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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC

Doing Business As

THE UNION NORTH AMERICA

Number and street (or P O box if mail is not delivered to street address)

61 BROADWAY NO 1720

Room/suite

City or town, state or country, and ZIP + 4

NEW YORK, NY 10006

F Name and address of principal officer

JOSE LUIS CASTRO

61 BROADWAY NO 1720

NEW YORK, NY 10006

H(a) Is this a group return for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

22-3419667

E Telephone number

(212) 500-5724

G Gross receipts \$

18,605,126

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (Insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

WWW.THEUNION.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1995

M State of legal domicile

NJ

| Part I Summary | | | |
|-----------------------------|-----|---|-------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities THE UNION MISSION IS TO BRING INNOVATION, EXPERTISE, SOLUTIONS AND SUPPORT TO ADDRESS HEALTH CHALLENGES IN LOW- AND MIDDLE-INCOME POPULATIONS VISIONHEALTH SOLUTIONS FOR THE POORVALUESQUALITY WE DELIVER OUR SERVICES AND PRODUCTS TO THE HIGHEST POSSIBLE STANDARDS ACCOUNTABILITY WE ARE RESPONSIBLE STEWARDS OF RESOURCES AND DELIVER ON OUR COMMITMENTS INDEPENDENCE WE MAINTAIN THE FREEDOM TO PURSUE INNOVATION AND ARE GUIDED BY THE BEST EVIDENCE TO IMPROVE THE HEALTH OF THE POOR SOLIDARITY WE STAND TOGETHER AS ONE UNION TO OVERCOME THE GREATEST CHALLENGES TO IMPROVE HEALTH AMONG THE COMMUNITIES WE SERVE | |
| | | | |
| | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 8 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 6 |
| | 5 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 6 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 24,925,400 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7 d) | 1,246 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 24,926,646 |
| | | | 18,605,126 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 22,613,614 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 765,501 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 641,815 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 24,020,930 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 905,716 |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 9,564,646 |
| | 21 | Total liabilities (Part X, line 26) | 8,732,417 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 832,229 |

Part II

Signature Block

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

Sign Here

Signature of officer

JOSE LUIS CASTRO PRESIDENT

Type or print name and title

2013-11-15

Date

Paid Preparer Use Only

Prrnt/Type preparer's name

GARRETT M HIGGINS

Preparer's signature

Date

2013-11-15

Check ☐ if self-employed

PTIN

P00543209

Firm's name

O'CONNOR DAVIES LLP

Firm's EIN

27-1728945

Firm's address

665 FIFTH AVENUE

NEW YORK, NY 10022

Phone no

(212) 286-2600

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 13,781,615 including grants of \$ 13,411,880) (Revenue \$)

TOBACCO CONTROL OVERVIEW OF ACTIVITIES IN REPORTING PERIOD THROUGHOUT 2012, THE UNION HAS CONTINUED TO FOCUS ON WORKING WITH GOVERNMENTS, AT A NATIONAL LEVEL WHEREVER POSSIBLE, TO DEVELOP AND IMPLEMENT TOBACCO CONTROL LEGISLATION AND POLICY COMPREHENSIVE TOBACCO CONTROL LEGISLATION WAS PASSED ARGENTINA, CHILE, VIETNAM AND BULGARIA TOBACCO TAXATION LEGISLATION THAT WILL FUND TOBACCO CONTROL PROGRAMMES WAS PASSED IN THE PHILIPPINES PROGRESS TOWARDS NATIONAL LEGISLATION HAS BEEN PROMISING IN BANGLADESH WHERE THE CABINET APPROVED A DRAFT TOBACCO CONTROL LAW AND IN CHINA WHERE TOBACCO CONTROL HAS BEEN INCLUDED ON THE TWELFTH FIVE-YEAR PLAN OF CHINA WHERE NATIONAL PROGRESS IS SLOWER, STRATEGICALLY-SELECTED AND MULTILATERAL SUB-NATIONAL INITIATIVES ARE PROVING EFFECTIVE IN ADVANCING SMOKEFREE ENVIRONMENTS AND OTHER TOBACCO CONTROL MEASURES THE CHINA SEVEN CITIES PROGRAMS AND THE INDONESIAN MAYORS ALLIANCE HAVE BOTH DEMONSTRATED THE POTENTIAL FOR SUB-NATIONAL COOPERATION ON SMOKEFREE ENVIRONMENTS TO PROTECT SIGNIFICANT POPULATIONS AND INFLUENCE THE NATIONAL AGENDA BANGLADESH IS MOVING TOWARDS A SIMILAR MODEL AND HAS HAD MODEST SUCCESS IN KHULNA AND NARAYANGANJ CITIES THE UNION CONTINUES TO FOCUS ON ESTABLISHING TOBACCO CONTROL INFRASTRUCTURES - SUCH AS GOVERNMENT TOBACCO CONTROL CELLS THAT CAN GRADUALLY BECOMING SELF-SUSTAINING THROUGH TOBACCO TAXATION ALLOCATIONS THE GOVERNMENTS OF HARBIN, TIANJIN, SHENZHEN AND GUANGZHOU HAVE ALL ALLOCATED FUNDS TO TOBACCO CONTROL PROGRAMS AND CELLS THE PHILIPPINES ESTABLISHED A NATIONAL TOBACCO CONTROL COORDINATING OFFICE (NTCCO) WITHIN THE DEPARTMENT OF HEALTH IN 2011 BUILDING ON THE UNION'S LONG HISTORY WITH PUBLIC HEALTH AND MEDICAL INSTITUTIONS AROUND THE WORLD, THE UNION IS CONTINUING TO ADVANCE TOBACCO CONTROL MEASURES THROUGH THE BROADER HEALTHCARE COMMUNITY IN RUSSIA, THE UNION'S COLLABORATION WITH THE MINISTRY OF HEALTH RESULTED IN A SMOKING STATUS SECTION BEING INCLUDED IN THE ELECTRONIC PERSONAL MEDICAL HISTORY FOR GOVERNMENT HEALTHCARE PATIENTS IN INDIA, THE UNION AND MINISTRY OF HEALTH HEALTH WORKERS GUIDE HAS BEEN DISTRIBUTED TO OVER HALF A MILLION FRONT-LINE HEALTH WORKERS OVER THE TWO YEAR PERIOD INCREASINGLY, THE TOBACCO INDUSTRY IS RECOGNISING THE PROGRESS OF THE UNION AND PARTNERS, AND STEPPING UP EFFORTS TO COUNTER TOBACCO CONTROL PROGRAMS THE UNION IS SUPPORTING BI GRANTEES TO DEFEND LEGISLATIVE CHALLENGES AND DEVELOPING MATERIALS - SUCH AS THE UNION FCTC ARTICLE 5.3 TOOLKIT - THAT WILL HELP GOVERNMENTS AND ORGANIZATIONS SAFEGUARD THEMSELVES FROM TOBACCO INDUSTRY INFLUENCE THE UNION AND GRANTEES IN BRAZIL, INDIA, PAKISTAN, LEBANON AND SOUTH AFRICA HAVE SUCCESSFULLY DEFENDED CHALLENGES OR BROUGHT LEGAL PROCEEDINGS AGAINST THE TOBACCO INDUSTRY

