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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
NEW YORK, NY 10006

D Employer identification number
22-3419667

E Telephone number
(212) 500-5724

G Gross receipts $ 22,670,915

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW THEUNION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile NJ

Part I Summary

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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	9
6	Total number of volunteers (estimate if necessary)	**6**	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,600,024	22,668,532
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,102	623
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	1,760
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,605,126	22,670,915
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,670,586	19,008,999
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	760,763	1,030,423
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,051,328	1,598,907
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,482,677	21,638,329
19	Revenue less expenses Subtract line 18 from line 12	122,449	1,032,586

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,920,720	8,895,109
21	Total liabilities (Part X, line 26)	5,966,043	6,907,846
22	Net assets or fund balances Subtract line 21 from line 20	954,677	1,987,263

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

****** 2014-11-14
Signature of officer Date

JOSE LUIS CASTRO PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARRETT M HIGGINS		2014-11-14		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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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 POOR4 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 $ 15,787,414 including grants of $ 15,085,818) (Revenue $)

OVERVIEW OF ACTIVITIES FOR TOBACCO CONTROL-BIIN 2013, THE UNION HAS MADE MAJOR STRIDES FORWARDS IN THE PROMOTION AND ADOPTION OF FCTC COMPLIANT LEGISLATION AT NATIONAL LEVEL WITH, RUSSIA PASSING THE LAW ON PROTECTING CITIZENS' HEALTH FROM THE IMPACT OF TOBACCO SMOKE AND CONSEQUENCES OF TOBACCO CONSUMPTION IN FEBRUARY AND VIETNAM PASSING THE NATIONAL TOBACCO CONTROL LAW IN MAY AS PART OF THE GROWING MOMENTUM OF TOBACCO CONTROL ACROSS THE LATIN AMERICA REGION, THE CHILEAN CONGRESS APPROVED THE BAN ON SMOKING IN ALL PUBLIC PLACES AND ON ALL FORMS OF TOBACCO ADVERTISING AND IN JAMAICA THE PUBLIC HEALTH (TOBACCO CONTROL) REGULATIONS-2013 WAS PASSED AND EFFECTIVE IN JULY THE UNIONS SUSTAINED EFFORTS IN BANGLADESH ALSO SAW THE PASSING OF THE SMOKING AND TOBACCO PRODUCTS USAGE BILL AMENDMENT WHICH EXPANDS SMOKING BANS TO COVER ALL PUBLIC FACILITIES AND WORKPLACES THERE WAS SIGNIFICANT MERIT AND WORTH IN THE SUB-NATIONAL SMOKE-FREE APPROACH THE UNION HAS ADOPTED IN INDIA, CHINA AND INDONESIA IN 2013, WITH A COMBINED 61 3 MILLION PEOPLE NOW PROTECTED FROM THE EFFECTS OF SECOND-HAND SMOKE IN THESE THREE COUNTRIES INDONESIA'S PROGRESS HAS BEEN LARGELY SUPPORTED THROUGH THE MAYORS ALLIANCE WHICH HAS EXPANDED TO 90 MEMBERS AND RESULTED IN 20 CITIES DECLARED SMOKE-FREE INDIA'S UPSCALE ON COMPLIANCE MONITORING RESULTED IN POSITIVE RETURNS WITH 56 JURISDICTIONS/CITIES NOW SMOKE FREE AND PROTECTING 16 2 MILLION RESIDENTS LANZHOU AND SHENZHEN HAVE LED THE WAY IN CHINA TO PROGRESS SMOKE FREE IMPLEMENTATION AND THEIR SMOKE-FREE LAWS ARE SCHEDULED FOR FULL ENFORCEMENT IN EARLY 2014 IMPRESSIVE GAINS WERE MADE ON THE PROMOTION AND ADOPTION OF SMOKE-FREE LEGISLATION IN MEXICO WITH COZUMEL, THE LARGEST ISLAND IN THE MEXICAN CARIBBEAN, AND NUEVO LEON, THE SECOND LARGEST STATE IN MEXICO, BOTH PASSING LEGISLATION TO BECOME 100% SMOKE-FREE WITH THE ADDITION OF JALISO AND BAJA CALIFORNIA DECLARING THEIR STATES SMOKE-FREE, 2013 SAW MEXICO PROTECT AN ADDITIONAL 15 1 MILLION PEOPLE FROM THE EFFECTS OF SECOND-HAND SMOKE THE UNION HAS ALSO ENGAGED EFFECTIVELY WITH