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Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2010</b>  <b>Open to Public Inspection</b>
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<b>A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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 NO 1720  City or town, state or country, and ZIP + 4 NEW YORK, NY 10006	<b>D Employer identification number</b>  22-3419667
		<b>E Telephone number</b>  (212) 500-5724
		<b>G</b> Gross receipts \$ 20,296,749
	<b>F</b> Name and address of principal officer JOSE LUIS CASTRO 61 BROADWAY NO 1720 NEW YORK, NY 10006	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.THEUNION.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1995
		<b>M</b> State of legal domicile NJ

Part I	Summary
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities IUATLD,INC IS A FULLY REGISTERED NON-PROFIT, PUBLIC CHARITY ORGANIZATION BASED IN 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 2010 (JANUARY-DECEMBER 2010), THE ORGANIZATION UNDERTOOK SEVERAL MAJOR ACTIVITIES RELATED TO BOTH ORGANIZATIONAL DEVELOPMENT AND PROGRAMMATIC INITIATIVES THIS STATEMENT DESCRIBES THE MAJOR ACTIVITIES UNDERTAKEN AND ACCOMPLISHMENTS ACHIEVED TECHNICAL PROJECT ACTIVITY 1 DEVELOPING THE EVIDENCE BASE FOR DIAGNOSTIC TOOLSKEY RESULTS AND ACCOMPLISHMENTS IN 2010 INCLUDE THE A FINALIZATION AND DISSEMINATION OF THE REPORT AND RESEARCH AGENDA FROM GLOBAL CONSULTATION ON DIGITAL RADIOGRAPHY THE TEAM ALSO CONDUCTED ADDITIONAL RESEARCH FOR AN OPINION PIECE, WHICH IS SCHEDULED TO BE SUBMITTED FOR PUBLICATION IN 2011
	<b>2</b> Check this box <input checked="" 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>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	<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>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	<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)
Net Assets or Fund Balances	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .
	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .

<b>Part II</b>	<b>Signature Block</b>
<b>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.</b>	

<b>Sign Here</b>	<div>***** Signature of officer</div>	<div>2011-11-09 Date</div>			
	<div>JOSE LUIS CASTRO PRESIDENT Type or print name and title</div>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name GARRETT M HIGGINS CPA	Preparer's signature GARRETT M HIGGINS CPA	Date	Check if self-employed ▶ <input type="checkbox"/>	PTIN
	Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS LLP				Firm's EIN ▶
	Firm's address ▶ 500 MAMARONECK AVENUE - SUITE 301 HARRISON, NY 105281633				Phone no ▶ (914) 381-8900

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

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 OUR VISION IS TO DEVELOP HEALTH SOLUTIONS FOR THE POOR OUR VALUES INCLUDE 1 QUALITY WE DELIVER OUR SERVICES AND PRODUCTS TO THE HIGHEST POSSIBLE STANDARDS 2 ACCOUNTABILITY WE ARE RESPONSIBLE STEWARDS OF RESOURCES AND DELIVER ON OUR COMMITMENTS 3 INDEPENDENCE WE MAINTAIN THE FREEDOM TO PURSUE INNOVATION, AND ARE GUIDED BY THE BEST EVIDENCE TO IMPROVE THE HEALTH OF THE POOR 4 SOLIDARITY WE STAND TOGETHER AS ONE UNION TO OVERCOME THE GREATEST CHALLENGES TO IMPROVE HEALTH AMONG THE COMMUNITIES WE SERVE

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

4a

(Code ) (Expenses \$ 19,515,600 including grants of \$ 19,009,023 ) (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 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

4b

(Code ) (Expenses \$ 101,388 including grants of \$ ) (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 (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

4c

(Code ) (Expenses \$ 614,313 including grants of \$ ) (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 TREAT AND CURE MULTIDRUG-RESISTANT FORMS OF TB, AND TO UNDERTAKE OPERATIONAL RESEARCH TO IMPROVE HEALTH CARE POLICY, PRACTICE AND SERVICE DELIVERY

