed in 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" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to 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

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2009



**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC	Employer identification number 22-3419667
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEW YORK CITY AND SERVES AS THE NORTH AMERICAN AFFILIATE OF THE  
INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE (THE UNION),  
HEADQUARTERED IN PARIS, FRANCE.

DURING TAX YEAR 2009 (JANUARY-DECEMBER 2009), THE ORGANIZATION  
UNDERTOOK SEVERAL MAJOR ACTIVITIES RELATED TO BOTH ORGANIZATIONAL  
DEVELOPMENT AND PROGRAMMATIC INITIATIVES. THIS STATEMENT DESCRIBES THE  
MAJOR ACTIVITIES UNDERTAKEN AND ACCOMPLISHMENTS ACHIEVED.

ACTIVITY AREA 1: FINALIZE TRANSITION FROM ITF TO IUATLD, INC.  
DURING EARLY 2009, IUATLD, INC. COMPLETED REQUIRED ACTIONS BEGUN IN  
2008 TO FORMALLY TRANSITION THE ORGANIZATION FROM ITS PREVIOUS NAME AND  
EXISTENCE AS THE INTERNATIONAL TUBERCULOSIS FOUNDATION (ITF) TO THE  
INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC.  
THROUGHOUT 2008, ITF HAD BEEN A DORMANT ORGANIZATION.

[SEE CONTINUATION OF IUATLD 2009 SIGNIFICANT ACCOMPLISHMENTS ON SHEET 6  
OF SCHEDULE O]

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THREE MAJOR PROGRAM SERVICES WERE UNDERTAKEN IN 2009 WHICH WERE NOT  
UNDERTAKEN DURING 2008.

DURING 2009, IUATLD, INC. WAS THE RECIPIENT OF OVER \$16 MILLION THROUGH  
A GRANT AGREEMENT FROM THE WORLD LUNG FOUNDATION FOR SUPPORT OF  
UNION-WIDE ACTIVITIES AS AN ACTIVE PARTNER WITHIN THE BLOOMBERG

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INITIATIVE TO REDUCE TOBACCO USE. THESE FUNDS WERE DIRECTED TO IUATLD,  
INC. AS THE NORTH AMERICAN AFFILIATE OF THE UNION TO SUPPORT CENTRAL  
AND IN-COUNTRY EXPERTISE AND RESOURCE CENTERS TO DEVELOP CAPACITY OF  
ORGANIZATIONS WORKING IN TOBACCO CONTROL IN HIGH BURDEN COUNTRIES AND  
TO SUPPORT A UNION-ADMINISTERED GRANTS PROGRAM TO STRENGTHEN ADVOCACY  
FOR TOBACCO CONTROL AND TO FUND INNOVATIVE PROGRAMS TO IMPLEMENT  
INTERVENTIONS IN SPECIFIC COUNTRIES.

ALSO DURING 2009, IUATLD, INC. WAS THE RECIPIENT OF \$1.5 MILLION IN  
FUNDING THROUGH A DONATION FROM AN ANONYMOUS DONOR TO SUPPORT THE  
UNION'S CENTRE FOR STRATEGIC HEALTH INFORMATION AND OPERATIONAL  
RESEARCH. THIS DONATION SUPPORTS INNOVATIVE STRATEGIES OF THE UNION AND  
ITS AFFILIATE OFFICES TO ENHANCE OPERATIONAL RESEARCH CAPACITY OF  
MINISTRIES OF HEALTH IN LOW RESOURCE, HIGH DISEASE BURDEN SETTINGS.

LASTLY, DURING 2009, IUATLD, INC. SERVED AS THE COORDINATING HUB FOR  
THE TREAT TB (TECHNOLOGY, RESEARCH, EDUCATION AND TECHNICAL ASSISTANCE  
FOR TUBERCULOSIS) INTERNATIONAL RESEARCH INITIATIVE SUPPORTED THROUGH A  
MULTI-YEAR, MULTI-MILLION DOLLAR COOPERATIVE AGREEMENT GRANT AWARDED BY  
THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) TO THE  
UNION. AS THE CENTER FOR COORDINATION OF PROJECTS AND ACTIVITIES UNDER  
THE UNION-LED MULTI-PARTNER INITIATIVE, IUATLD, INC. PLAYED A MAJOR  
ROLE IN THE PLANNING OF TECHNICAL ACTIVITIES AND SERVED AS THE FOCAL  
POINT TO ADDRESS ADMINISTRATIVE AND OPERATIONAL REQUIREMENTS.