GRANTEES FOR SUCCESSFUL DELIVERY ON OTHER MPOWER MEASURES, WITH MARKED EVIDENCE OF IMPACT ON LOCAL POLICY THE PHILIPPINES SIGNED THE SIN TAX REFORM BILL INTO LAW AND IS ESTIMATED TO RAISE USD $761 MILLION DURING THE FIRST YEAR OF IMPLEMENTATION, WHILST IN HIMACHAL PRADESH, INDIA VAT ON CIGARETTES WAS INCREASED TO 36% IN VIETNAM, THE UNION SUPPORTED THE DEVELOPMENT OF THE REGULATIONS ON GRAPHIC HEALTH WARNINGS (GHW) WHICH CAME INTO EFFECT IN MAY, IN INDONESIA THE MINISTERIAL REGULATION ON GHW NOW MANDATES THAT GHW COVER 40% OF CIGARETTE PACKETS, WHILST THE BANGLADESH LAW AMENDMENT REQUIRES GHWS TO COVER 50% OF TOBACCO PACKAGING AND EXTENDS THE CURRENT BAN ON ADVERTISING AND PROMOTION TO COVER POINT-OF-SALE DISPLAYS AND CORPORATE SOCIAL RESPONSIBILITY ACTIONS TAPS ALSO FORMS PART OF THE NEW LAW IN RUSSIA WHICH BANS THE SALE OF TOBACCO PRODUCTS AT STREET KIOSKS AND RESTRICTS ADVERTISING OTHER MAJOR INITIATIVES IN 2013 INCLUDE THE ESTABLISHMENT OF THE FUND OF PREVENTION AND CONTROL OF TOBACCO HARMS IN VIETNAM WHICH REGULATES THAT THE TOBACCO INDUSTRY CONTRIBUTE TO THE FUND FOR TOBACCO CONTROL INITIATIVES, THE DEVELOPMENT OF THE DIRECTIVE ON MONITORING ANTI-TOBACCO MEASURES IN RUSSIA WHICH WAS SUBSEQUENTLY APPROVED BY THE PRIME MINISTER, AND IN BANGLADESH THE UNION IS PARTNERING WITH THE MINISTRY OF HEALTH TO SUPPORT THE NEWLY FORMED NATIONAL TOBACCO CONTROL CELL TO SUPPORT THE IMPLEMENTATION OF THE NEW LAW THE CAPACITY BUILDING PROGRAM FOR 2013 RESULTED IN THE DELIVERY OF 12 TECHNICAL TRAINING COURSES, WITH A TOTAL OF 327 TRAINING PLACES FILLED AND 10 IMDP TRAINING COURSES WITH A TOTAL OF 198 PLACES IN 2013, THE UNION INVESTED HEAVILY IN TRAINING INNOVATION INTRODUCING WEBINARS AND E-LEARNING TO THEIR REPERTOIRE OF CAPACITY BUILDING MECHANISMS IN RUSSIA, THE UNION SUCCESSFULLY USED WEBINARS TO PROMOTE SMOKE-FREE MEDICAL FACILITIES AND MODERN APPROACHES TO NICOTINE DEPENDENCE TREATMENT REGIONALLY AND TO PROMOTE THE ADMINISTRATIVE CODE'S REGULATIONS AND CLARIFY THE RESPONSIBILITIES OF ENFORCEMENT AGENCIES NATIONALLY TECHNOLOGY-ENHANCED LEARNING THROUGH E-LEARNING HAS BEEN ADOPTED IN THE DEVELOPMENT OF THE NEW TECHNICAL TRAINING COURSE PILOTED IN JAIPU, INDIA AND IS SET TO EXPAND IN 2014 THE TRAINING FOLLOW UP SYSTEM HAS IDENTIFIED SUBSTANTIAL GAINS IN TOBACCO CONTROL IMPACT THROUGH CAPACITY BUILDING IN CHINA THE UNION SMOKE-FREE WORKSHOP IN QINGDAO CONTRIBUTED TO THE PASSING OF THE TOBACCO CONTROL REGULATION IN SHENZHEN AND IN SMOKE-FREE BEING INCLUDED IN THE 2013 LEGISLATION PLAN AGENDA OF QINGDAO FOLLOWING THE SMOKE-FREE WORKSHOP IN INDONESIA, BITUNG CITY IN NORTH SULAWESI PASSED THE LOCAL 100% SMOKE-FREE LAW, WHILST IN BANGLADESH THE BANGLADESH NATIONAL PARLIAMENT PASSED THE SMOKING AND TOBACCO PRODUCT USAGE CONTROL ACT WITHIN 3 WEEKS OF CONDUCTING THE NEW SMOKE-FREE IMPLEMENTATION AND ENFORCEMENT PILOT COURSE THE UNIONS PROFILE AS A LEADER IN TOBACCO CONTROL HAS BEEN RECOGNIZED THROUGH MR GUSTAVO SONORA, THE LEGAL ADVISOR OF THE UNION LATIN AMERICA OFFICE, HAVING BEEN APPOINTED TO THE INTERNATIONAL WORKING GROUP FOR FCTC ARTICLE 19 OF COP THE APPOINTMENT WAS IN RECOGNITION OF THE UNION'S SUCCESSFUL WORK IN THE DEVELOPMENT AND TAKE UP OF FCTC COMPLIANT LEGISLATION ACROSS THE REGION THIS PROFILE HAS BEEN REINFORCED THROUGH THE PUBLICATION OF 8 TOBACCO CONTROL PEER-REVIEWED PAPERS, OF PARTICULAR NOTE WAS THE RUSSIA SIMSMOKE THE LONG-TERM EFFECTS OF TOBACCO CONTROL POLICIES ON SMOKING PREVALENCE AND SMOKING-ATTRIBUTABLE DEATHS IN RUSSIA WHICH PROVIDED RELIABLE DATA TO SUPPORT THE MINISTRY OF HEALTH IN THEIR EFFORTS TO PROMOTE THE PASSAGE OF THE TOBACCO CONTROL LAW AND IS PRESENTLY BEING USED TO GUIDE TOBACCO TAX WORK TO PROMOTE ACHIEVEMENTS FURTHER, THE UNION LAUNCHED A NEW TOBACCO CONTROL WEBSITE FOCUSED ON INFORMATION SHARING AND PROFILING AND HAS EMBRACED SOCIAL MEDIA THROUGH TWITTER AND FACEBOOK

4b (Code) (Expenses $ 4,280,415 including grants of $ 3,060,748) (Revenue $)