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description
















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 20,231,301

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 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? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 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 U S ? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	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> . . . . .	21		No
22	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> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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> . . . . .	26		No
27	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> . . . . .	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	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> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	<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> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	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 . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	8
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	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?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	7
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<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)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for 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?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<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?	<b>6a</b>	No
<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>6b</b>	
<b>7 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?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<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>8</b>	
<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>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<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).	<b>11b</b>	
<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>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filedIL , NJ , NY
18	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. BLERTA SHEHU 61 BROADWAY SUITE 1720 NEW YORK, NY 10006 (212) 500-5738



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

Check if Schedule O contains a response to any question in this Part VII ☒

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

## Part VII

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: 3

## 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

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	
---	---	--

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d	17,399,523		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,885,000		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .		20,284,523		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		12,005	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties . . . . .				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss) . . . . .				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from fundraising events . . .				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances . . . . .	a			
b		Less cost of goods sold . . . . .	b			
c		Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a	INS REBATES/REFUNDS	900099	221		221	
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		221			
12	Total revenue. See Instructions . . . . .		20,296,749	0	0	12,226

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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	19,009,023	19,009,023		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	423,026	397,835	25,191	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	417,482	333,535	83,947	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,794	5,327	2,467	
9	Other employee benefits . . . . .	48,803	29,831	18,972	
10	Payroll taxes . . . . .	56,139	56,139		
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .	3,319		3,319	
c	Accounting . . . . .	20,076	8,994	11,082	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	176,885	176,885		
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	22,250	18,700	3,550	
14	Information technology . . . . .	14,667	14,566	101	
15	Royalties . . . . .				
16	Occupancy . . . . .	195,133	129,789	65,344	
17	Travel . . . . .	24,602	21,929	2,673	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	9,953	9,953		
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	1,068	1,068		
23	Insurance . . . . .	8,426		8,426	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	EQUIP RENTAL & REPAIR	18,362	17,270	1,092	
b	STAFF DEVLPMNT & RECRUIT	4,180	249	3,931	
c	OTHER EXPENSES	254	208	46	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	20,461,442	20,231,301	230,141	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,414,838	1	75,441
	2	Savings and temporary cash investments . . . . .			150,902	2	462,446
	3	Pledges and grants receivable, net . . . . .			2,944	3	1,516,523
	4	Accounts receivable, net . . . . .				4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			57,977	9	11,470
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	3,205			
	b	Less: accumulated depreciation . . . . .	10b	1,738	1,339	10c	1,467
	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 . . . . .			156,765	15	429,350
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,784,765	16	2,496,697	
Liabilities	17	Accounts payable and accrued expenses . . . . .			58,809	17	43,630
	18	Grants payable . . . . .			1,634,750	18	2,451,623
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	74,931
	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	Total liabilities. Add lines 17 through 25 . . . . .			1,693,559	26	2,570,184
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			83,192	27	-73,487
	28	Temporarily restricted net assets . . . . .			8,014	28	0
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	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	Total net assets or fund balances . . . . .			91,206	33	-73,487
34	Total liabilities and net assets/fund balances . . . . .			1,784,765	34	2,496,697	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,296,749
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,461,442
3	Revenue less expenses Subtract line 2 from line 1	3	-164,693
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,206
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-73,487

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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	

SCHEDULE A

(Form 990 or 990EZ)

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

2010

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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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 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)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support |
|---------------------------------------|-------------|---|---|----|--|----|---|----|----------------------------|
|                                       |             |   | Yes   | No | Yes  | No | Yes   | No |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
| Total                                 |             |   |   |    |  |    |   |    |                            |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	138,551	16,049	5,279	19,419,094	20,284,523	39,863,496
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	138,551	16,049	5,279	19,419,094	20,284,523	39,863,496
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)						3,680,493
6 Public Support. Subtract line 5 from line 4						36,183,003

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	138,551	16,049	5,279	19,419,094	20,284,523	39,863,496
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	964	231	88	11,877	12,005	25,165
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 )					221	221
11 Total support (Add lines 7 through 10)						39,888,882
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	90 710 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 330 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		



Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13	Total support (Add lines 9, 10c, 11 and 12 )						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D  
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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 the 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	

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	Investment earnings or 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 . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐

☐

b

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

3b

☐

☐

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 . . . . .		3,205	1,738	1,467
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				1,467



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,296,749
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,461,442
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-164,693
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 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-164,693