4b

(Code) (Expenses \$ 3,796,323 including grants of \$ 2,965,510) (Revenue \$)

TREAT TB 2012 KEY ACCOMPLISHMENTS PROVE-IT MANY NEW DIAGNOSTIC TOOLS FOR TB HAVE EMERGED RECENTLY, BUT THEIR PERFORMANCE IN DIVERSE EPIDEMIOLOGICAL SETTINGS, HEALTH SYSTEM STRUCTURES AND PATIENT GROUPS REMAINS UNCLEAR IN AN EFFORT TO OPTIMIZE THE SCALE-UP OF THESE NEW DIAGNOSTIC TOOLS, TREAT TB HAS DEVELOPED AN ASSESSMENT METHODOLOGY THAT MOVES BEYOND THE TRADITIONAL ACCURACY TESTS TO EVALUATE A TOOL'S IMPACT ON BOTH THE HEALTH SYSTEM AND PATIENTS UTILIZING THIS INNOVATIVE APPROACH, TREAT TB IS EVALUATING LINE PROBE ASSAYS (LPA), A NEW DIAGNOSTIC TEST THAT MAY MAKE RAPID SCREENING FOR DRUG-RESISTANT TB POSSIBLE THE NAME OF THIS STUDY IS PROVE-IT (POLICY RELEVANT OUTCOMES FROM VALIDATING EVIDENCE ON IMPACT) AND IT AIMS TO IDENTIFY THE COSTS ASSOCIATED WITH LPA TESTS, THE PREREQUISITE HEALTH SYSTEM REQUIREMENTS, AND THE IMPACT ON THE TIME BETWEEN DIAGNOSIS AND TREATMENT TREAT TB AND ITS PARTNERS CONTINUED TO IMPLEMENT THE PROVE IT PROJECT IN SOUTH AFRICA, RUSSIA AND BRAZIL DURING 2012 SINCE THE BEGINNING OF THE PROVE IT STUDY IN SOUTH AFRICA, THE LOCAL RESEARCH TEAM HAS ANALYZED THE RECORDS OF 652 PATIENTS WHO RECEIVED TREATMENT AT ONE OF THE STUDY SITES BETWEEN 2005-2010 DURING THE REPORTING PERIOD, THE TEAM HAS ALSO CONDUCTED A TOTAL OF 38 KEY INFORMANT INTERVIEWS WITH HEALTH OFFICIALS AS PART OF THE POLICY TRANSFER ANALYSIS TRACK OF THE STUDY IN ADDITION TO HEALTH-FOCUSED RESEARCH, THE PROVE IT TEAM IN SOUTH AFRICA ALSO INTERVIEWED 83 PATIENTS FOR THE ECONOMIC ANALYSIS PART OF THE STUDY, WHICH AIMS TO ASCERTAIN THE FINANCIAL IMPACT OF NEW TOOLS ON PATIENTS IN RUSSIA, THE LOCAL PROVE IT TEAM HAS ENROLLED 251 MDR-TB PATIENTS IN THE STUDY TO DATE DURING THE REPORTING PERIOD, 74 PATIENTS PARTICIPATED IN THE SECOND PATIENT INTERVIEW, WHICH TAKES PLACE AFTER A PATIENT COST QUESTIONNAIRE WAS COMPLETED BOTH THE RUSSIA AND SOUTH AFRICA TEAMS PRESENTED THEIR PRELIMINARY FINDINGS AT THE WORLD CONFERENCE ON LUNG HEALTH IN KUALA LUMPUR, MALAYSIA 13-17 NOVEMBER 2012 IN ADDITION TO PRESENTING THEIR WORK IN KUALA LUMPUR, THE RUSSIA STUDY TEAM ALSO GAVE A PRESENTATION AT THE ANNUAL CONGRESS OF NATIONAL TUBERCULOSIS ASSOCIATIONS IN ST PETERSBURG, RUSSIA IN OCTOBER 2012 AS OF SEPTEMBER 2012, THE PROVE IT TEAM IN BRAZIL RECRUITED 121 PATIENTS WITH CONFIRMED TB DIAGNOSIS INTO THE LPA ARM OF THE STUDY AND 62 INTO THE XPERT MTB/RIF ARM THEY CONTINUED TO RECRUIT PATIENTS THROUGH THE END OF THE REPORTING PERIOD MODELLING THE TREAT TB INITIATIVE AIMS TO PROVIDE POLICYMAKERS WITH THE INFORMATION THEY NEED TO SELECT THE MOST COST-EFFECTIVE DIAGNOSTIC TOOLS OR COMBINATION OF TOOLS THAT BEST IMPROVE PATIENT OUTCOMES AND LIMIT THE TRANSMISSION OF TUBERCULOSIS (TB) IN THEIR COMMUNITY IN YEAR THREE, TREAT