TREAT TB 2013 KEY ACCOMPLISHMENTS USAID PROGRAM - BUILDING ON THE RECOMMENDATION RELEASED BY THE WHO, THE TREAT TB VIRTUAL IMPLEMENTATION TEAM AND THEIR PARTNERS IN TANZANIA CONDUCTED ADDITIONAL ANALYSIS USING THE LINKED MODEL SPECIFICALLY, THEY EVALUATED DIAGNOSTIC OUTCOMES USING XPERT MTB/RIF FOR HIV-POSITIVE PATIENTS AND MICROSCOPY FOR HIV-NEGATIVE PATIENTS (THEIR WORK WAS LATER PUBLISHED IN THE LANCET - PLEASE SEE HTTP //WWW DOWNLOAD THELANCET COM/JOURNALS/LANGLO/ARTICLE/PIIS2214-109X%2814%2970291-8/FULLTEXT)- THE TREAT TB VIRTUAL IMPLEMENTATION TEAM PRESENTED THEIR WORK AT SEVERAL INTERNATIONAL CONFERENCES INCLUDING THE 2013 MALAWI-LIVERPOOL-WELCOME TRUST RESEARCH CONFERENCE IN SEPTEMBER, TUBERCULOSIS MODELLING AND ANALYSIS CONSORTIUM (TB MAC) MEETING IN APRIL 2013, AND THE 5TH ANNUAL GLOBAL LABORATORY INITIATIVE PARTNERS' MEETING ALSO HELD IN APRIL 2013 - IN JUNE 2013, TREAT TB PROJECT DIRECTOR DR I D RUSEN, TECHNICAL OFFICER TARA ORNSTEIN AND ITS STREAM STUDY PARTNERS CONVENED A MEETING IN ADDIS ABABA, ETHIOPIA WITH THE EXTENDED INTERNATIONAL RESEARCH TEAM AND LOCAL PARTNERS TO DISCUSS WAYS TO ENSURE THE STUDY ADHERES TO THE PROJECTED SCHEDULE AND POSSIBLE RESOLUTIONS TO CLINICAL AND ADMINISTRATIVE CHALLENGES THAT MAY ARISE A BRIEF SUMMARY OF THE MEETING WAS POSTED ON THE TREAT TB WEBSITE (HTTP //TREATTB ORG/) WHILE THE MINUTES WERE CIRCULATED INTERNALLY AMONG THE PARTICIPANTS - IN MAY 2013, DR RUSEN, MS ORNSTEIN, AND OTHER MEMBERS OF THE TREAT TB TEAM LAUNCHED A PILOT VIRTUAL TRAINING PROGRAM IN OPERATIONAL RESEARCH THAT COMBINES ALL OF THE RESOURCES DEVELOPED TO DATE AND PRESENTS THEM IN AN INTERESTING, EASY-TO-UNDERSTAND FORMAT FOUR HEALTH PROFESSIONALS AND SCIENTISTS IMPLEMENTED OPERATIONAL RESEARCH PROJECTS ANSWERING QUESTIONS PRIORITIZED BY THEIR MINISTRY OF HEALTH THROUGH THE VIRTUAL TRAINING PROGRAM - THROUGH TREAT TB, THE UNION'S SOUTH EAST ASIA OFFICE CONVENED A WORKSHOP WITH 75 PUBLIC HEALTH EXPERTS AND KEY OFFICIALS FROM INDIA'S REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP) ON 26-27 AUGUST 2013 DURING THE WORKSHOP, THE PARTICIPANTS IDENTIFIED KEY TOPICS FOR FURTHER RESEARCH THE INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAMME (IMDP)HTTP //WWW UNION-IMDP ORGTHE UNION'S INTERNATIONAL MANAGEMENT DEVELOPMENT PROGRAMME HAS BECOME A HIGHLY REGARDED RESOURCE FOR PUBLIC HEALTH MANAGEMENT TRAINING OVER ITS FIRST DECADE SOME 4,000 MANAGERS FROM 45 COUNTRIES HAVE BENEFITED FROM IMDP COURSES, WHICH ARE DESIGNED TO BUILD SKILLS IN KEY AREAS FROM BUDGETING AND STRATEGIC PLANNING TO COMMUNICATIONS AND SUPPLY-CHAIN MANAGEMENT IN 2013, IMDP PARTICIPANTS' IMPROVED SKILLS IN LEADERSHIP, STRATEGIC PLANNING, BUDGETING, SUPPLY-CHAIN MANAGEMENT, HUMAN RESOURCE DEVELOPMENT AND COMMUNICATION HAVE HELPED TO STRENGTHEN THE MINISTRIES OF HEALTH IN 23 COUNTRIES, AS WELL AS 102 NON-GOVERNMENTAL ORGANIZATIONS ACROSS 42 COUNTRIES IN ADDITION TO ITS CORE MANAGEMENT THEMES CURRICULUM, THE IMDP CONTINUED TO OFFER TRAINING WITH A TOBACCO-CONTROL FOCUS FOR THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE PARTICIPANTS FROM THE HIGH-BURDEN COUNTRIES, PROVIDED MANAGEMENT COURSES FOR THE STOP TB PARTNERSHIP'S TB TEAM, PRESENTED POST-GRADUATE COURSES FOR SEVERAL CONFERENCES, INCLUDING WORLD LUNG CONFERENCE (PARIS 2013) AND THE UNION AFRICAN REGIONAL CONFERENCE (RWANDA 2013)

4c (Code) (Expenses $ 214,404 including grants of $ 155,013) (Revenue $)