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	20,296,749
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	20,296,749
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 should equal Form 990, Part I, line 12 ) . . . . .	5	20,296,749

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	20,461,442
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	20,461,442
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 should equal Form 990, Part I, line 18 ) . . . . .	5	20,461,442

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, 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.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE INTERNATIONAL UNION AGAINST TUBERCULOSIS & LUNG DISEASE (IUATLD) IS ACTING AS FIDUCIARY FISCAL AGENT FOR THE NORTH AMERICAN REGION (NAR) CONFERENCE. THESE FUNDS ARE USED FOR NAR-RELATED EXPENSES AND ARE FURNISHED UPON REQUEST TO THE BRITISH COLUMBIA LUNG ASSOCIATION. THESE FUNDS REPRESENTED THE BALANCE OF ALL NAR NET PROCEEDS THROUGH JANUARY 31, 2010. THESE AMOUNTS WERE PREVIOUSLY MAINTAINED BY THE AMERICAN LUNG ASSOCIATION OF THE UPPER MIDWEST AS THE SECRETARIAT. THE SECRETARIAT ROLE INCLUDED DUTIES AS SECRETARY OF THE ANNUAL CONFERENCE AND FIDUCIARY FISCAL AGENT FOR THE CONFERENCE. THE SECRETARIAT RELATIONSHIP HAS ENDED AND THE FUND BALANCE WAS REMITTED TO THE IUATLD. ALL ADDITIONAL FUNDS DIRECTED TO THE AMERICAN LUNG ASSOCIATION ARE TRANSFERRED TO THE IUATLD WHEN RECEIVED.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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 2007.

OMB No 1545-0047

**Open to Public Inspection**

22-3419667

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	\$17,399,000 BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE, \$1,500,000 TO SUPPORT STRATEGIC HEALTH INFORMATION & OPERATIONAL RESEARCH CENTER	18,899,000	WIRE TRANSFER		N/A	N/A
			SOUTH ASIA	\$110,023 TO CONDUCT INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAM COSTS	110,023	WIRE TRANSFER		N/A	N/A

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ☐

1

3

Enter total number of other organizations or entities . . . . . ☐

0



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

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

[illegible]

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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Employer identification number  
  
22-3419667

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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:		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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:		
5a	The organization?		No
5b	Any related organization?		No
	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:		
6a	The organization?		No
6b	Any related organization?		No
	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		No
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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER BALDINI	(i)	0	0	0	0	0	0	0
	(ii)	215,002	0	0	0	0	215,002	0
(2) PAULA FUJIWARA	(i)	250,000	0	0	10,000	14,969	274,969	0
	(ii)	0	0	0	0	0	0	0
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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2010

Open to Public  
Inspection

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Employer identification number