TB PARTNERS FROM THE LIVERPOOL SCHOOL OF TROPICAL MEDICINE (LSTM) AND THE HARVARD SCHOOL OF PUBLIC HEALTH/BRIGHAM AND WOMENS HOSPITAL, ALONG WITH A TECHNICAL CONSULTANT AFFILIATED WITH NATIONAL TAIWAN UNIVERSITY, WORKED TO FULFIL THIS GOAL BY DESIGNING A NOVEL MODELLING APPROACH THAT LINKS TRANSMISSION MODELLING WITH OPERATIONAL MODELLING THE WORK COMPLETED IN 2011 PRIMARILY FOCUSED ON DRUG-SENSITIVE TB IN YEAR FOUR, THE TREAT TB MODELLING TEAM CONDUCTED AN INITIAL EXPLORATION OF THE MODEL FOR DRUG-RESISTANT TB AND BEGAN TO RE-CALIBRATE THE MODEL FOR COUNTRIES WITH A TB EPIDEMIOLOGY DIFFERENT FROM THAT FOUND IN MALAWI AND TANZANIA, WHICH SERVED AS THE BASIS FOR THE EXISTING MODELLING APPROACH THE TEAM WILL BUILD ON THIS WORK IN YEAR FIVE THE MODELLING TEAM BEGAN TO USE A REVISED APPROACH TO FURTHER ASSESS XPERT MTB/RIF, A PROMISING NEW NUCLEIC ACID AMPLIFICATION TEST THAT RAPIDLY IDENTIFIES RIFAMPICIN-RESISTANT TB AND HAS THE POTENTIAL TO DECENTRALIZE DIAGNOSTIC SERVICES XPERT MTB/RIF IS A FAR MORE EXPENSIVE TOOL THAN CURRENT ESTABLISHED APPROACHES, BUT IS HIGHLY SENSITIVE, QUICKER AND EASIER TO USE MORE RESEARCH IS NEEDED TO DETERMINE HOW THE TEST WILL PERFORM IN DIFFERENT POPULATIONS, HEALTH SYSTEMS, AND RESOURCE-LIMITED SETTINGS THE LINKED MODEL APPROACH HAS THE POTENTIAL TO ANSWER SOME OF THESE QUESTIONS AND WILL ASSESS THE IMPACT OF XPERT MTB/RIF ON HEALTH SYSTEM COSTS, PATIENT ACCESS AND OUTCOMES, AND THE TB EPIDEMIC IN A GIVEN SETTING THIS WORK IS SET TO CONTINUE THROUGH THE NEXT REPORTING PERIOD KEY RESULTS AND ACCOMPLISHMENTS IN MAY 2012, OPERATIONAL RESEARCH ANALYST IVOR LANGLEY AND TREAT TB DEPUTY PROJECT DIRECTOR HANNAH ALSDURF TRAVELLED TO BRAZIL TO COLLECT AND ANALYZE ADDITIONAL DATA ON PATIENT OUTCOMES, COST, AND OTHER FACTORS RELATED TO THE IMPLEMENTATION OF LPA AND XPERT MTB/RIF IN JULY 2012, IVOR LANGLEY PRESENTED TREAT TBS VIRTUAL IMPLEMENTATION APPROACH AND THE BENEFITS OF USING VIRTUAL IMPLEMENTATION FOR COST-EFFECTIVE ANALYSIS AT THE UNIONS EUROPEAN REGION CONFERENCE IN SEPTEMBER 2012, TREAT TB PROJECT DIRECTOR DR I.D. RUSEN AND MR. LANGLEY PRESENTED THE TREAT TB VIRTUAL IMPLEMENTATION APPROACH TO A MULTIDISCIPLINARY GROUP OF GLOBAL HEALTH PROFESSIONALS ATTENDING THE 2012 GLOBAL HEALTH MINI-UNIVERSITY, A DAYLONG EVENT DESIGNED FOR SHARING EVIDENCE-BASED BEST PRACTICES AND STATE-OF-THE-ART INFORMATION HELD EVERY YEAR IN WASHINGTON, DC DURING THE 2012 WORLD CONFERENCE ON LUNG HEALTH IN KUALA LUMPUR, MALAYSIA, TREAT TB ORGANIZED A MODELLING-FOCUSED SYMPOSIUM FOR HEALTH POLICYMAKERS AND OTHER PUBLIC HEALTH OFFICIALS WHICH WAS ATTENDED BY APPROXIMATELY 100 PEOPLE THE TEAM ALSO FINALIZED AND DISTRIBUTED A BROCHURE SUMMARIZING THE BENEFITS AND ADVANTAGES ASSOCIATED WITH THIS MODELLING APPROACH THE BROCHURE IS NOW AVAILABLE ON THE