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

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CAPACITY OF TOBACCO CONTROL ORGANIZATIONS, AND A WIDE RANGE OF  
RESOURCES FOR TOBACCO CONTROL ADVOCATES IS NOW AVAILABLE FROM THE UNION  
TO SUPPORT NATIONAL INITIATIVES SUCH AS TECHNICAL GUIDES FOR  
ESTABLISHING SMOKE-FREE HEALTH CARE FACILITIES AS WELL AS SCHOOLS AND  
SPORTING EVENTS, CASE STUDIES FOR SMOKE-FREE CITIES, ECONOMIC REPORTS  
RELATED TO TOBACCO-FREE INITIATIVES, AND FACT SHEETS.

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

(USING AVAILABLE DATA TO IMPROVE POLICY AND PRACTICE) IS LACKING  
BECAUSE FEW PROFESSIONALS HAVE ACCESS TO THE NECESSARY TRAINING,  
MENTORSHIP OR RESOURCES. BY THE END OF 2009, THROUGH THIS FUNDING, THE  
UNION WAS ABLE TO DEVELOP IMPROVED DATA COLLECTION AND TRACKING SYSTEMS  
FOR KEY COMMUNICABLE AND NON-COMMUNICABLE DISEASES BASED ON THE  
TUBERCULOSIS-DOTS MODEL, USE ELECTRONIC DATA SYSTEMS TO SUPPLEMENT  
AND/OR REPLACE PAPER RECORDS FOR MONITORING OF DISEASE BURDEN, INCREASE  
ADVOCACY AND CAPACITY FOR OPERATIONAL RESEARCH THROUGH CONFERENCE  
SYMPOSIA, A NEW MODEL OF OPERATIONAL RESEARCH TRAINING, OPERATIONAL  
RESEARCH FELLOWSHIPS AND STRATEGIC PARTNERSHIPS WITH ORGANIZATIONS  
ALREADY ENGAGED IN OPERATIONAL RESEARCH SUCH AS MEDECINS SANS  
FRONTIERES (MSF), ENHANCE VITAL REGISTRATION SYSTEMS SO THAT POPULATION  
IMPACT OF HEALTH INTERVENTIONS CAN BE ASSESSED, EVALUATE AND TRACK THE  
INFLUENCE OF OPERATIONAL RESEARCH AND STRATEGIC INFORMATION IN CHANGING  
POLICY AND PRACTICE, AND ENGAGE WITH THE WORLD HEALTH ORGANIZATION AND  
OTHER INTERNATIONAL ORGANIZATIONS TO MAXIMIZE THE BENEFITS OF THESE  
APPROACHES



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

TREAT AND CURE MULTIDRUG-RESISTANT FORMS OF TB, AND TO UNDERTAKE  
OPERATIONAL RESEARCH TO IMPROVE HEALTH CARE POLICY, PRACTICE AND  
SERVICE DELIVERY.

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

PUBLIC OPINION FOR ACTION AGAINST LUNG HEALTH PROBLEMS:

THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC.

(IUATLD) RAISES PUBLIC AWARENESS OF AND SUPPORTIVE PUBLIC OPINION FOR  
INCREASED DOMESTIC AND FOREIGN ASSISTANCE TO COMBAT LUNG HEALTH  
CHALLENGES AMONG THE POOR IN LOW AND MIDDLE INCOME COUNTRIES FROM THE  
UNITED STATES GOVERNMENT, PRIVATE CHARITIES, FOUNDATIONS AND OTHER  
DONORS.

EDUCATION AND TRAINING:

IUATLD, INC. ORGANIZES AND/OR SUPPORTS IMPORTANT INTERNATIONAL  
CONFERENCES AND TRAINING PROGRAMS CONFERENCES AND TRAININGS ON  
TUBERCULOSIS, TOBACCO CONTROL, ASTHMA AND LUNG HEALTH AND WORKS TO  
INCREASE THE PARTICIPATION OF DOCTORS, NURSES, AND ALLIED HEALTH  
PERSONNEL FROM LOW AND MIDDLE INCOME COUNTRIES THROUGH THE PROVISION OF  
TECHNICAL SUPPORT, SCHOLARSHIPS AND TRAVEL GRANTS.