STRATEGIC HEALTH INFORMATION AND OPERATIONAL RESEARCH THE UNION'S INTERNATIONAL MANAGEMENT PROGRAMME 2013 OVERVIEWOBJECTIVE TO FILL CRITICAL DATA, MONITORING, AND HEALTH OUTCOME GAPS IN LOW AND MIDDLE INCOME COUNTRIES THROUGH 6 MAIN AREAS OF WORK 1 EXPAND A DISEASE MONITORING SYSTEM FOR SEVERAL CHRONIC DISEASES, SUCH AS HYPERTENSION, DIABETES, AND ASTHMA BASE ON THE HIGHLY SUCCESSFUL INTERNATIONAL MODEL USED IN TUBERCULOSIS CONTROL2 CREATE ELECTRONIC DATA SYSTEMS FOR REAL TIME DATA ENTRY TO REPLACE PAPER SYSTEMS BASED ON THE HIGHLY SUCCESSFUL MODEL IMPLEMENTED IN THE FIRST TWO PHASES OF THIS PROJECT3 CONTINUE AN IN-COUNTRY FELLOWSHIP PROGRAM TO TRAIN FELLOWS IN ACTION-ORIENTED RESEARCH THAT WILL USE REGISTRY DATA TO IMPROVE TREATMENT OUTCOMES4 FURTHER IMPROVE VITAL REGISTRATION SYSTEMS IN MALAWI BASED ON VILLAGE LEVEL REPORTING - THIS COULD SERVE AS A MODEL FOR MANY AFRICAN COUNTR IES THAT LACK RELIABLE DEATH INFORMATION5 FORM ADDITIONAL PARTNERSHIPS TO ASSURE SUSTAINABILITY OF THIS WORKYEAR 2MONITORING SYSTEMS (IN MALAWI AND 2 ADDITIONAL LOW/MIDD LE-INCOME COUNTRIES) 5,000 NEW DIABETES AND/01 HYPERTENSIVE PATIENTS ENROLLED AND MONITORED IN DOTS REGISTRY FRAMEWORK 50,000 NEW TB AND/OR HIV PATIENTS ENROLLED AND MONITORED IN DOT S REGISTRY FRAMEWORK 2,000 NEW DIABETES, HYPERTENSIVE, T B AND/OR HIV PATIENTS MONITORED USING AN ELECTRONIC DATA PLATFORM USING THE DOTS REGIST1Y FRAMEWORKVILLAGE DEATH REGISTRATION SYSTEM A DISTRICT-WIDE DEATH 1CGISTRY IN PLACE WITH DATA BEING TRANSFERREDOPERATIONAL RESEARCH 20 PUBLISHED OPERATIONAL RESEARCH PAPER S PUBLISHED WITH AT LEAST ONE NEW FELLOW TRAINEDBEST PRACTICE OUTCOMES A WHITE PAPER (10-15 PAGES) DESCRIBING THE BEST PRACTICE USES FOR THE DOT S REGISTRY FRAMEWORK AND THE ELECTRONIC DATA PLATFORM-WITH AN EMPHASIS ON NCDS IN AFRICA SPECIFIC ATTENTION WILL BE PAID TO REPRODUCIBILITY, SCALABILITY, AND ACCEPTABILITY T HE DOCUMENT WILL INCLUDE SUCCESSES, GAPS, AND LESSONS LEARNED

(Code) (Expenses $ 1,042,008 including grants of $ 707,420) (Revenue $)

OBESITY PROGRAM PROJECT GOALS1 TO DEMONSTRATE SOME EARLY WINS IN OBESITY PREVENTION IN MEXICO2 TO GENERATE EVIDENCE THAT CAN BE USED IN OTHER LOW AND MIDDLE-INCOME SETTINGSPROGRAM THIS IS A THREE-YEAR PILOT PROGRAM THAT WILL SUPPORT THE ADOPTION AND IMPLEMENTATION OF OBESITY PREVENTION ACTIVITIES AT NATIONAL AND SUB-NATIONAL LEVELS IN MEXICO STRATEGIES OF INTEREST INCLUDE A BANNING JUNK FOOD AND SUGARY BEVERAGE ADVERTISING TO CHILDRENB HIGHER TAXES ON SUGAR-SWEETENED BEVERAGESC ADDRESSING UNHEALTHY FOODS AND BEVERAGES IN PUBLIC SECTOR INSTITUTIONS, PARTICULARLY SCHOOLSD RAISING PUBLIC AWARENESS THROUGH SOCIAL MARKETING CAMPAIGNS AND FRONT-OF-PACKAGE NUTRITION-LABELINGSTRATEGY 1 ADVOCACY- ELEVATE PUBLIC OPINION VIA POLLING AND PAID AND EARNED MEDIA CAMPAIGNS, RESPECTIVELY- POLITICAL OUTREACH AND TECHNICAL ASSISTANCE- LEGAL SUPPORT AND ASSISTANCE- COALITION BUILDING2 RESEARCH AND EVALUATION- EVALUATE EXISTING, NON-BEST PRACTICE PROGRAMS LIKE THE VOLUNTARY MARKETING RESTRICTIONS- MONITOR AND EXPOSE INDUSTRY PRACTICES- SUPPORT NEW RESEARCH LIKE THE ECONOMICS OF HIGHER SODA TAXES, THE IMPACT OF PACKAGE LABELING ETC 3 CAPACITY-BUILDING- TECHNICAL ASSISTANCE AND SUPPORT TO GOVERNMENT-TRAIN JOURNALIST, LAWYERS, AND ADVOCATESPARTNERS AND ROLES - EI PODER DEL CONSUMIDOR MEDIA ADVOCACY AND COALITION BUILDING- POLITHINK POLITICAL OUTREACH AND COALITION BUILDING- MEXICAN NATIONAL INSTITUTE OF PUBLIC HEALTH RESEARCH AND EVALUATION- THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, ON-THE-GROUND PROJECT OVERSIGHT AND TECHNICAL ASSISTANCEEXPECTED OUTCOMES 1 ADOPTION OF OBESITY PREVENTION STRATEGIES NATIONALLY AND/OR SUB-NATIONALLY, 2 STRENGTHENED CIVIL SOCIETY, 3 GENERATION OF NEW EVIDENCE IMDP 2013 7 CORE COURSES OFFERED IN 3 LOCATIONS MALAYSIA, SOUTH AFRICA AND THE UNITED STATES OF AMERICA 2 OTHER COURSES IN CHINA AND MEXICO 125 CORE COURSES PARTICIPANTS FROM 47 COUNTRIES 23 MINISTRIES OF HEALTH SERVED 102 NGOS SERVED 10 TOBACCO-CONTROL FOCUSED COURSES OFFERED IN HIGH-BURDEN COUNTRIES BANGLADESH, INDONESIA, CHILE, RUSSIA, CHINA, MEXICO AND INDIA 198 TOBACCO CONTROL COURSES PARTICIPANTS FROM 7 COUNTRIES