TREAT TB WEBSITE HERE [HTTP://TREATTB.ORG/ SYSTEMATIC REVIEWS](http://treattb.org/systematic-reviews) TREAT TB AND ITS PARTNERS AT MCGILL UNIVERSITY ARE WORKING WITH THE EDITORS OF PLOS MEDICINE TO PREPARE THE SYSTEMATIC REVIEW COMPLETED DURING THE LAST REPORTING PERIOD FOR PUBLICATION THIS REVIEW FOCUSED ON THE METHODOLOGIC ASPECTS OF COST EFFECTIVENESS ANALYSES THAT EVALUATE INTERFERON GAMMA RELEASE ASSAYS (IGRA) FOR THE DETECTION OF LATENT TUBERCULOSIS INFECTION (LTBI) THE SYSTEMATIC REVIEW TEAM IS ALSO WORKING WITH TREAT TB PARTNERS AT THE LIVERPOOL SCHOOL OF TROPICAL MEDICINE TO CONDUCT THE ASSESSING FEASIBILITY OF IMPLEMENTING A NEW DIAGNOSTIC TEST IN RESOURCE-LIMITED SETTINGS SYSTEMATIC REVIEW, WHICH WILL BE SUBMITTED FOR PUBLICATION IN 2013 STREAMTHE UNIONS EVALUATION OF A STANDARDISED TREATMENT REGIMEN OF ANTI-TUBERCULOSIS DRUGS FOR PATIENTS WITH MULTIPLE DRUG-RESISTANT TUBERCULOSIS OR STREAM WILL SEEK TO DETERMINE WHETHER A REGIMEN DEVELOPED AND IMPLEMENTED BY THE DAMIEN FOUNDATION AND THE INSTITUTE OF TROPICAL MEDICINE, AND USED WITH NOTABLE SUCCESS IN BANGLADESH, CAN BE UTILIZED IN DIFFERENT SETTINGS WITH COMPARABLE RESULTS THE UNION WORKED WITH LOCAL AND INTERNATIONAL PARTNERS THROUGHOUT 2012 TO MONITOR THE STUDY'S PROGRESS, FACILITATED THE SHIPMENT OF SUPPLIES AND MEDICINES AS NEEDED, AND WORKED WITH COUNTRY TEAMS TO STRENGTHEN PATIENT RECRUITMENT AND RETENTION THE UNION IS ALSO EXPLORING THE POSSIBILITY OF ADDING ADDITIONAL SITES TO THE TRIAL AND WILL UNDERTAKE A SERIES OF SITE VISITS IN THE FALL OF 2013 IN 2012, TREAT TB CONDUCTED THE FOLLOWING ACTIVITIES FOR THE STREAM CLINICAL TRIAL BEGAN RECRUITMENT FOR THE STREAM TRIAL AT KING GEORGE V HOSPITAL IN DURBAN, SOUTH AFRICA (JUNE 2012) AND SIZWE HOSPITAL IN JOHANNESBURG, SOUTH AFRICA (AUGUST 2012) CONTINUED TO SHIP MEDICINES AND SUPPLIES TO ALL STREAM STUDY SITES AND WORK CLOSELY WITH IN-COUNTRY STUDY STAFF AS WELL AS EXTERNAL PARTNERS TO REPLENISH PHARMACEUTICALS AND MEET OTHER STREAM STUDY PROCUREMENT NEEDS ONGOINGLY WORKED WITH IN-COUNTRY STUDY STAFF AND OFFICIALS FROM THE MINISTRY OF HEALTH AND THE ARMAUER HANSEN RESEARCH INSTITUTE (AHRi) TO PREPARE FOR THE IMPLEMENTATION OF THE STREAM STUDY AT THE SECOND SITE IN ADDIS ABABA (SCHEDULED FOR 2013) CONTINUALLY TRAINED STUDY STAFF AND PARTNERS IN GOOD CLINICAL PRACTICE AND EFFECTIVE LABORATORY METHODS, IN PARTNERSHIP WITH MRC-UK AND THE INSTITUTE FOR TROPICAL MEDICINE IN ANTWERP HELPED PREPARE THE PHAM NGOC HOSPITAL TEAM IN HO CHI MINH CITY TO LAUNCH THE STREAM STUDY IN NOVEMBER 2012 CONDUCTING TROUBLE-SHOOTING AND FACILITATED COMMUNICATION AMONG PARTNERS THROUGHOUT THE REPORTING PERIOD RESPONDED TO QUESTIONS FROM THE HEALTH MINISTRY OF INDIA'S SCREENING COMMITTEE (HMSC) AND HELPED LOCAL PARTNERS NAVIGATE THE APPROVAL PROCESS IN INDIA