22-3419667

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	<p>B SUBMISSION OF THE SYSTEMATIC REVIEW ON IGRAS IN CHILDREN FOR PUBLICATION IN THE INTERNATIONAL JOURNAL OF TUBERCULOSIS AND LUNG DISEASE IN OCTOBER 2010 TREAT TB ALSO PROVIDED THE RESULTS OF THIS STUDY TO THE WHO EXPERT GROUP MEETING ON IGRAS IN JULY 2010 AND THE WHO STRATEGIC AND TECHNICAL ADVISORY GROUP FOR TB IN SEPTEMBER 2010 C DEVELOPMENT AND IMPLEMENTATION OF THE SOUTH AFRICA PROVE IT PROTOCOL THE TREAT TB CORE TEAM WORKED CLOSELY WITH PARTNERS FROM THE DESMOND TUTU TB CENTRE (DTTC) TO DEVELOP AND FINALIZE THEIR COUNTRY PROTOCOL AFTER RECEIVING EAG APPROVAL IN LATE 2010, TREAT TB'S LOCAL PARTNER, THE DESMOND TUTU TB CENTRE, BEGAN TO IMPLEMENT THE STUDY IN EARLY 2011 D DESIGN OF THE NATIONAL PROVE IT STUDY AND PREPARATION FOR IMPLEMENTATION IN BRAZIL IN 2010, THE TREAT TB COORDINATION TEAM ESTABLISHED PARTNERSHIPS WITH THE KEY PLAYERS IN BRAZIL AND WORKED COLLABORATIVELY WITH THEM TO DESIGN THE STUDY PROTOCOL FOR THIS SETTING TO PREPARE FOR THE IMPLEMENTATION OF THE PROVE IT STUDY IN BRAZIL, REDE TB STAFF HELD SEVERAL TRAINING EVENTS FOR STUDY PERSONNEL AND MEMBERS OF THE COMMUNITY ADVISORY BOARDS (CAB) IN THE THREE STUDY SITES IN ADDITION TO MULTIPLE PROVE IT MEETINGS AT REDE TB HEADQUARTERS IN RIO DE JANEIRO E ADAPTATION OF THE GENERIC PROTOCOL TO THE RUSSIAN CONTEXT IN PARTNERSHIP WITH THE NORTHERN STATE MEDICAL UNIVERSITY, THE TREAT TB COORDINATION TEAM TAILORED TO THE GENERIC PROTOCOL TO ALIGN WITH THE NEEDS OF THE TB COMMUNITY IN ARKHANGELSK, RUSSIA THE PROVE IT STUDY IN THE ARKHANGELSK REGION WILL EVALUATE THE IMPACT OF LPA ON CIVILIAN PATIENTS AS WELL AS THOSE INCARCERATED IN THE PENITENTIARY SYSTEM F LOCAL AND UNION ETHICS APPROVAL FOR PROVE IT STUDIES IN ADDITION TO OBTAINING THE APPROVAL OF LOCAL ETHICS COMMITTEES IN BRAZIL, RUSSIA, AND SOUTH AFRICA, TREAT TB OBTAINED THE APPROVAL FROM THE UNION'S ETHICS ADVISORY GROUP (EAG) FOR THE SOUTH AFRICA AND RUSSIA STUDIES THE EAG IS CURRENTLY REVIEWING THE APPLICATION AND SUPPORTING DOCUMENTS FOR THE STUDY IN BRAZIL G SUBMISSION OF TREAT TB SYSTEMATIC REVIEWS TO PEER-REVIEWED PUBLICATIONS THROUGHOUT FALL 2010, TREAT TB PARTNER, MCGILL UNIVERSITY SUBMITTED THREE REVIEWS FOR PUBLICATION THE USE OF MODS OR THIN LAYER AGAR (TLA) TECHNIQUES FOR THE DIAGNOSIS OF ACTIVE TUBERCULOSIS AND/OR DRUG SENSITIVITY TESTING SYSTEMATIC REVIEW AND META-ANALYSIS AND THE URINARY LIPOARABINOMANNAN (LAM) ANTIGEN DETECTION FOR THE DIAGNOSIS OF TUBERCULOSIS SYSTEMATIC