4d Other program services (Describe in Schedule O)
(Expenses $ 1,042,008 including grants of $ 707,420) (Revenue $)

4e **Total program service expenses ▶** 21,324,241

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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	40		
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	9		
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" to line 3b, 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 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			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?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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 or note to any line 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	**1a** 10		
	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	**1b** 7		
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

☐ Own website ☑ Another's website ☑ Upon request ☐ 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 VP OF FINADMIN 61 BROADWAY SUITE 1720
NEW YORK, NY 10006 (212) 500-5738

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSE LUIS CASTRO PRESIDENT	10 00 30 00	X		X				0	99,615	4,000
(2) PETER BALDINI MEMBER	1 00 40 00	X						0	350,000	35,581
(3) MARIO PIERRO MEMBER	1 00	X						0	0	0
(4) NILS BILLO MEMBER	1 00 3 00	X						0	0	0
(5) DEAN SCHRAUFNAGEL MEMBER	1 00	X						0	0	0
(6) MASAE KAWAMURA MEMBER	1 00	X						0	0	0
(7) SCOTT HALSTEAD MEMBER	1 00	X						0	0	0
(8) SAMIDH GUHA MEMBER	1 00	X						0	0	0
(9) ROZ FEDER MEMBER	1 00	X						0	0	0
(10) MILI CHOWFLA VP FINANCE & ADMINISTRATION	40 00	X		X				65,000	0	10,979
(11) PAULA FUJIWARA SCIENTIFIC DIRECTOR-TB&HIV	40 00 3 00				X			250,000	0	26,883
(12) TOM STUEBNER DIRECTOR-IMDP	40 00					X		125,000	0	30,778

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								440,000	449,615	108,221

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
CH'UYASONGO H LANE 3215 SUTTON PLACE NW APT A WASHINGTON DC 20016	OBESITY CONTROL	151,671
SYLVIANE RATTE CONTROL 4 HEALTH, 4 RUE LE BRUNPARISFR75013	TOBACCO CONTROL	108,826

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 ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b	6,311			
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	15,497,807			
	e	Government grants (contributions)	1e	3,969,580			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,194,834			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		22,668,532			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		623			623
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	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	MISCELLANEOUS INCOME	900099	1,760			1,760
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,760			
	12	**Total revenue.** See Instructions . . . . . ▶		22,670,915	0	0	2,383

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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	573,137	573,137		
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	18,435,862	18,435,862		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	352,862	310,809	42,053	
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	502,043	442,211	59,832	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,835	14,829	2,006	
9 Other employee benefits	92,674	81,629	11,045	
10 Payroll taxes	66,009	58,142	7,867	
11 Fees for services (non-employees)				
a Management				
b Legal	54,133	51,134	2,999	
c Accounting	40,135	37,911	2,224	
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)	591,260	523,490	67,770	
12 Advertising and promotion				
13 Office expenses	195,641	189,952	5,689	
14 Information technology	47,727	44,986	2,741	
15 Royalties . .				
16 Occupancy	183,567	163,799	19,768	
17 Travel	256,768	219,178	37,590	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,187	68,182	2,005	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,321		1,321	
23 Insurance	33,396	33,396		
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 AND MAINTE	27,630	27,309	321	
b TRAINING AND RECRUITMEN	23,961	1,329	22,632	
c FURNITURE EQUIPMENT PUR	23,363	21,733	1,630	
d SUBSCRPTIONS,REFERENCES	19,325	9,783	9,542	
e All other expenses	30,493	15,440	15,053	
25 **Total functional expenses.** Add lines 1 through 24e	21,638,329	21,324,241	314,088	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		418,532	1	653,767
	2	Savings and temporary cash investments		271,529	2	58,630
	3	Pledges and grants receivable, net		4,954,765	3	8,145,081
	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		8,333	9	12,231
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,169			
	b	Less accumulated depreciation	10b 6,769	1,721	10c	400
	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		1,265,840	15	25,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,920,720	16	8,895,109
Liabilities	17	Accounts payable and accrued expenses		141,154	17	331,015
	18	Grants payable		5,590,367	18	5,994,197
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		234,522	21	582,634
	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		5,966,043	26	6,907,846
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		58,565	27	128,888
	28	Temporarily restricted net assets		896,112	28	1,858,375
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		954,677	33	1,987,263
	34	Total liabilities and net assets/fund balances		6,920,720	34	8,895,109