4c

(Code) (Expenses \$ 311,662 including grants of \$ 290,000) (Revenue \$)

STRATEGIC HEALTH INFORMATION AND OPERATIONAL RESEARCH THE UNION'S INTERNATIONAL MANAGEMENT PROGRAMME 2012 OVERVIEWIN ORDER TO HELP COUNTRIES IMPROVE THE MANAGEMENT OF HEALTH PROGRAMMES, THE UNION HAS DESIGNED A SERIES OF COURSES THAT ADDRESS CHALLENGES FACED BY NATIONAL PROGRAM MANAGERS AND HEALTHCARE ADMINISTRATORS IN LIMITED-RESOURCE SETTINGS THE UNION'S INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAM (IMDP) STRENGTHENS HEALTH SYSTEMS BY TRAINING HEALTH PROFESSIONALS IN SPECIFIC COMPETENCIES THAT ARE CRITICAL TO THE SUCCESS OF HEALTH PROGRAMS THE IMPD IS ACCREDITED BY THE INTERNATIONAL ASSOCIATION FOR CONTINUING EDUCATION AND TRAINING (IACET), ONE OF THE WORLD'S LEADING ACCREDITATION AGENCIES THE IMPD ADDRESSES KEY ISSUES SUCH AS DEVELOPING BUDGETS FOR NATIONAL HEALTH PROGRAMMES OR INTERNATIONAL DONORS ORGANIZING AND TRAINING HEALTH STAFF ACROSS VARIOUS REGIONS AND PROVINCES COORDINATING MEDICINES AND SUPPLIES MOTIVATING OVERWORKED STAFF CREATING COMMUNICATIONS PLANS TO DISSEMINATE IMPORTANT HEALTH MESSAGES ADHERING TO STRATEGIES THAT BOOST DETECTION RATESIN 2012, THE UNIONS INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAM (IMDP) TRAINED CLOSE TO 400 PARTICIPANTS FROM OVER VARIOUS COUNTRIES, INCLUDING INDONESIA, INDIA, RUSSIA, MEXICO PROFESSIONALS SPECIALIZING IN A VARIETY OF HEALTH FIELDS ATTENDED 11+ COURSES HELD THROUGHOUT THE YEAR TO DEVELOP THEIR EXISTING SKILLS AND GAIN NEW ONES TO HELP IMPROVE THE QUALITY OF HEALTH SERVICES PROVIDED BY THE ORGANIZATIONS WHERE THEY WORK PARTICIPANTS WERE OFFERED THE UNIQUE EXPERIENCE OF NETWORKING, SHARING EXPERIENCES AND LEARNING FROM HEALTH PROFESSIONALS IN SIMILAR FIELDS FROM AROUND THE WORLD DURING 2012, PARTICIPANTS WERE TRAINED IN THE FOLLOWING AREAS BUDGETING AND FINANCIAL MANAGEMENT PROJECT MANAGEMENT INFLUENCING, NETWORKING, AND PARTNERING LEADING MANAGEMENT TEAMS COMMUNICATIONS AND MASS MEDIA SUPPLY CHAIN MANAGEMENT HUMAN RESOURCES MANAGEMENTIN ADDITION TO THE COURSES, IMPD OFFERS TO ITS ALUMNI CONTINUING LEARNING THROUGH THE HEALTH MANAGER, [HTTP://WWW.UNION-IMDP.ORG/HEALTH-MANAGER-RECENT-ISSUES](http://www.union-imdp.org/health-manager-recent-issues), AN ONLINE RECURRING PUBLICATION THAT FOCUSES ON MANAGEMENT EDUCATION, SPECIFICALLY FOR HEALTH PROFESSIONALS PLEASE READ THE HIGHLIGHTS OF THE PARTICIPANT PROFILES HERE [HTTP://WWW.UNION-IMDP.ORG/ABOUT/PARTICIPANT-PROFILES](http://www.union-imdp.org/about/participant-profiles)

(Code) (Expenses \$ 504,736 including grants of \$ 3,196) (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?)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 504,736 including grants of \$ 3,196) (Revenue \$)



















4e

Total program service expenses

18,394,336

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 instructions)?  | 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | 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 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 Yes | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 Yes | |
| 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 and XII  | 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 and XII is optional  | 12b Yes | |
| 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b 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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | 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 through 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 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

| | | | | | | |
|---|--|-----|-----|--|--|----|
| | | Yes | No | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 36 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a | 6 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | | No |
| 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. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? | 7c | | | | No |
| d | If "Yes," indicate the number of Forms 8822 filed during the year. | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | | | | |
| 8 | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | | |
| a | Gross income from members or shareholders. | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | | | | |
| c | Enter the amount of reserves on hand. | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | | | |

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 | 8 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 6 | |
| 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 | Did the organization have members or stockholders? | 6 | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | 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 | Yes |
| 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 | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete 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 | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did 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 | No |
| 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

| | | |
|----|---|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed | IL , 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | MILI CHOWFLA 61 BROADWAY SUITE 1720 NEWYORK, NY (212) 500-5738 |

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

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

Form **990** (2012)