PROJECT MANAGEMENT:

IUATLD, INC. DIRECTLY MANAGES AND COORDINATES CAPACITY BUILDING,  
TECHNICAL ASSISTANCE AND RESEARCH PROJECTS FUNDED BY GOVERNMENTAL AND  
NON-GOVERNMENTAL DONORS IN COLLABORATION WITH MINISTRIES OF HEALTH AND

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NON-GOVERNMENTAL PARTNERS IN LOW AND MIDDLE INCOME COUNTRIES. THE UNION  
CONSIDERS ALL POTENTIAL PROJECTS AND DONATIONS IN THE CONTEXT OF OUR  
GUIDING VALUES: QUALITY (CAN WE DELIVER OUR SERVICES AND PRODUCTS TO  
THE HIGHEST ATTAINABLE STANDARDS?); ACCOUNTABILITY (CAN WE DEMONSTRATE  
RESPONSIBLE STEWARDSHIP OF RESOURCES AND DELIVER AND REPORT ON OUR  
COMMITMENTS?); INDEPENDENCE (DO WE MAINTAIN THE FREEDOM TO PURSUE  
INNOVATION AND SEEK EVIDENCE TO IMPROVE HEALTH AND MANAGEMENT  
SYSTEMS?); AND SOLIDARITY (CAN WE STAND TOGETHER TO OVERCOME GREAT  
CHALLENGES AND ACHIEVE BETTER HEALTH AMONG THE COMMUNITIES WE SERVE AND  
IN PARTICULAR FOR THE POOR?)

EXPENSES \$ 666668. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: MR JOSE LUIS CASTRO AND MR PETER  
BALDINI BOTH DIRECTORS OF IUATLD, INC. ALSO MAINTAIN A BUSINESS  
RELATIONSHIP. THEY BOTH SERVE IN DIFFERENT CAPACITIES AT THE WORLD LUNG  
FOUNDATION, A SEPARATE, INCORPORATED 501(C)(3) ORGANIZATION. MR CASTRO ALSO  
SERVES AS THE PRESIDENT IUATLD, INC.

FORM 990, PART VI, SECTION A, LINE 8B: IUATLD, INC. HAS NO SUB-COMMITTEES.  
THE GOVERNING BODY MAKES ALL DECISIONS, INCLUDING ASSUMING THE  
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND  
SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PART VI, SECTION B, LINE 11: IUATLD, INC. HAS ITS FORM 990  
PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING  
REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND

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ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEW BY MANAGEMENT AND IS  
READY TO FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED  
ELECTRONICALLY TO MEMBERS OF THE IUATLD, INC. BOARD OF DIRECTORS FOR ANY  
COMMENTS PRIOR TO ITS SUBMISSION. THE BOARD OF DIRECTORS IS PROVIDED ONE  
WEEK TO REVIEW THE PREPARED FORM 990, TO CONSULT WITH MANAGEMENT, AND TO  
PROVIDE THEIR COMMENTS. ANY COMMENTS RECEIVED ARE THEN GROUPED, SUMMARIZED  
AND PROVIDED TO THE COMMITTEE IN CHARGE OF FILING THE RETURN FOR THEIR  
REVIEW AND ACTION. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN  
IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: IUATLD, INC. HAS IN PLACE A  
CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE  
BOARD OF DIRECTORS MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE  
GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY  
POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED POLICIES ARE  
SUBMITTED TO THE EXECUTIVE DIRECTOR (WHO CURRENTLY SERVES AS THE  
ORGANIZATION'S COMPLIANCE OFFICER) WHO REVIEWS THE SIGNED ATTESTATIONS FOR  
POTENTIAL OR ACTUAL CONFLICTS. (IN THE ABSENCE OF A DEDICATED COMPLIANCE  
OFFICER, THE PRESIDENT OF THE BOARD OF DIRECTORS CURRENTLY PERFORMS THIS  
FUNCTION FOR THE POLICY SUBMITTED BY THE EXECUTIVE DIRECTOR). IF POTENTIAL  
OR ACTUAL CONFLICTS OF INTEREST EXIST, PROPER NOTIFICATIONS ARE MADE, AND  
RESULTS OF INVESTIGATIONS ARE SUMMARIZED AND REPORTED TO THE BOARD OF  
DIRECTORS. IF ACTUAL CONFLICTS EXIST, THE INDIVIDUAL(S) INVOLVED ARE NOT  
ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS  
THAT RELATE TO THE CONFLICT UNTIL SUCH TIME AS THERE IS NO LONGER A  
CONFLICT.

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FORM 990, PART VI, SECTION B, LINE 15: IUATLD, INC. HAS ESTABLISHED A WRITTEN COMPENSATION POLICY TO BE FOLLOWED BY MANAGEMENT AND, WHEN NECESSARY, THE BOARD OF DIRECTORS IN ORDER TO ESTABLISH THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE-LEVEL COMPENSATION BE PERIODICALLY REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS AND THAT THE REVIEW PROCESS SHOULD BE FREE OF POTENTIAL CONFLICTS OF INTEREST. THE APPROVING ENTITY NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED. A VARIETY OF INFORMATION AND COMPARABILITY DATA ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO EXECUTIVES. THESE INCLUDE SURVEYS OF NEW YORK CITY-BASED NON-PROFIT COMPENSATION PRACTICES, COMPARABLE PACKAGES FOR KEY STAFF OF PEER ORGANIZATIONS, AND COMPENSATION PRACTICES EXPECTED BY PROJECT DONORS. DECISIONS TAKEN ON COMPENSATION LEVELS TO BE PAID MUST BE DOCUMENTED IN WRITTEN FORM TO INCLUDE THE DATES DECISIONS ARE TAKEN, THE PARTIES PRESENT DURING THE DECISION, THE FULL TERMS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. THE COMPENSATION REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR AND SENIOR ADVISOR POSITIONS WAS UNDERTAKEN IN JANUARY 2009. THE EXECUTIVE DIRECTOR'S COMPENSATION LEVEL WAS SET BASED ON A NUMBER OF FACTORS IN ADDITION TO THE ONES DESCRIBED ABOVE, INCLUDING COMPARABLE COMPENSATION LEVELS FOR A) NEW YORK CITY-BASED EXECUTIVES OVERSEEING NOT FOR PROFIT ORGANIZATIONS AND AFFILIATE OFFICES OF INTERNATIONAL ORGANIZATIONS, B) PUBLIC HEALTH PROFESSIONALS WITH 15-20 YEARS EXPERIENCE IN PROJECT MANAGEMENT, PARTNERSHIPS AND OPERATIONS AND LASTLY THE SALARY EXPECTATIONS OF KEY DONORS TO IUATLD, INC.-COORDINATED

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PROJECTS. THE SENIOR ADVISORS COMPENSATION LEVEL WAS SET BASED ON A  
NUMBER OF FACTORS INCLUDING COMPARABLE COMPENSATION LEVELS FOR U.S. BASED  
MEDICAL DOCTORS WHO A) HAVE A VERY HIGH LEVEL OF CLINICAL EXPERIENCE IN THE  
TREATMENT, CONTROL AND PREVENTION OF TUBERCULOSIS AND HIV/AIDS, B) HAVE AT  
LEAST TWENTY YEARS OF EXPERIENCE IN MANAGING COMPLEX PUBLIC HEALTH  
PROGRAMS, INTERNATIONAL RESEARCH PROJECTS AND INTERNATIONAL TECHNICAL  
ASSISTANCE PROJECTS IN DEVELOPING COUNTRY SETTINGS AND C) HAVE DEEP  
EXPERIENCE IN WORKING WITH U.S. GOVERNMENT TECHNICAL AGENCIES AND DONORS  
INVOLVED IN GLOBAL LUNG HEALTH INITIATIVES.

FORM 990, PART VI, SECTION C, LINE 19: IUATLD, INC. MAKES ITS FORM 990  
AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE  
INTERNAL REVENUE SERVICE CODE BY POSTING IT TO GUIDESTAR AND OTHER SIMILAR  
TYPES OF WEBSITES. DURING TAX YEAR 2010, IUATLD, INC. INTENDS TO ALSO MAKE  
THE FORM 990 AVAILABLE FOR PUBLIC INSPECTION THROUGH POSTING TO THE WEBSITE  
OF THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE. IN  
ADDITION, ALL FORMS 990 AS WELL AS FINANCIAL STATEMENTS, THE CONFLICT OF  
INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT IUATLD, INC. OFFICES  
LOCATED AT 61 BROADWAY, SUITE 1720, NEW YORK, NY 10006 OR BY CALLING THE  
ORGANIZATION DIRECTLY AT (212) 500-5720.

FORM 990, PART XI, LINE 2C:

OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND ACCOUNTANT SELECTION  
THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR. ALTHOUGH, IUATLD, INC.  
DOES NOT HAVE ANY AUDIT COMMITTEE, THE GOVERNING BODY ACTS IN THAT  
CAPACITY AND MAKES ALL DECISIONS.

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FORM 990, PART I, LINE 1:

CONTINUATION OF 2009 MOST SIGNIFICANT ACTIVITIES:

ACTIVITY AREA 1: FINALIZE TRANSITION FROM ITF OF IUATLD, INC.:

DURING EARLY 2009, IUATLD, INC. COMPLETED REQUIRED ACTIONS BEGUN IN  
2008 TO FORMALLY TRANSITION THE ORGANIZATION FROM ITS PREVIOUS NAME AND  
EXISTENCE AS THE INTERNATIONAL TUBERCULOSIS FOUNDATION (ITF) TO THE  
INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC.

THROUGHOUT 2008, ITF HAD BEEN A DORMANT ORGANIZATION. THE BOARD OF  
DIRECTORS HAD FORMALLY DISBANDED, LITTLE OPERATING FUNDS EXISTED,  
FEDERAL FILINGS (990S) FOR 2006 AND 2007 WERE OVERDUE, AND CHARITY  
REGISTRATIONS FOR SEVERAL STATES HAD LAPSED.

DURING THE FIRST QUARTER OF 2009, SEVERAL STEPS WERE UNDERTAKEN TO  
FORMALLY EXECUTE THE TRANSITION TO IUATLD, INC. THESE INCLUDED  
CONSULTATION AGREEMENTS WITH LEGAL COUNSEL, AUDIT AND FILING AGREEMENTS  
WITH AN ACCOUNTING FIRM, THE CONVENING OF A NEW, TEMPORARY BOARD OF  
DIRECTORS, THE APPOINTMENT OF AN EXECUTIVE DIRECTOR, AND ADDRESSING  
OVERDUE FILING AND CHARITY REGISTRATION REQUIREMENTS.

ACTIVITY AREA 2: OPENING OF IUATLD, INC. OFFICE AND ESTABLISHMENT OF  
OFFICE PLATFORM:

DURING THE FIRST AND SECOND QUARTERS OF 2009, A NUMBER OF ACTIONS WERE  
TAKEN IN ASSOCIATION WITH THE OPENING OF A SMALL OPERATING OFFICE IN

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NEW YORK CITY. THESE INCLUDED THE GENERATION OF OFFICE MANUALS,  
SYSTEMS, CONTROLS AND PROTOCOLS, THE ESTABLISHMENT OF REQUIRED  
INSURANCE AND LIABILITY POLICIES, ADDRESSING EMPLOYER REQUIREMENTS AT  
FEDERAL, STATE AND CITY LEVELS, ESTABLISHING A CONTRACTED PAYROLL  
SYSTEM, AND HIRING A SMALL CONTINGENT OF ADMINISTRATIVE AND FINANCIAL  
PERSONNEL.

**ACTIVITY AREA 3: ESTABLISHMENT OF AFFILIATE STATUS TO THE UNION/PARIS:**

AS A TAX EXEMPT NOT-FOR-PROFIT ORGANIZATION IN THE UNITED STATES THAT  
ALSO SERVES AS AN AFFILIATE OFFICE OF THE INTERNATIONAL ORGANIZATION OF  
THE UNION, IUATLD, INC. WORKS IN CLOSE COORDINATION WITH UNION  
COLLEAGUES ACROSS THE GLOBE TO ORGANIZE AND IMPLEMENT INITIATIVES,  
PROJECTS AND ACTIVITIES. DURING 2009, THE ORGANIZATION ADDRESSED THE  
ADMINISTRATIVE REQUIREMENTS TO SUPPORT THESE COLLABORATIONS. THIS  
INCLUDED THE FORMATION OF TEMPLATES FOR AND EXECUTION OF MEMORANDUM OF  
UNDERSTANDING THAT LAY OUT THE REQUIREMENTS OF AFFILIATION UNDER THE  
UNION AND FUNDING AGREEMENTS TO GUIDE THE TRANSFER OF RESOURCES BETWEEN  
ORGANIZATIONS AND CLARIFY REPORTING RELATIONSHIPS AND REQUIREMENTS.  
FUNDING AGREEMENTS WERE EXECUTED TO SUPPORT THE TRANSFER OF IUATLD,  
INC.-AWARDED FUNDS SUPPORTING THE BLOOMBERG INITIATIVE TO REDUCE  
TOBACCO USE AND THE UNION'S CENTRE FOR OPERATIONAL RESEARCH.

**ACTIVITY AREA 4: ESTABLISHMENT OF COORDINATION HUB FOR USAID-FUNDED  
TREAT TB INITIATIVE:**

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DURING 2008, THE UNION WAS SUCCESSFUL IN ITS APPLICATION TO USAID TO  
SERVE AS THE LEAD IMPLEMENTING PARTNER IN A FIVE YEAR INTERNATIONAL TB  
RESEARCH INITIATIVE SUPPORTED THROUGH A MULTI-MILLION DOLLAR USAID  
COOPERATIVE AGREEMENT. WITHIN THE UNION'S PROPOSAL FOR THE INITIATIVE,  
WHICH IS TITLED TECHNOLOGY, RESEARCH, EDUCATION AND TECHNICAL  
ASSISTANCE FOR TUBERCULOSIS OR TREAT TB, IUATLD, INC. WAS IDENTIFIED TO  
SERVE AS THE COORDINATING HUB FOR PROJECTS AND ACTIVITIES UNDERTAKEN.  
AS A RESULT, DURING 2009, A TEAM OF SPECIALISTS WAS HIRED TO FOCUS ON  
THE MANAGEMENT AND COORDINATION OF TREAT TB. THE NEW YORK CITY-BASED  
TEAM LINKS EXTENSIVELY WITH RESEARCH PARTNERS ACROSS THE GLOBE TO PLAN  
IMPLEMENT AND EVALUATE TREAT TB PROJECTS AND ACTIVITIES.

ACTIVITY AREA 6: DEVELOPMENT OF A SUPPORT FRAMEWORK FOR UNION  
MEMBERSHIP WITHIN THE NORTH AMERICAN REGION.:

THE UNION REPRESENTS A FEDERATION OF ORGANIZATIONAL AND INDIVIDUAL  
MEMBERS THAT OFFICIALLY DATES BACK TO 1920. ALL MEMBERS OF THE UNION  
ARE ALIGNED WITHIN SEVEN REGIONS. THE NORTH AMERICAN REGION (NAR) OF  
THE UNION COMPRISES MEMBERS FROM THE UNITED STATES, CANADA AND THE  
ENGLISH AND FRENCH SPEAKING ISLANDS OF THE CARIBBEAN. DURING 2009,  
IUATLD, INC., AS THE REGIONAL AFFILIATE OFFICE OF THE UNION,  
ESTABLISHED FORMAL TIES TO THE EXECUTIVE COMMITTEE OF MEMBERS OF NAR  
AND WORKED WITH COMMITTEE MEMBERS TO DEFINE SPECIFIC AREAS WHERE THE  
ORGANIZATION COULD BEST SUPPORT THE GROWTH AND ACTIVITIES OF THE NAR  
MEMBERSHIP. AS A RESULT OF THESE INTERACTIONS, THE EXECUTIVE DIRECTOR  
OF IUATLD, INC. WAS APPOINTED TO SERVE AS AN EX-OFICIO MEMBER OF THE



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COMMITTEE, FINANCIAL ACCOUNTS WERE ESTABLISHED TO SUPPORT NAR  
FINANCIALS, AND PLANNING COMMENCED TO ADDRESS GOALS FOR GROWTH IN  
REGIONAL MEMBERSHIP IN THE FUTURE.

ACTIVITY AREA 7: GENERATION OF IUATLD, INC. STRATEGIC PLAN FOR  
2010-2015:

TO BUILD ON THE EARLY SUCCESSES OF THE ORGANIZATION ACHIEVED DURING THE  
FIRST THREE QUARTERS OF 2009, AND TO MAP A STRATEGIC VISION FOR  
FUNDRAISING, HUMAN RESOURCES AND PROJECTS FOR THE FUTURE, IN OCTOBER  
2009 IUATLD, INC. UNDERTOOK A STRATEGIC PLANNING PROCESS THAT LED TO  
THE GENERATION AND ADOPTION OF A STRATEGIC PLAN FOR 2010-2015. THIS  
PLAN IS NOW SERVING AS A GUIDING ROADMAP FOR THE ORGANIZATION'S  
INITIATIVES.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC</b>	Employer identification number <b>22-3419667</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>61 BROADWAY, NO. 1720</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10006</b>	

Check type of return to be filed (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**MARK D. FUSSELL**

- The books are in the care of ► **61 BROADWAY, SUITE 1720 - NEW YORK, NY 10006**  
Telephone No. ► **212-500-5724** FAX No. ► **212-480-6040**

- 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 EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2009** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)