REVIEW AND META-ANALYSIS ARE CURRENTLY BEING REVIEWED BY WIDELY READ PUBLIC HEALTH JOURNALS THE INTERFERON-GAMMA RELEASE ASSAYS (IGRAS) FOR THE DETECTION OF MYCOBACTERIUM TUBERCULOSIS INFECTION IN CHILDREN REVIEW WAS ACCEPTED BY THE INTERNATIONAL JOURNAL OF TUBERCULOSIS AND LUNG DISEASE IN LATE 2010 AND IS EXPECTED TO BE PUBLISHED IN NOVEMBER 2011 TECHNICAL PROJECT ACTIVITY 2 DEVELOPING MODELING METHODS FOR COUNTRY GUIDANCE KEY RESULTS AND ACCOMPLISHMENTS IN 2010 INCLUDE THE A CREATION THE PROTOTYPE MODEL FOCUSED ON DIAGNOSTICS FOR DRUG-SENSITIVE TB THROUGH SEVERAL PRODUCTIVE CALLS AND IN-PERSON MEETINGS, THE TEAM WAS ABLE TO DEVELOP A TWO-PRONGED MODELING APPROACH THAT UTILIZES TRANSMISSION AND OPERATIONAL MODELING B FINALIZATION OF THE TREAT TB MODELING APPROACH FOR DRUG-SENSITIVE TB TECHNICAL PROJECT ACTIVITY 3 FOSTERING COUNTRY RESEARCH TO OPTIMIZE PROGRAM PERFORMANCE KEY RESULTS AND ACCOMPLISHMENTS IN 2010 INCLUDE THE A TREAT TB'S LOCAL PARTNER, THE DESMOND TUTU TB CENTRE (DTTC), CONDUCTED THE DRUG RESISTANCE IN CHILDREN STUDY THE STUDY AIMS TO EVALUATE THE ACCESS TO CARE AMONG CHILDREN AT-RISK OF DEVELOPING DRUG-RESISTANT TB IN THE WESTERN CAPE DTTC RECRUITED 196 CHILDREN INTO THE PREVENTATIVE TREATMENT STUDY AMONG PEDIATRIC MDR CONTACTS AND OF THESE, 112 WERE SEEN FOR FOLLOW-UP AT TWO MONTHS, 72 AT FOUR MONTHS AND 56 AT SIX MONTHS DURING THE REPORTING PERIOD B DTTC HAS MOVED AHEAD WITH THE DRUG RESISTANCE IN A COMMUNITY STUDY AND IS EXPECTED TO COMPLETE THE DATA ANALYSIS OF THIS STUDY'S FINDINGS BY MARCH 2011 C TREAT TB AND DTTC IMPLEMENTED AN OPERATIONAL RESEARCH PROTOCOL DEVELOPMENT WORKSHOP WHICH RESULTED IN THE DEVELOPMENT OF 12 RESEARCH PROTOCOLS FOCUSED ON TOPICS PRIORITIZED WITHIN THE NATIONAL RESEARCH AGENDA OF SOUTH AFRICA TWENTY-FIVE RESEARCHERS FROM LOCAL ACADEMIC INSTITUTIONS AND HEALTH DEPARTMENTS PARTICIPATED IN THE EVENT, WHICH WAS HELD AT THE LANZERAC HOTEL IN STELL ENBOSCH ON MAY 10-15, 2010 D OF THE 15 PROTOCOLS MENTIONED ABOVE, DTTC FACILITATED THE SUCCESSFUL ETHICS REVIEW OF 12 E TREAT TB'S LOCAL PARTNERS IN MALAWI ARE COMPLETING THEIR STUDY ON OPPORTUNISTIC INFECTIONS AMONG PEOPLE INITIATING ARV TREATMENT THE PRELIMINARY RESULTS SHOW THAT 33% OF PATIENTS WERE DIAGNOSED WITH A SERIOUS PATHOGEN ONLY BECAUSE OF THE EXTRA TESTS CONDUCTED BY THE TREAT TB STUDY TEAM THE RESEARCH TEAM ALSO FOUND THAT 16% OF PATIENTS ENROLLED IN THE STUDY HAVE UNDIAGNOSED TB F TREAT TB CONVENED MEETINGS WITH USAID MISSION PERSONNEL IN INDIA AND MOZAMBIQUE T</p>



Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	<p>O DISCUSS SUPPORT FOR URGENT RESEARCH PROJECTS IN THESE COUNTRIES TREAT TB AND ITS REGIONAL PARTNERS IN INDIA AND BRAZIL SUBMITTED PROPOSALS TO THE USAID MISSIONS IN NEW DELHI AND MAPUTO, MOZAMBIQUE RESPECTIVELY WHICH ARE CURRENTLY PENDING USAID REVIEW TECHNICAL PROJECT ACTIVITY 4 DEVELOPMENT AND IMPLEMENTATION OF RESEARCH STUDIES TO IMPROVE PATIENT MANAGEMENT, TREATMENT EFFICACY AND DISEASE PREVENTION KEY RESULTS AND ACCOMPLISHMENTS IN 2010 INCLUDE A HOLDING A MEETING WITH ALL STUDY PARTNERS IN PARIS, FRANCE TO FINALIZE THE PROTOCOL AND DISCUSS IMPLEMENTATION ISSUES SUCH AS POSSIBLE SALVAGE REGIMENS AND THE PROCUREMENT OF REGIMEN COMPOUNDS B OBTAINING THE SUPPORT OF THE GREEN LIGHT COMMITTEE, WHOSE ASSISTANCE WILL ENABLE THE UNION TO PROCURE THE DRUGS FOR THE STUDY IN A TIMELY, COST-EFFECTIVE MANNER C MEETING WITH NTP OFFICIALS AND EVALUATED FOUR SITES IN VIETNAM, INCLUDING TWO DIFFERENT TB HOSPITALS IN HANOI, THE PHAM NGOC THACH HOSPITAL IN HO CHI MINH CITY AND A TB OUTPATIENT CLINIC AFFILIATED WITH THE PHAM NGOC HOSPITAL IN THE CENTER OF HO CHI MINH CITY TREAT TB STAFF ALSO MET WITH THE USAID MISSION IN HANOI D CONDUCTING A THOROUGH ASSESSMENT OF SEVERAL POTENTIAL STREAM STUDY SITES IN SOUTH AFRICA THE STREAM DELEGATION ALSO MET WITH USAID MISSION STAFF AND NTP OFFICIALS E IMPLEMENTATION VISIT TO INDIA IN NOVEMBER 2010, AS WELL AS A COMPREHENSIVE ASSESSMENT OF TWO TB HOSPITALS IN ADDIS ABABA, ETHIOPIA TO MEET WITH SENIOR MINISTRY OF HEALTH OFFICIALS F ORGANIZED THE FIRST STUDY MEETING WITH MEMBERS OF THE STEERING COMMITTEE ON 15 NOVEMBER 2010, DURING THE WORLD CONFERENCE ON LUNG HEALTH IN BERLIN, GERMANY THE AIM OF THIS MEETING WAS TO DISCUSS THE IMPLEMENTATION OF THE STUDY AND THE PREPARATION COMPLETED TO DATE G CONDUCTED A VISIT TO NEW DELHI TO DISCUSS THE IMPLEMENTATION OF THE STREAM STUDY IN INDIA THE STREAM RESEARCH TEAM IS IN DISCUSSION WITH NTP OFFICIALS AND POTENTIAL SITES TECHNICAL PROJECT ACTIVITY 5 PROJECT COORDINATION, REVIEW AND SUPPORT ACTIVITIES KEY RESULTS AND ACCOMPLISHMENTS IN 2010 A CONTINUED TO INFORM HUNDREDS OF PUBLIC HEALTH SPECIALISTS ABOUT TREAT TB'S WORK THROUGH THE BI-MONTHLY E-NEWSLETTER B CONVENED A TREAT TB PARTNERS MEETING IN RIO DE JANEIRO, BRAZIL ON 24-25 MAY 2010, WITH LOGISTICAL SUPPORT PROVIDED BY REGIONAL PARTNER REDE-TB, WHICH ENABLED PARTNERS AND UNION STAFF TO GAUGE PROGRESS AND PLAN THE INITIATIVE'S NEXT STEPS THE EXPANDED SET OF COLLABORATORS AND PARTNERS WHO PARTICIPATED THIS MEETING INCLUDED MRC AND KNCV THE LATTER HAS PROVIDED CRUCIAL ASSISTANCE IN THE IMPLEMENTATION OF THE STREAM STUDY IN SEVERAL TARGET COUNTRIES, PARTICULARLY VIETNAM C DISSEMINATED INFORMATION AND UPDATES ABOUT THE TREAT TB INITIATIVE ON A VARIETY OF PLATFORMS INCLUDING THE BI-MONTHLY TREAT TB E-NEWSLETTER, THE TREAT TB WEBSITE, THE UNION WEBSITE, AND EXTERNAL PUBLICATIONS RANGING FROM HEALTH-FOCUSED ONLINE MAGAZINES TO THE STOP TB QUARTERLY NEWSLETTER THROUGH THESE EFFORTS, HUNDREDS OF GLOBAL HEALTH PROFESSIONALS RECEIVED INFORMATION ABOUT TREAT TB ACTIVITIES AND EVENTS D PARTICIPATED IN SEVERAL LUNG HEALTH CONFERENCES AND MEETINGS INCLUDING WHO WORKSHOPS, THE INTERNATIONAL CHILDHOOD TUBERCULOSIS MEETING, AND THE UNION'S 15TH ANNUAL NORTH AMERICAN REGION CONFERENCE</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MR JOSE LUIS CASTRO AND MR PETER BALDINI HAVE A BUSINESS RELATIONSHIP THEY BOTH SERVE IN DIFFERENT CAPACITIES ON THE BOARDS OF RELATED ORGANIZATIONS MR CASTRO ALSO SERVES AS THE PRESIDENT IUATLD, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		IUATLD, INC HAD NO SUB-COMMITTEES OF THE BOARD IN 2010 THE GOVERNING BODY MADE ALL DECISIONS, INCLUDING ASSUMING THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT IN JANUARY 2011, HOWEVER, THE ORGANIZATION FORMED AN AUDIT COMMITTEE WITH MEMBERSHIP FROM THE BOARD THE AUDIT COMMITTEE WILL REVIEW THE ANNUAL AUDITS, FINANCIAL STATEMENTS AND TAX RETURNS, AND OVERSEE THE SELECTION OF AN INDEPENDENT ACCOUNTANT AUDIT COMMITTEE RECOMMENDATIONS WILL BE PRESENTED TO THE FULL BOARD FOR REVIEW AND APPROVAL