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,670,915
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,638,329
3	Revenue less expenses Subtract line 2 from line 1	3	1,032,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	954,677
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	1,987,263

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	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	3b	Yes	

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
22-3419667

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	19,419,094	20,284,523	24,925,400	18,600,024	22,668,532	105,897,573
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	19,419,094	20,284,523	24,925,400	18,600,024	22,668,532	105,897,573
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)						68,750,242
6 **Public support.** Subtract line 5 from line 4						37,147,331

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	19,419,094	20,284,523	24,925,400	18,600,024	22,668,532	105,897,573
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,877	12,005	1,246	5,102	623	30,853
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	1,760	13,589
11 **Total support** (Add lines 7 through 10)						105,942,015

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 2013 (line 6, column (f) divided by line 11, column (f))	**14**	35 060 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	37 400 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part 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 ▶ $ _____

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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	(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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,169	6,769	400
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				400

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	22,670,915
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	22,670,915
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	22,670,915

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	21,638,329
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	21,638,329
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	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	21,638,329

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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 CHARTER OF THE UNION(NAR) FUNDS THESE FUNDS ARE HELD IN A DESIGNATED BANK ACCOUNT THE BALANCE OF FUNDS AS OF DECEMBER 31, 2013 IS $125,767 DURING 2013, IUATLD, INC , THROUGH THE UNION, WAS THE SUB-RECIPIENT OF $3 9 MILLION IN US GOVERNMENT FUNDS, TO SUPPORT ACTIVITIES ASSOCIATED WITH THE UNION-LED IMPLEMENTATION OF THE INTERNATIONAL TREAT TB INITIATIVE, A MULTI-YEAR RESEARCH INITIATIVE FUNDED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), FOR WHICH IUATLD, INC SERVES AS A COORDINATING AND ADMINISTRATIVE HUB A CASH BALANCE OF $456,867 RELATED TO TREAT TB IS HELD IN TRUST BY IUATLD, INC IN A FDIC INSURED BANK ACCOUNT THESE FUNDS ARE DESIGNATED TO FINANCE TREAT TB INITIATIVE ACTIVITIES DURING 2014
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 2010

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
22-3419667

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	5	1	GRANTS TO RECIPIENTS LOCATED IN THE REGION		10,261,724
(2) ASIA	37	1	GRANTS TO RECIPIENTS LOCATED IN THE REGION		5,236,417
(3) AFRICA	7		GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,743,118
(4) RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, BELARUS,	4		GRANTS TO RECIPIENTS LOCATED IN THE REGION		694,260
(5) SOUTH AMERICA	3		GRANTS TO RECIPIENTS LOCATED IN THE REGION		500,343
3a Sub-total	56	2			18,435,862
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	56	2			18,435,862

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)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 . . . . ▶ 11

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information 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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	IUATLD, INC IS BOTH A RECIPIENT AND ISSUER OF GRANT FUNDING THE ORGANIZATION MAINTAINS A GRANT FUNDING MONITORING SYSTEM TO EFFECTIVELY MONITOR AND REPORT RESULTS OF GRANT FUNDIN G ISSUED TO RECIPIENTS THIS SYSTEM FEATURES A STANDARDIZED GRANTS FUNDING AGREEMENT AND R EPORTING FORMAT VARIOUS IUATLD, INC STAFF ARE INVOLVED IN THE SYSTEM ESTABLISHED TO ISSU E AND MONITOR GRANT FUNDS THIS INCLUDES THE FINANCE AND OPERATIONS OFFICER, WHO OVERSEES THE PROCESS TO ISSUE GRANT FUNDING AGREEMENTS, AND THE RESEARCH AND EVALUATION COORDINATOR WHO OVERSEES DAY TO DAY MANAGEMENT OF INFORMATION RELATED TO RECIPIENT PROGRESS AND REPOR TS