Part VII

| | | | | | |
|-----------|--|---|---------|---------|--------|
| 1b | Sub-Total | ▼ | | | |
| c | Total from continuation sheets to Part VII, Section A | ▼ | | | |
| d | Total (add lines 1b and 1c) | ▼ | 250,000 | 425,385 | 57,326 |

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization in 2011.

| | | Yes | No |
|---|---|-----|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---|---------------------|
| SYLVIANE RATTE , 4 RUE LE BRUNPARISFR75013 | INTL TOBACCO CONTROL CONSULTING SVCS | 100,188 |
| | | |
| | | |
| | | |
| | | |

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

Part VIII

Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 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 | 13,289,408 | | |
| | e | Government grants (contributions) | 1e | 3,607,513 | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,703,103 | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | |
| | h | Total. Add lines 1a-1f | | 18,600,024 | | |
| 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) | 5,102 | | |
| 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 | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See Instructions | | 18,605,126 | 0 | 0 | 5,102 |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☐

| 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 United States. See Part IV, line 21. | 285,160 | 285,160 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22. | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | 16,385,426 | 16,385,426 | | |
| 4 | Benefits paid to or for members. | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees. | 289,699 | 289,699 | | |
| 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. | 375,797 | 353,343 | 22,454 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 8,468 | 7,570 | 898 | |
| 9 | Other employee benefits. | 52,004 | 50,532 | 1,472 | |
| 10 | Payroll taxes. | 34,795 | 32,705 | 2,090 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | | | | |
| b | Legal. | 12,468 | 12,468 | | |
| c | Accounting. | 57,057 | 28,586 | 28,471 | |
| d | Lobbying. | | | | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees. | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 388,593 | 382,664 | 5,929 | |
| 12 | Advertising and promotion. | | | | |
| 13 | Office expenses. | 51,352 | 51,352 | | |
| 14 | Information technology. | 57,837 | 57,837 | | |
| 15 | Royalties. | | | | |
| 16 | Occupancy. | 201,757 | 201,757 | | |
| 17 | Travel. | 163,686 | 156,468 | 7,218 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | 56,859 | 56,859 | | |
| 20 | Interest. | | | | |
| 21 | Payments to affiliates. | | | | |
| 22 | Depreciation, depletion, and amortization. | 1,720 | 1,720 | | |
| 23 | Insurance. | 22,579 | 22,579 | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a | EQUIP RENTAL & REPAIR | 15,035 | 15,035 | | |
| b | RELOCATION EXPENSE | 12,252 | | 12,252 | |
| c | OTHER EXPENSES | 7,980 | 423 | 7,557 | |
| d | STAFF DEVLPMNT & RECRUIT | 2,153 | 2,153 | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 18,482,677 | 18,394,336 | 88,341 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

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

| | | | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|---|--|-----|-------|--------------------------|-----|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | | 1,786,624 | 1 | 418,532 |
| | 2 | Savings and temporary cash investments | | | 60,171 | 2 | 271,529 |
| | 3 | Pledges and grants receivable, net | | | 6,908,116 | 3 | 4,954,765 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other 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) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | 8,333 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 7,169 | | | |
| | b | Less accumulated depreciation | 10b | 5,448 | 2,242 | 10c | 1,721 |
| | 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 | | | 807,493 | 15 | 1,265,840 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 9,564,646 | 16 | 6,920,720 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 76,135 | 17 | 141,154 |
| | 18 | Grants payable | | | 7,278,086 | 18 | 5,590,367 |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 1,378,196 | 21 | 234,522 |
| | 22 | Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 8,732,417 | 26 | 5,966,043 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 32,799 | 27 | 58,565 |
| | 28 | Temporarily restricted net assets | | | 799,430 | 28 | 896,112 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | | | 832,229 | 33 | 954,677 |
| | 34 | Total liabilities and net assets/fund balances | | | 9,564,646 | 34 | 6,920,720 |

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 | 18,605,126 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18,482,677 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 122,449 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 832,229 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 954,677 |

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

2012

Open to Public
Inspection

| | |
|---|---|
| Name of the organization INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC | Employer identification number 22-3419667 |
|---|---|

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

| | | |
|----|-------------------------------------|---|
| 1 | <input type="checkbox"/> | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |
| 2 | <input type="checkbox"/> | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) |
| 3 | <input type="checkbox"/> | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |
| 4 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |
| 7 | <input checked="" type="checkbox"/> | 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 | <input type="checkbox"/> | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) |
| 9 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | An organization organized and operated exclusively to test for public safety See section 509(a)(4). |
| 11 | <input type="checkbox"/> | 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 <div>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated</div> |
| e | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?</div> |
| h | <input type="checkbox"/> | Provide the following information about the supported organization(s) |