Identifier	Return Reference	Explanation
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 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IUATLD, INC HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENF ORCES THE BOARD OF DIRECTORS MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BO DY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLI CTS THAT MAY EXIST THE SIGNED POLICIES ARE SUBMITTED TO THE EXECUTIVE DIRECTOR (WHO CURRE NTLY 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 SUBMIT TED 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 CONFL ICT UNTIL SUCH TIME AS THERE IS NO LONGER A CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>IUA TLD, 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 IUA TLD, INC -COORDINATED 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.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	IUA TLD, 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 IN ADDITION, ALL FORMS 990, AS WELL AS FINANCIAL STATEMENTS, THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT IUA TLD, INC OFFICES LOCATED AT 61 BROADWAY, SUITE 1720, NEW YORK, NY 10006 OR BY CALLING THE ORGANIZATION DIRECTLY AT (212) 500-5720

Identifier	Return Reference	Explanation
HOURS OF BOARD SERVICE TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN A & B	THE FILING ORGANIZATION, THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC , AND THEIR RELATED ORGANIZATION, WORLD LUNG FOUNDATION, HAVE SIMILAR INDIVIDUALS, MENTIONED BELOW, SERVING ON THEIR BOARDS JOSE LUIS CASTRO, BOARD PRESIDENT OF THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC ALSO SERVES AS A BOARD MEMBER OF THE WORLD LUNG FOUNDATION HOURS SERVED, DEVOTED TO THESE POSITIONS, WAS 50 HOURS/WEEK FOR THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC , AND 40 HOURS/WEEK FOR THE WORLD LUNG FOUNDATION, PETER BALDINI, BOARD SECRETARY/TREASURER OF THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC ALSO SERVES AS BOARD MEMBER AND CEO OF THE WORLD LUNG FOUNDATION HOURS SERVED, DEVOTED TO THESE POSITIONS, WAS 10 HOURS/WEEK FOR THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, INC , AND 40 HOURS/WEEK FOR THE WORLD LUNG FOUNDATION



Identifier	Return Reference	Explanation
OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND ACCOUNTANT SELECTION	FORM 990, PART XI, LINE 2C	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.

Identifier	Return Reference	Explanation
REASON FOR FILING AMENDED TAX RETURN	FORM 990, SECTION B, AMENDED RETURN	AN AMENDED TAX RETURN IS FILED TO DESCRIBE THE AVERAGE HOURS PER WEEK OF BOARD SERVICE TO RELATED ORGANIZATIONS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

**Name of the organization**  
INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

**Employer identification number**  
  
22-3419667

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) WORLD LUNG FOUNDATION  61 BROADWAY  NEW YORK, NY 10006 20-2432410	TOBACCO REDUCTION/HEALTH RESEARCH INITIATIVE	NY	501(C)(3)	509(A)(3)	INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WORLD LUNG FOUNDATION	C	17,399,523	CASH
(2) WORLD LUNG FOUNDATION	N	315,001	COST
(3)			
(4)			
(5)			
(6)			

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

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 22-3419667  
Name: INTERNATIONAL UNION AGAINST TUBERCULOSIS  
AND LUNG DISEASE INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	including grants of \$	) (Revenue \$
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 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?)			