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	EXPENDITURES ARE RECOGNIZED UNDER THE ACCRUAL BASIS OF ACCOUNTING

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, LINE II, COLUMN (D)	PURPOSE OF GRANTS EUROPE TOBACCO CONTROL - SINCE 2006, THE UNION HAS PLAYED AN ACTIVE ROL E IN THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE, WORKING TO IMPLEMENT TOBACCO CONTROL INTERVENTIONS IN THE COUNTRIES WITH THE HIGHEST BURDEN OF TOBACCO-RELATED DISEASE THE UNI ON CURRENTLY SUPPORTS TOBACCO CONTROL IN 61 COUNTRIES, AND IS PART OF AN INTERNATIONAL NET WORK OF ORGANIZATIONS WORKING TO COMBAT THE TOBACCO EPIDEMIC THE UNION WORKS TO HELP COUN TRIES DEVELOP, ADOPT AND ENFORCE COMPREHENSIVE SMOKE FREE LEGISLATION OFTEN, WHEN THERE A RE BARRIERS TO NATIONAL LEGISLATION, THE UNION WORKS WITH SUB-NATIONAL GOVERNMENTS TO IMPL EMENT LOCAL SMOKE FREE POLICIES UNION WORKS ON THE FOLLOWING AREAS ADVERTISING BANS TOBA CCO PACKING AND LABELING TOBACCO TAXES TOBACCO INDUSTRY INTERFERENCE TOBACCO CONTROL LEGIS LATIONS SMOKING CESSATION AFRICA TOBACCO CONTROL - BAN ON SMOKING IN ALL PUBLIC PLACES AN D ON ALL FORMS OF TOBACCO ADVERTISING EUROPE TOBACCO CONTROL - GLOBAL ASTHMA NETWORK WEBS ITE TO BE MAINTAINED RUSSIA TOBACCO CONTROL - IN 2013, THE UNION HAS MADE MAJOR STRIDES F ORWARDS IN THE PROMOTION AND ADOPTION OF FCTC COMPLIANT LEGISLATION AT NATIONAL LEVEL WITH , RUSSIA PASSING THE LAW ON PROTECTING CITIZENS' HEALTH FROM THE IMPACT OF TOBACCO SMOKE A ND CONSEQUENCES OF TOBACCO CONSUMPTION ASIA TOBACCO CONTROL - THE UNION HAS ALSO ENGAGED EFFECTIVELY WITH GRANTEES FOR SUCCESSFUL DELIVERY ON OTHER MPOWER MEASURES, WITH MARKED EV IDENCE OF IMPACT ON LOCAL POLICY AFRICA TREAT TB - THE TREAT TB VIRTUAL IMPLEMENTATION TE AM PRESENTED THEIR WORK AT SEVERAL INTERNATIONAL CONFERENCES INCLUDING THE 2013 MALAWI-LIV ERPOOL-WELCOME TRUST RESEARCH CONFERENCE IN SEPTEMBER, TUBERCULOSIS MODELING AND ANALYSIS CONSORTIUM (TB MAC) MEETING IN APRIL 2013, AND THE 5TH ANNUAL GLOBAL LABORATORY INITIATIVE PARTNERS' MEETING ALSO HELD IN APRIL 2013 EUROPE TREAT TB - THE TREAT TB INITIATIVE AIM S TO PROVIDE POLICY MAKERS 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 TB IN THEIR COMMUNITY IN YEARS THREE AND FOUR, TREAT TB PARTNERS FROM TH E LIVERPOOL SCHOOL OF TROPICAL MEDICINE (LSTM) AND THE HARVARD SCHOOL OF PUBLIC HEALTH/BRI GHAM AND WOMEN'S HOSPITAL, ALONG WITH A TECHNICAL CONSULTANT AFFILIATED WITH NATIONAL UNIV ERSITY OF TAIWAN, WORKED TO FULFILL THIS GOAL BY DESIGNING A NOVEL MODELING APPROACH, KNOW N AS VIRTUAL IMPLEMENTATION THAT LINKS TRANSMISSION MODELING WITH OPERATIONAL MODELING TH E WORK PREVIOUSLY COMPLETED UTILIZED DATA FROM TANZANIA AND FOCUSED MAINLY ON DRUG-SENSITI VE TB RUSSIA TREAT TB - PROVE IT STUDY DURING THE SECOND HALF OF THE YEAR, THE LOCAL PR OVE IT RESEARCH TEAMS IN BRAZIL, RUSSIA AND SOUTH AFRICA COMPLETED THEIR ANALYSIS OF THE S TUDY RESULTS AND BEGAN TO PREPARE THEIR MANUSCRIPTS FOR PUBLICATION ASIA TREAT TB - STREA M CLINICAL TRIALS MRC CLINICAL TRIALS UNIT CONDUCTED TWO FEASIBILITY VISITS TO MONGOLIA A ND THE PHILIPPINES IN SEPTEMBER 2013 SOUTH AMERICA TREAT TB - PROVE IT STUDY DURING THE SECOND HALF OF THE YEAR, THE LOCAL PROVE IT RESEARCH TEAMS IN BRAZIL, RUSSIA AND SOUTH AF RICA COMPLETED THEIR ANALYSIS OF THE STUDY RESULTS AND BEGAN TO PREPARE THEIR MANUSCRIPTS FOR PUBLICATION SOUTH AMERICA TOBACCO CONTROL - BAN ON SMOKING IN ALL PUBLIC PLACES AND O N ALL FORMS OF TOBACCO ADVERTISING

Additional Data

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	SEE PART V	9,022,682	WIRE TRANSFER		N/A	N/A
		AFRICA	SEE PART V	570,996	WIRE TRANSFER		N/A	N/A
		EUROPE	SEE PART V	188,150	WIRE TRANSFER			N/A
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, BELARUS,	SEE PART V	404,755	WIRE TRANSFER			N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		ASIA	SEE PART V	5,159,067	WIRE TRANSFER			N/A
		AFRICA	SEE PART V	1,172,122	WIRE TRANSFER			N/A
		EUROPE	SEE PART V	1,050,892	WIRE TRANSFER			N/A
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, BELARUS,	SEE PART V	289,505	WIRE TRANSFER			N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		ASIA	SEE PART V	77,350	WIRE TRANSFER			N/A
		SOUTH AMERICA	SEE PART V	243,143	WIRE TRANSFER			N/A
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	SEE PART V	257,200	WIRE TRANSFER			N/A

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
22-3419667

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ENCOMPASS LLC 11461 ROCKVILLE PIKE SUITE 229 ROCKVILLE,MD 20582	52-2228651	N/A	156,433				TREAT TB PROGRAM
(2) WORLD LUNG FOUNDATION 61 BROADWAY SUITE 2800 NEW YORK,NY 10006	20-2432410	501(C)(3)	389,671				TOBACCO CONTROL RUSSIA
(3) FAMILY HEALTH INTERNATIONAL 1825 CONNECTICUT AVENUE NW WASHINGTON,DC 20009	23-7413005	501(C)(3)	24,959				TREAT TB PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 1