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|----------|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 5,279 | 19,419,094 | 20,284,523 | 24,925,400 | 18,607,024 | 83,241,320 |
| 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 | 5,279 | 19,419,094 | 20,284,523 | 24,925,400 | 18,607,024 | 83,241,320 |
| 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) | | | | | | 67,356,981 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 15,884,339 |

| Section B. Total Support | | | | | | |
|--|----------|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 Amounts from line 4 | 5,279 | 19,419,094 | 20,284,523 | 24,925,400 | 18,607,024 | 83,241,320 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 88 | 11,877 | 12,005 | 1,246 | 5,102 | 30,318 |
| 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 | | 11,608 | 11,829 |
| 11 Total support (Add lines 7 through 10) | | | | | | 83,283,467 |
| 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 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 19 070 % |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | 90 260 % |
| 16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| 17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|--|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | | |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | | |

| Section D. Computation of Investment Income Percentage | | | |
|--|----|--|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | | |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | | |
| 19a 33 1/3% support tests—2012. 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—2011. 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.** 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 |
|------------------------------|
| |

| Explanation |
|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME - 2010 AMOUNT \$ 221 2012 AMOUNT \$ 11,608 |
| |
| |
| |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

| | Held at the End of the Year |
|---|--|
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

☒

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | | | | | |
|----|--|---------------|---------------------|---------------------|--------------------|
| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds

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

| | | | | |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 7,169 | 5,448 | 1,721 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 1,721 |

| | | | | | |
|---|--|-----------|-----------|-----------|------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 18,605,126 |
| 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 XIII) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 18,605,126 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | | |
| c | Add lines 4a and 4b | | 4c | | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | | 5 | 18,605,126 |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 18,482,677 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 18,482,677 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | | |
| c | Add lines 4a and 4b | | 4c | | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | | 5 | 18,482,677 |

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, 2011. 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, LINE 2 | IUATLD, INC. RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE IUATLD, INC. HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. IUATLD, INC. IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2009. |

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. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|---------------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | EUROPE | BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE | 11,279,266 | WIRE TRANSFER | | N/A | N/A |
| | | | ASIA | TO CONDUCT INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAM COSTS | 2,118,827 | WIRE TRANSFER | | N/A | N/A |
| | | | AFRICA | TO REDUCE TOBACCO USE AND CONDUCT STRATEGIC HEALTH INFO AND OPERATIONAL RESEARCH | 1,307,158 | WIRE TRANSFER | | | N/A |
| | | | NORTH AMERICA | TO REDUCE TOBACCO USE AND TREAT TUBERCULOSIS | 11,966 | WIRE TRANSFER | | | N/A |
| | | | SOUTH AMERICA | TO REDUCE TOBACCO USE AND TREAT TUBERCULOSIS | 976,368 | WIRE TRANSFER | | | N/A |
| | | | SOUTH ASIA | TO REDUCE TOBACCO USE AND TREAT TUBERCULOSIS | 599,608 | WIRE TRANSFER | | | N/A |
| | | | RUSSIA & THE NEWLY INDEPENDENT STATES | TO REDUCE TOBACCO USE AND TREAT TUBERCULOSIS | 92,233 | WIRE TRANSFER | | | N/A |
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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 ▶

53

3

Enter total number of other organizations or entities ▶

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see 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

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

Schedule F (Form 990) 2012

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
22-3419667

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

[illegible]

| | | |
|----------|---|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | <u>2</u> |
| 3 | Enter total number of other organizations listed in the line 1 table | <u>1</u> |

Part III

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| | | | | | |
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| Part IV Supplemental Information. | | |
|--|------------------|---|
| Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information | | |
| Identifier | Return Reference | Explanation |
| SCHEDULE I, PART I, LINE 2 | | THE SUB-GRANTESS ARE REQUIRED TO SUBMIT QUARTERLY FINANCIAL REPORTS AND NARRATIVES TO PROJECT MANAGERS VARIANCES FROM THE APPROVED BUDGET ARE SCRUTINIZED AND EXPLAINED ORGANIZATION ALSO REQUEST THE ANNUAL FINANCIAL STATEMENT AND AUDITOR'S REPORT FROM SUB-GRANTEES PROJECT MANAGER CONDUCTS INTERNAL AUDIT ON-SITE WHEN NEEDED |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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.

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

Employer identification number

22-3419667

Part I

Questions Regarding Compensation

| | Yes | No |
|---|-----|----|
| <div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> | | |
| <div><div>1b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div> | | |
| <div><div>2</div><div>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?</div></div> | | |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div> | | |
| <div><div>4</div><div>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</div></div> | | |
| <div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div> | | No |
| <div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | | No |
| <div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | | No |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div> | | |
| <div><div>5</div><div>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</div></div> | | |
| <div><div>5a</div><div>The organization?</div></div> | | No |
| <div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | | No |
| <div><div>6</div><div>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</div></div> | | |
| <div><div>6a</div><div>The organization?</div></div> | | No |
| <div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | | No |
| <div><div>7</div><div>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</div></div> | | No |
| <div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div> | | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div> | | |

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1)PETER BALDINI TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 300,000 | 25,000 | 0 | 2,400 | 25,269 | 352,669 | 0 |
| (2)PAULA FUJIWARA SENIOR ADVISOR | (i) | 250,000 | 0 | 0 | 10,000 | 15,642 | 275,642 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | PART I, LINE 3 | COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE DIRECTOR IS PAID BY THE WORLD LUNG FOUNDATION, A SUPPORTING ORGANIZATION, USING THE FOLLOWING PROCESS TO DETERMINE EXECUTIVE COMPENSATION. A. THE PERSONNEL/COMPENSATION COMMITTEE OF THE BOARD ESTABLISHES THE SALARY OF THE CHIEF EXECUTIVE OFFICER AND ESTABLISHES THE GUIDELINES FOR ALL REMAINING STAFF. B. THE PERSONNEL/COMPENSATION COMMITTEE'S DETERMINATION IS BASED ON SEVERAL FACTORS PROVIDED BY A STUDY DONE BY A COMPENSATION CONSULTING FIRM, THOSE FACTORS ARE AS FOLLOWS: 1. INTERNAL EQUITY 2. EQUITY WITH EXTERNAL ORGANIZATIONS SIMILAR TO WLF 3. MARKET ANALYSIS/SALARY RANGES 4. BENEFITS ANALYSIS 5. PERFORMANCE MANAGEMENT & REWARD SYSTEM 6. SALARY ADMINISTRATION 7. INCENTIVE COMPENSATION. TWO OTHER MAIN FACTORS WILL DETERMINE THE FINAL DECISION ON INCREASES: 1. ECONOMIC SITUATION 2. THE PROPOSED BUDGET FOR THE NEXT FISCAL YEAR. C. THE PERSONNEL/COMPENSATION COMMITTEE ALONG WITH THE COMPENSATION CONSULTING FIRM'S NEXT REVIEW IS DUE IN SEPTEMBER 2013. THE LAST REVIEW WAS IN SEPTEMBER 2009. |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

| | |
|--|---|
| Name of the organization INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC | Employer identification number 22-3419667 |
|--|---|

| Identifier | Return Reference | Explanation |
|------------|--------------------------------------|---|
| | FORM 990, PART VI, SECTION A, LINE 2 | MR PETER BALDINI, MR JOSE LUIS CASTRO, PAULA I FUJIWARA AND MR NILS BILLO HAVE A BUSINESS RELATIONSHIP ALL OF THESE PERSONS SERVE IN DIFFERENT CAPACITIES ON THE BOARDS OF RELATED ORGANIZATIONS MR BALDINI SERVES AS THE EXECUTIVE DIRECTOR OF WORLD LUNG FOUNDATION (WLF) MR BILLO ALSO SERVES AS THE EXECUTIVE DIRECTOR IUATLD, INC, PARIS |

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

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART VI, SECTION B, LINE 15B | <p>IUATLD, INC HAS ESTABLISHED A WRITTEN COMPENSATION POLICY TO BE FOLLOWED BY MANAGEMENT AND, WHEN NECESSARY , THE BOARD OF DIRECTORS IN ORDER TO ESTABLISH THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES THE POLICY MANDATES THAT EXECUTIVE-LEVEL COMPENSATION BE PERIODICALLY REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS AND THAT THE REVIEW PROCESS SHOULD BE FREE OF POTENTIAL CONFLICTS OF INTEREST THE APPROVING ENTITY NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED A VARIETY OF INFORMATION AND COMPARABILITY DATA ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO EXECUTIVES THESE INCLUDE SURVEYS OF NEW YORK CITY-BASED NON-PROFIT COMPENSATION PRACTICES, COMPARABLE PACKAGES FOR KEY STAFF OF PEER ORGANIZATIONS, AND COMPENSATION PRACTICES EXPECTED BY PROJECT DONORS DECISIONS TAKEN ON COMPENSATION LEVELS TO BE PAID MUST BE DOCUMENTED IN WRITTEN FORM TO INCLUDE THE DATES DECISIONS ARE TAKEN, THE PARTIES PRESENT DURING THE DECISION, THE FULL TERMS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION THE COMPENSATION REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR AND SENIOR ADVISOR POSITIONS WAS UNDERTAKEN IN JANUARY 2009 THE EXECUTIVE DIRECTOR'S COMPENSATION LEVEL WAS SET BASED ON A NUMBER OF FACTORS IN ADDITION TO THE ONES DESCRIBED ABOVE, INCLUDING COMPARABLE COMPENSATION LEVELS FOR A) NEW YORK CITY-BASED EXECUTIVES OVERSEEING NOT FOR PROFIT ORGANIZATIONS AND AFFILIATE OFFICES OF INTERNATIONAL ORGANIZATIONS, B) PUBLIC HEALTH PROFESSIONALS WITH 15-20 YEARS EXPERIENCE IN PROJECT MANAGEMENT, PARTNERSHIPS AND OPERATIONS AND LASTLY THE SALARY EXPECTATIONS OF KEY DONORS TO IUATLD, INC -COORDINATED 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 | IUATLD, INC MAKES ITS FORM 990 AND FORM 1023 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 IUATLD, 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 |
|---|----------------------------|--|
| 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 |
|------------|------------------|--|
| | | A-133 AUDIT FOR 2012 OCCURED ON SEPTEMBER 30, 2013 |

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

2012

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" to Form 990, Part IV, line 33.) | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| | | | | | |
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| Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | | | | | | | |
|---|--|--|----------------------------|---|---|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (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 | |
| | | | | | | | |
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| | | | | | | | |
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Part III

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (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 | |
| | | | | | | | | | | | | |
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Part IV

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
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Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

1s

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-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|--|
| (1) WORLD LUNG FOUNDATION | O | 431,804 | COST |
| (2) WORLD LUNG FOUNDATION | C | 13,289,408 | CASH |
| | | | |
| | | | |
| | | | |
| | | | |

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]

Software ID:

Software Version:

EIN: 22-3419667

Name: INTERNATIONAL UNION AGAINST TUBERCULOSIS
AND LUNG DISEASE INC

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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