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

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

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
22-3419667

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 MEMBER	(i) (ii)	0 325,000	0 25,000	0 0	0 10,077	0 25,504	0 385,581	0 0
(2)PAULA FUJIWARA SCIENTIFIC DIRECTOR-TB&HIV	(i) (ii)	250,000 0	0 0	0 0	10,000 0	16,883 0	276,883 0	0 0
(3)TOM STUEBNER DIRECTOR-IMDP	(i) (ii)	125,000 0	0 0	0 0	4,792 0	25,986 0	155,778 0	0 0

Part III Supplemental Information

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

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 LAST REVIEW WAS DONE IN SEPTEMBER 2013

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
22-3419667

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS MEMBERS ARE PROVIDED WITH ELECTRONIC COPY OF THE 990 DRAFT FOR THEI R REVIEW A BOD MEETING IS CALLED BY THE EXECUTIVE DIRECTOR TO DISCUSS THE DRAFT AND APPRO VE IT FOR FILING
FORM 990, PART VI, SECTION B, LINE 12C	IUATLD, INC HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENF ORCES THE BOARD OF DIRECTORS MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BO DY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLI CTS THAT MAY EXIST THE SIGNED POLICIES ARE SUBMITTED TO THE EXECUTIVE DIRECTOR (WHO CURRE NTLY SERVES AS THE ORGANIZATION'S COMPLIANCE OFFICER) WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS (IN THE ABSENCE OF A DEDICATED COMPLIANCE OFFICER, THE PRESIDENT OF THE BOARD OF DIRECTORS CURRENTLY PERFORMS THIS FUNCTION FOR THE POLICY SUBMIT TED BY THE EXECUTIVE DIRECTOR) IF POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST, PROPER NOTIFICATIONS ARE MADE, AND RESULTS OF INVESTIGATIONS ARE SUMMARIZED AND REPORTED TO THE BOARD OF DIRECTORS IF ACTUAL CONFLICTS EXIST, THE INDIVIDUAL(S) INVOLVED ARE NOT ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT RELATE TO THE CONFL ICT UNTIL SUCH TIME AS THERE IS NO LONGER A CONFLICT
FORM 990, PART VI, SECTION B, LINE 15B	IUATLD, INC HAS ESTABLISHED A WRITTEN COMPENSATION POLICY TO BE FOLLOWED BY MANAGEMENT AN D, WHEN NECESSARY, THE BOARD OF DIRECTORS IN ORDER TO ESTABLISH THE COMPENSATION FOR THE E XECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES THE POLICY MANDATES THAT EXECUTIVE-LEVEL COMPEN SATION BE PERIODICALLY REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS AND THAT THE REVI EW PROCESS SHOULD BE FREE OF POTENTIAL CONFLICTS OF INTEREST THE APPROVING ENTITY NEEDS T O REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEI NG 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 SURV EYS OF NEW YORK CITY-BASED NON-PROFIT COMPENSATION PRACTICES, COMPARABLE PACKAGES FOR KEY STAFF OF PEER ORGANIZATIONS, AND COMPENSATION PRACTICES EXPECTED BY PROJECT DONORS DECISI ONS 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 APP ROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION THE COMPENSATI ON REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR AND SENIOR ADVISOR POSITIONS WAS UNDERTAKEN I N SEPTEMBER 2014 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 AFFILIA TE OFFICES OF INTERNATIONAL ORGANIZATIONS, B) PUBLIC HEALTH PROFESSIONALS WITH 15-20 YEARS EXPERIENCE IN PROJECT MANAGEMENT, PARTNERSHIPS AND OPERATIONS AND LASTLY THE SALARY EXPEC TATIONS OF KEY DONORS TO IUATLD, INC -COORDINATED PROJECTS THE SENIOR ADVISOR'S COMPENSAT ION LEVEL WAS SET BASED ON A NUMBER OF FACTORS INCLUDING COMPARABLE COMPENSATION LEVELS FO R U S BASED MEDICAL DOCTORS WHO A) HAVE A VERY HIGH LEVEL OF CLINICAL EXPERIENCE IN THE T REATMENT, CONTROL AND PREVENTION OF TUBERCULOSIS AND HIV/AIDS, B) HAVE AT LEAST TWENTY YEA RS OF EXPERIENCE IN MANAGING COMPLEX PUBLIC HEALTH PROGRAMS, INTERNATIONAL RESEARCH PROJEC TS AND INTERNATIONAL TECHNICAL ASSISTANCE PROJECTS IN DEVELOPING COUNTRY SETTINGS AND C) H AVE DEEP EXPERIENCE IN WORKING WITH U S GOVERNMENT TECHNICAL AGENCIES AND DONORS INVOLVED IN GLOBAL LUNG HEALTH INITIATIVES
FORM 990, PART VI, SECTION C, LINE 19	BOD POLICIES AND BYLAWS HIGHLIGHTS ARE POSTED ALONG WITH OTHER RELEVANT REPORTS TO BETTER BUSINESS BUREAU SERVING METROPOLITAN NEW YORK 30 E 33RD STREET 12TH FLOOR NEW YORK, NY 10 016
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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
22-3419667

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1) WORLD LUNG FOUNDATION 61 BROADWAY NEW YORK, NY 10006 20-2432410	TOBACCO REDUCTION/HEALTH RESEARCH INITIATIVE	NY	501(C)(3)	11	INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE INC	Yes	

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

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

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

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

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WORLD LUNG FOUNDATION	B	389,671	CASH
(2) WORLD LUNG FOUNDATION	C	15,497,807	CASH

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation